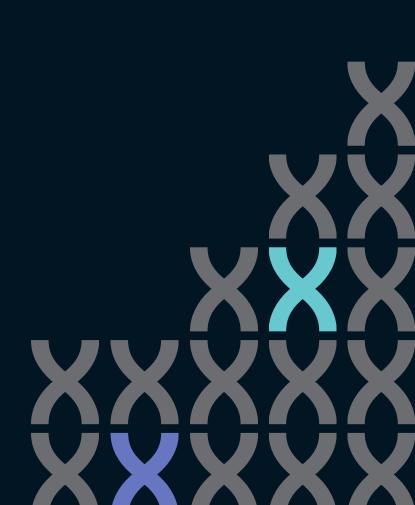


## ORDERING COLOGUARD® VIA EMR

**Quick Start Guide** 



### **HOW TO GET STARTED**

Please note that most EMR systems allow you to create a test requisition form template to order tests. These steps are provided as a convenience for adding a template to order Cologuard. If you need further assistance please contact your EMR vendor for support.

## Add Exact Sciences Laboratories and Cologuard to your EMR Lab Compendium and Test Menu

- Laboratory Name: Exact Sciences Laboratories
- Test Name: Cologuard
- Test Description: Stool-based DNA test with hemoglobin immunoassay component and algorithmic analysis, colorectal cancer (CRC) screen.
- LOINC Code: 77354-9 Result, 77353-1 Impression

### Create a Cologuard Test Requisition Template in your EMR

• See chart to the right for required fields.

#### Determine how you would like to receive test results

- Results will be transmitted via fax when available.
- We recommend the use of our secure provider portal for tracking orders and accessing patient results.
- If desired, all practices within your health organization can opt to obtain results solely through the portal and discontinue all fax transmission of result reports.

**NOTE:** Result delivery method will be consistent across all associated practices in your health organization or system.

# Email the Cologuard Test Requisition Template to your Exact Sciences Sales Representative for approval.

- Include results reporting preference in the body of the email (Portal only or Fax and Portal).
- Please do not use PHI on the test requisition template, only use test data or blank fields.
- Your sales representative will notify you when the template has been approved by Exact Sciences Laboratories.

#### FIELDS REQUIRED FOR ELECTRONIC REQUISITIONS

You will be contacted by your Exact Sciences Sales Representative to include any missing information on the test requisition template.

| PROVIDER, LOCATION, CLINIC INFO          |
|--|
| 1. Healthcare Organization Name          |
| 2. Provider Name                         |
| 3. Provider NPI #                        |
| 4. Location Street Address               |
| 5. Location City                         |
| 6. Location State                        |
| 7. Location Zip                          |
| 8. Location Phone                        |
| 9. Secure Fax (If results will be faxed) |

| INSURANCE/PAYMENT SECTION | DN |
|---------------------------|----|
| 1. Carrier/Program/Plan   |    |

- 2. Claims Billing Address
- 3. Claims Phone Number
- 4. Member/Subscriber Number
- 5. Relationship of Insured to Patient (Self, Spouse, Other)
- 6. Insured First Name (If different from patient)
- 7. Insured Last Name (If different from patient)
- 8. Insured Date of Birth (If different from patient)

| PATIENT/TEST SECTION   |
|--|
| 1. Patient ID/MRN  |
| 2. First Name  |
| 3. Last Name   |
| 4. Date of Birth (mm/dd/yyyy)                                  |
| 5. Gender (M/F)  |
| 6. Patient of Hispanic or Latino origin or descent? (optional) |
| 7. Race¹ (optional)  |
| 8. Shipping Address - Street                                   |
| 9. Shipping Address - City                                     |
| 10. Shipping Address - State                                   |
| 11. Shipping Address - Zip Code                                |
| 12. Patient Phone  |
| 13. Primary ICD-10 Codes²                                      |
| 14. Secondary ICD-10 Code                                      |
| 15. Ordering Provider e-signature                              |
| 16. Order Date   |

17. Billing Type (Insurance, Medicare,

Medicaid, Tricare, Self-Pay)

<sup>1</sup>Indicate your patient's race with one or more of the following: White, Black or African-American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native.

<sup>&</sup>lt;sup>2</sup>The Cologuard screening test produces a single result for the presence of cancer or precancer in either the colon or rectum, without any possible differentiation between the two sources. Understanding that it's not possible for Cologuard to test or produce a result specific to either the colon or the rectum, CMS' most recent guidance for coverage of Cologuard indicates that, in order to successfully process claims for Medicare/Medicare Advantage patients, claims must include either ICD-10 diagnosis codes Z12.11 (encounter for screening for malignant neoplasm of colon) or Z12.12 (encounter for screening for malignant neoplasm of rectum).



Cologuard is intended for the qualitative detection of colorectal neoplasia associated DNA markers and for the presence of occult hemoglobin in human stool. A positive result may indicate the presence of colorectal cancer (CRC) or advanced adenoma (AA) and should be followed by diagnostic colonoscopy. Cologuard is indicated to screen adults of either sex, 50 years or older, who are at typical average-risk for CRC. Cologuard is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high risk individuals.

Cologuard is not for high risk individuals, including those with a history of colorectal cancer and advanced adenoma, a family history of colorectal cancer, IBD or certain hereditary syndromes. Positive Cologuard results should be referred to diagnostic colonoscopy. A negative Cologuard test result does not guarantee absence of cancer or advanced adenoma. Following a negative result, patients should continue participating in a screening program at an interval and with a method appropriate for the individual patient. Cologuard performance when used for repeat testing has not been evaluated or established. Rx only.