

Date collected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time collected: \_\_\_\_\_

Version 2.12.26

## Onycho-ID™ / Dry Keratin Requisition

### PATIENT INFORMATION

Bill:  Insurance  Patient  Biomechanical Correlation (Plantar Skin) Patient ID: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Sex:  Female  Male

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### BILLING INFORMATION (Attach a copy of primary/secondary insurance cards— both sides)

#### Primary Medical Insurance

Insurance Provider: \_\_\_\_\_

Member ID: \_\_\_\_\_

Group #: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Patient's Relationship to Insured:  Self  Spouse  Dependent

#### Secondary Medical Insurance

Insurance Provider: \_\_\_\_\_

Member ID: \_\_\_\_\_

Group #: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Patient's Relationship to Insured:  Self  Spouse  Dependent

### CLINICAL INFORMATION

**REQUIRED: Prior antifungal treatment (OTC/RX)  Yes  No**

CLINICAL IMAGE?  Printed and attached  Submitted to: <https://images.bakodx.com>

**SPECIMEN #1**  Right  Left

**NAIL UNIT DYSTROPHY** (Fungal, Inflammatory, Neoplasm)

- Higher Sensitivity and melanin screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma)
- Higher Sensitivity (PAS/GMS)
- Routine (PAS)

Onycho-ID™ **ORGANISM IDENTIFICATION**

**Fungal PCR (Include culture if Payor required)**

- w/ Terbinafine Resistance\*  w/o Terbinafine Resistance
- Include Pseudomonas
- Pseudomonas ONLY

**Fungal Culture**

- w/ Terbinafine Resistance\*  w/o Terbinafine Resistance

**SKIN**

- Dermatitis with PAS (Eczematous / Tinea)
- Other: \_\_\_\_\_

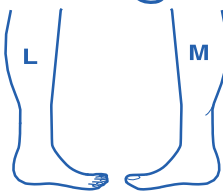
\*Terbinafine resistance not available in NY

**ADDITIONAL CLINICAL INFORMATION:**

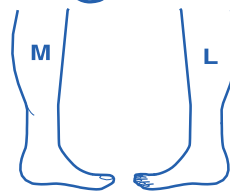
**ICD CODES (See back):**

**PLEASE INDICATE PRECISE SITE OF ORIGIN (1,2)**

**RIGHT**



**LEFT**



**SPECIMEN #2**  Right  Left

**NAIL UNIT DYSTROPHY** (Fungal, Inflammatory, Neoplasm)

- Higher Sensitivity and melanin screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma)
- Higher Sensitivity (PAS/GMS)
- Routine (PAS)

Onycho-ID™ **ORGANISM IDENTIFICATION**

**Fungal PCR (Include culture if Payor required)**

- w/ Terbinafine Resistance\*  w/o Terbinafine Resistance
- Include Pseudomonas
- Pseudomonas ONLY

**Fungal Culture**

- w/ Terbinafine Resistance\*  w/o Terbinafine Resistance

**SKIN**

- Dermatitis with PAS (Eczematous / Tinea)
- Other: \_\_\_\_\_

\*Terbinafine resistance not available in NY

**ADDITIONAL CLINICAL INFORMATION:**

**ICD CODES (See back):**

*To ensure processing, affix completed label to specimen container.*

Specimen 1

DK210000

Specimen 2

DK210000

Specimen 3

DK210000

Name:

Name:

Name:

**PHYSICIAN NOTICE:** When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-10 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.

### PHYSICIAN SIGNATURE

The requested test(s) is/are medically indicated for patient management.

SIGNATURE REQUIRED \_\_\_\_\_

### PATIENT SIGNATURE

I authorize BakoDx to bill my insurance and understand I am responsible for paying any uncovered amount.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ICD-10 codes are provided for convenience and informational purposes only.  
Ordering practitioners must determine the ICD-10 codes most appropriate for each patient.

#### ICD-10 CODE

##### NAIL UNIT DYSTROPHY & MELANIN SCREEN AND FUNGAL SPECIATION

L60.3 Nail dystrophy

L60.8 Other nail disorders

L60.1 Onycholysis

L60.2 Onychogryphosis

L81.9 Disorder of pigmentation, unspecified