



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

LAB NUMBER

<b>CHART #/MRN</b>	<b>DATE OF COLLECTION</b>	<b>SEX</b> <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**

<b>PATIENT SOCIAL SECURITY #</b>	<b>PATIENT BIRTHDATE</b>
<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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please write N/A if SSN is unavailable

**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 \_\_\_\_\_

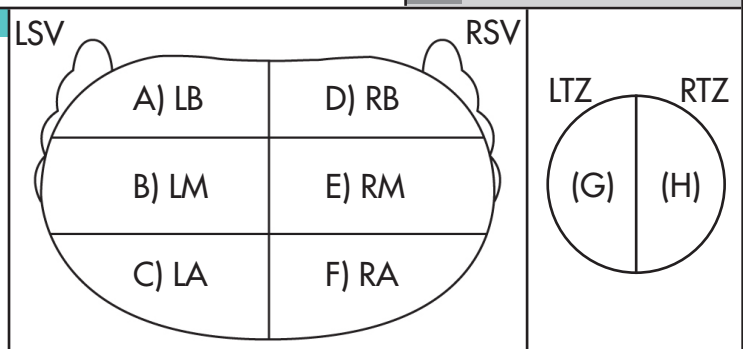
BILLING CODES \_\_\_\_\_

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:**

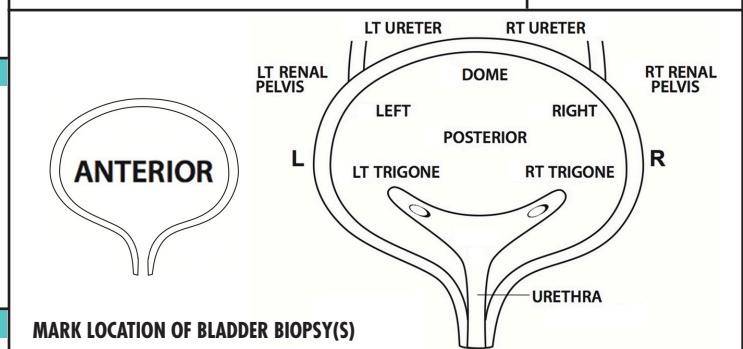
**Clinical and Therapy History:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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

<b>ABDOMINAL PAIN</b>	
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
<b>PENIS</b>	
HYPOSPADIAS, UNSPECIFIED	Q53.9
<b>REDUNDANT PREPUCE AND PHIMOSIS</b>	
ADHERENT PREPUCE, NEWBORN	N47.0
PHIMOSIS	N47.1
PARAPHIMOSIS	N47.2
OTHER DISORDERS OF PREPUCE	N47.8
<b>PROSTATE</b>	
ELEVATED PSA	R97.2
ENLARGED PROSTATE	
<b>W/O LUTS</b>	<b>N40.0</b>
W/ LUTS	N40.1
<b>TESTES</b>	
TESTICULAR HYPOFUNCTION	E29.1
<b>UNDESCENDED TESTIS</b>	
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
<b>URETER STRICTURE</b>	
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
<b>POSTINFECTION</b>	
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
<b>URINATION</b>	
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
<b>URINARY INCONTINENCE</b>	
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
<b>CALCULUS</b>	
BLADDER	N21.0
KIDNEY	N20.0
KIDNEY AND URETER	N20.2
URETER	N20.1
URINARY CALCULUS; UNSPECIFIED	N20.9

### HEMATURIA

GROSS	R31.0
<b>MICROSCOPIC</b>	
BENIGN ESSENTIAL	R31.1
OTHER	R31.2
<b>RECURRENT AND PERSISTENT</b>	
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
<b>HYDROCELE</b>	
ENCYSTED	N43.0
INFECTED	N43.1
OTHER	N43.2
UNSPECIFIED	N43.3
<b>INFLAMMATION</b>	
BALANOPOSTHITIS	N47.6
BALANITIS	N48.1
<b>CYSTITIS</b>	
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
<b>UNSPECIFIED</b>	
W/O HEMATURIA	N30.90
W/ HEMATURIA	N30.91
PROSTATITIS, CHRONIC	N41.1
<b>URETHRITIS</b>	
NON SPECIFIC	N34.1
OTHER	N34.2
SITE NOT SPECIFIED	N39.0
<b>KIDNEY DISORDERS</b>	
<b>CHRONIC KIDNEY DISEASE</b>	
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
<b>HYDRONEPHROSIS</b>	
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
<b>MALIGNANT NEOPLASM, PRIMARY</b>	
<b>BLADDER</b>	
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
<b>PENIS</b>	
PREPUCE	C60.0
GLANS PENIS	C60.1
BODY	C60.2
UNSPECIFIED	C60.9
<b>PROSTATE</b>	
	C61
<b>TESTIS</b>	
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
<b>MALIGNANT NEOPLASM, UNCERTAIN BEHAVIOR</b>	
BLADDER	D49.4
<b>PROSTATE</b>	
	D40.0
<b>TESTES</b>	
RIGHT	D40.11
LEFT	D40.12
UNSPECIFIED	D40.10
URINARY ORGAN, UNSPECIFIED	D41.9
OTHER GENITOURINARY ORGANS	D49.5
<b>HISTORY OF MALIGNANT NEOPLASM</b>	
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.