



SPOKANE (509) 892-2700/(888) 814-6277
 FAX (509) 892-2740
BELLEVUE (425) 646-0922/(877) 288-0922
 FAX (425) 646-0925
RICHLAND (509) 392-5920/(833) 369-7268
 FAX (509) 866-5020

LAB NUMBER

CHART #/MRN	DATE OF COLLECTION	SEX <input type="checkbox"/> M <input type="checkbox"/> F
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PATIENT'S NAME (Last Name, First Name, Middle Initial)

ADDRESS

CITY STATE ZIP PHONE

PATIENT SOCIAL SECURITY #	PATIENT BIRTHDATE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Please write N/A if SSN is unavailable</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Please write N/A if birthdate is unavailable</small>

COPY TO:

First Name _____ Last Name _____ Location/Phone _____

INSURED'S NAME (Attach Copy of Insurance Card)

POLICY # _____ GROUP # / EMPLOYER _____

RELATIONSHIP TO PATIENT:
 Self Spouse
 Child Other

INSURANCE PLAN NAME OR PROGRAM NAME

Bill Office/ Clinic VA Choice
 No Insurance Group Health Asuris Molina Aetna
 Medicare Regence of WA Premera CHPW Tricare
 United Healthcare Regence of ID First Choice (Group # Req.)
 Cigna (Group # Req.) Blue Cross Medicaid (State)
 Other _____

ICD-10 CODE(S) Please indicate diagnosis code(s) relating to the current procedure

PREAUTHORIZATION NUMBER

PREVIOUS TISSUE SENT TO OTHER LAB?
 Yes No
 (If yes, please attach copy of report)

URINE CYTOLOGY:

Specimen Source:
 Voided Urine
 Bladder Wash
 Instrumented Urine
 Post Cystoscopy Void
 Urethral Wash
 Ureter Wash (left or right)
 Renal Wash (left or right)

Cytology/UroVysion:
 Cytology Only PCA3 (Prostate Cancer Gene 3)
 UroVysion™ Only
 w/ reflex for UroVysion™ (FISH) if cytology is Atypical or Suspicious
 w/ reflex for UroVysion™ (FISH) if cytology is Positive

Clinical and Therapy History:
 TCC History: DX Date: _____ Grade: _____
 Hematuria Renal Transplant Intravesical Therapy BCG
 Bladder Stones Neobladder

LAB USE

DATE RECEIVED _____

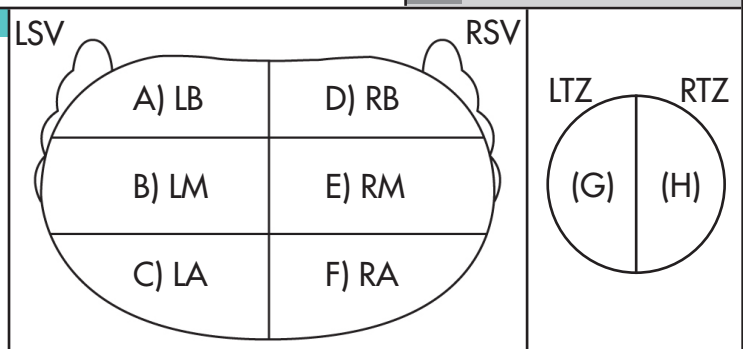
BILLING CODES _____

PREP _____

PROSTATE PATHOLOGY:

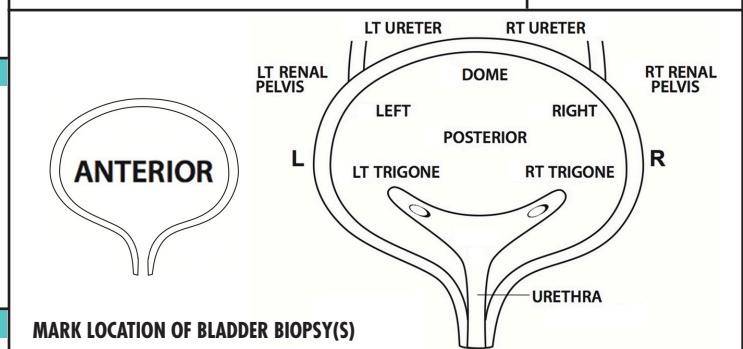
Prostate Needle Core Biopsy:
 A) Left Base D) Right Base
 B) Left Mid E) Right Mid
 C) Left Apex F) Right Apex
 G) Left Transition Zone H) Right Transition Zone

Clinical and Therapy History:
 Last PSA: Result: _____ Date: _____
 DRE Result: ___ Normal ___ Abnormal Findings: _____
 Hormone Therapy Radiation/Chemo Rx
 Active Surveillance



BLADDER PATHOLOGY:

Clinical and Therapy History:



KIDNEY STONE MANAGEMENT:

Calculi (stone) Analysis with Gross Exam
 Kidney Stone Risk Panel, Urine
(calcium, citric acid, creatinine, oxalate, uric acid)
 Kidney Stone Risk Panel, Urine II
(calcium, citric acid, cystine, creatinine, oxalate, magnesium, uric acid, phosphorus, potassium, sodium, chloride)

OTHER HISTOLOGY / PATHOLOGY:

Penile Histology Testicular Histology - Infertility
 Vas Deferens Skin (specify site): _____
 Other _____

Rev 4/2019 ID000131

 First: _____ Last: _____ BG 401000 Site: _____	 First: _____ Last: _____ BG 401000 Site: _____	 First: _____ Last: _____ BG 401000 Site: _____
 First: _____ Last: _____ BG 401000 Site: _____	 First: _____ Last: _____ BG 401000 Site: _____	 First: _____ Last: _____ BG 401000 Site: _____
 First: _____ Last: _____ BG 401000 Site: _____	 First: _____ Last: _____ BG 401000 Site: _____	 First: _____ Last: _____ BG 401000 Site: _____

FREQUENTLY USED DIAGNOSIS CODES UROLOGY

SIGNS AND SYMPTOMS ABNORMAL TEST/ FINDINGS

ABDOMINAL PAIN	
ACUTE	R10.0
UPPER ABDOMINAL, UNSPECIFIED	R10.10
RIGHT UPPER QUADRANT	R10.11
LEFT UPPER QUADRANT	R10.12
EPIGASTRIC	R10.13
PELVIC AND PERINEAL	R10.2
LOWER ABDOMINAL, UNSPECIFIED	R10.30
RIGHT LOWER QUADRANT	R10.31
LEFT LOWER QUADRANT	R10.32
PERIUMBILICAL	R10.33
GENERALIZED	R10.84
UNSPECIFIED	R10.9
OTHER OBSTRUCTIVE/REFLUX UROPATHY	N13.8
PENIS	
HYPOSPADIAS, UNSPECIFIED	Q53.9
REDUNDANT PREPUCE AND PHIMOSIS	
ADHERENT PREPUCE, NEWBORN	N47.0
PHIMOSIS	N47.1
PARAPHIMOSIS	N47.2
OTHER DISORDERS OF PREPUCE	N47.8
PROSTATE	
ELEVATED PSA	R97.2
ENLARGED PROSTATE	
W/O LUTS	N40.0
W/ LUTS	N40.1
TESTES	
TESTICULAR HYPOFUNCTION	E29.1
UNDESCENDED TESTIS	
UNILATERAL	
ABDOMINAL TESTICLE	Q53.11
ECTOPIC PERINEAL TESTIS	Q53.12
UNSPECIFIED TESTICLE	Q53.10
BILATERAL	
ABDOMINAL TESTIS	Q53.21
ECTOPIC PERINEAL TESTIS	Q53.22
UNSPECIFIED	Q53.20
URETER STRICTURE	
UNSPECIFIED	N35.9
POST-TRAUMATIC	
MALE, MEATAL	N35.010
BULBOUS	N35.011
MEMBRANOUS	N35.012
ANTERIOR	N35.013
MALE, UNSPECIFIED	N35.014
DUE TO CHILDBIRTH	N35.021
OTHER, FEMALE	N35.028
POSTINFECTIVE	
NEC, MALE, MEATAL	N35.111
BULBOUS NEC	N35.112
MEMBRANOUS, NEC	N35.113
ANTERIOR, NEC	N35.114
NEC, MALE, UNSPECIFIED	N35.119
NEC, FEMALE	N35.12
OTHER, UNSPECIFIED	N35.8
URINATION	
DYSURIA	R30.0
FREQUENCY OF MICTURITION	R35.0
INCOMPLETE BLADDER EMPTYING	R39.14
NOCTURIA	R35.1
RETENTION OF URINE	
DRUG INDUCED	R33.0
OTHER	R33.8
UNSPECIFIED	R33.9
STRAINING ON URINATION	R39.16
URGENCY	R39.15
URINARY FREQUENCY	R35.0
URINARY HESITANCY	R39.11
URINARY INCONTINENCE	
FUNCTIONAL	R39.81
NON-ORGANIC ORIGIN	F98.0
CONTINUOUS LEAKAGE	N39.45
MIXED	N39.46
OVERFLOW	N39.490
NOCTURNAL ENURESIS	N39.44
POSTVOID DRIBBLING	N39.43
STRESS (FEMALE) (MALE)	N39.3
URGE	N39.41
W/O SENSORY AWARENESS	N39.42
OTHER SPECIFIED	N39.498
UNSPECIFIED	R32
URINARY OBSTRUCTION	N13.8
URINARY URGENCY	R39.15
WEAK URINARY STREAM	R39.12
CALCULUS	
BLADDER	N21.0
KIDNEY	N20.0
KIDNEY AND URETER	N20.2
URETER	N20.1
URINARY CALCULUS; UNSPECIFIED	N20.9

HEMATURIA

GROSS	R31.0
MICROSCOPIC	
BENIGN ESSENTIAL	R31.1
OTHER	R31.2
RECURRENT AND PERSISTENT	
W/ MINOR GLOMERULAR ABNORMALITY	N02.0
W/ FOCAL-SEGMENTAL GLOMERULAR LESIONS	N02.1
W/ DIFFUSE GLOMERULONEPHRITIS	
MEMBRANOUS	N02.2
MESANGIAL PROLIFERATIVE	N02.3
ENDOCAPILLARY PROLIFERATIVE	N02.4
MESANGIOCAPILLARY	N02.5
CRESCENTIC	N02.7
W/ DENSE DEPOSIT DISEASE	N02.6
W/ OTHER MORPHOLOGIC CHANGES	N02.8
W/ UNSPEC MORPHOLOGIC CHANGES	N02.9
HYDROCELE	
ENCYSTED	N43.0
INFECTED	N43.1
OTHER	N43.2
UNSPECIFIED	N43.3
INFLAMMATION	
BALANOPOSTHITIS	N47.6
BALANITIS	N48.1
CYSTITIS	
ACUTE	
W/O HEMATURIA	N30.00
W/ HEMATURIA	N30.01
INTERSTITIAL (CHRONIC)	
W/O HEMATURIA	N30.10
W/ HEMATURIA	N30.11
IRRADIATION	
W/O HEMATURIA	N30.40
W/ HEMATURIA	N30.41
OTHER CHRONIC	
W/O HEMATURIA	N30.20
W/ HEMATURIA	N30.21
OTHER	
W/O HEMATURIA	N30.80
W/ HEMATURIA	N30.81
TRIGONITIS	
W/O HEMATURIA	N30.30
W/ HEMATURIA	N30.31
UNSPECIFIED	
W/O HEMATURIA	N30.90
W/ HEMATURIA	N30.91
PROSTATITIS, CHRONIC	N41.1
URETHRITIS	
NON SPECIFIC	N34.1
OTHER	N34.2
SITE NOT SPECIFIED	N39.0
KIDNEY DISORDERS	
CHRONIC KIDNEY DISEASE	
UNSPECIFIED	N18.9
HYPERTENSIVE	
W/STAGE 1-4, UNSPEC KIDNEY	I12.9
W/STAGE 5 OR ESRD	I12.0
STAGE 1	N18.1
STAGE 2 (MILD)	N18.2
STAGE 3 (MODERATE)	N18.3
STAGE 4 (SEVERE)	N18.4
STAGE 5	N18.5
END STAGE RENAL DISEASE	N18.6
HYDRONEPHROSIS	
UNSPECIFIED	N13.30
W/URETERAL STRICTURE, NEC	N13.1
W/RENAL-URETERAL CALCULUS OBSTRUCTION	N13.2
OTHER HYDRONEPHROSIS	N13.39
RENAL TUBULE-INTERSTITIAL DISEASE, UNSPECIFIED	N15.9
MALIGNANT NEOPLASM, PRIMARY	
BLADDER	
TRIGONE	C67.0
DOME	C67.1
LATERAL WALL	C67.2
ANTERIOR WALL	C67.3
POSTERIOR WALL	C67.4
BLADDER NECK	C67.5
URETERIC ORIFICE	C67.6
URACHUS	C67.7
OVERLAPPING SITES	C67.8
UNSPECIFIED	C67.9

KIDNEY, EXCEPT PELVIS

RIGHT	C64.1
LEFT	C64.2
UNSPECIFIED	C64.9
PENIS	
PREPUCE	C60.0
GLANS PENIS	C60.1
BODY	C60.2
UNSPECIFIED	C60.9
PROSTATE	
	C61
TESTIS	
DESCENDED	
RIGHT	C62.11
LEFT	C62.12
UNSPECIFIED	C62.10
UNDESCENDED	
RIGHT	C62.01
LEFT	C62.02
UNSPECIFIED	C62.00
UNSPECIFIED DESCENDED/UNDESCENDED	
RIGHT	C62.91
LEFT	C62.92
UNSPECIFIED	C62.90
MALIGNANT NEOPLASM, UNCERTAIN BEHAVIOR	
BLADDER	D49.4
PROSTATE	
	D40.0
TESTES	
RIGHT	D40.11
LEFT	D40.12
UNSPECIFIED	D40.10
URINARY ORGAN, UNSPECIFIED	D41.9
OTHER GENITOURINARY ORGANS	D49.5
HISTORY OF MALIGNANT NEOPLASM	
BLADDER	Z85.51
EPIDIDYMISS	Z85.48
KIDNEY	Z85.528
PROSTATE	Z85.46
RENAL PELVIS	Z85.53
TESTES	Z85.47
URETER	Z85.54
URINARY TRACT ORGAN	Z85.59
OTHER MALE GENITAL ORGAN	Z85.49
UNSPECIFIED URINARY TRACT ORGAN	Z85.50

Frequently used diagnosis codes for Urology. To ensure complete and accurate coding to the highest degree of specificity, the most current version of ICD-10 should be consulted. No responsibility is assumed for the application of content, and no warranty is made as to accuracy, currency or completeness.