

Apheresis Procedure Requisition

MIM# 1129

Stamp UNC ID Card in space provided above

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.

☐ Plasma Exchange                      Frequency: \_\_\_\_\_

✓ COMMON DX (Reason for procedure)	ICD-9	✓ COMMON DX (Reason for procedure)	ICD-9
Chronic Inflammatory Demyelinating Polyneuritis	357.81	Other Inflammatory and Toxic Neuropathy	357.89
Eaton-Lambert syndrome	358.1	Polyneuropathy in Malignant Disease	357.3
Goodpasture's Syndrome	446.21	Rejection, Heart	996.83
Guillain-Barre disease	357.0	Rejection, Kidney	996.81
Myasthenia Gravis	358.00	Rejection, Lung	996.84
Myasthenia Gravis w/ acute exacerbation	358.01	Waldenstrom's hypergammaglobulinemia	273.0
Nephritis/Nephropathy not specified w/ Lesion of	583.4	Waldenstrom's macroglobulinemia	273.3
Rapidly Progressive Glomerulonephritis		Wegener's Granulomatosis	446.4
Nephritis/Nephropathy not specified w/ Other Specified	583.89		
Pathological Lesion in Kidney			
Other:			

I certify that these diagnosis codes support the test ordered and are medically necessary.

Ordering Provider Signature: \_\_\_\_\_ ID# \_\_\_\_\_

Date/Time: \_\_\_\_\_