



PREVENTIVE COGNITIVE WELLNESS





WELCOME TO **ALLIANCE™**

At ALLIANCE™ Laboratories, we prioritize quality and technology to ensure the highest standards in diagnostic testing. Our commitment to quality begins with our state-of-the-art laboratory facilities equipped with the latest advancements in diagnostic technology.

ALLIANCE™ Laboratories offers a comprehensive range of advanced diagnostic services:

- **Clinical Testing**
- **Pathology Testing**
- **Molecular Testing**
- **Toxicology Testing**
- **Genetic Testing**

By integrating advanced technology with stringent quality control measures, ALLIANCE™ Laboratories delivers exceptional accuracy and reliability in every test we perform. We are dedicated to advancing healthcare through innovation, ensuring that patients receive the highest level of care and service.

INSURANCE LIST

INSURANCES OUR LABORATORY ACCEPTS

1199 National Benefit Fund	ConnectiCare	Medicaid
AARO - Prudential	CoreSource	Meritain Health
Aetna HMO	Emblem Health	MetroPlusHealth Plan
Aetna PPO	Empire Plan (United Healthcare)	Multiplan
AliCare	Fidelis	MVP Healthcare
All Union Local Insurances	Florida Blue	NALC Health Benefit
Amalgamated	GEHA	Oscar Health Insurance
American Plan Administrators	GHI	Oxford HMO
American Progressive Life (Today's Options)	Great West Health Care PPO	Oxford PPO
AmeriHealth PPO	Harvard Pilgrim Healthcare	Preferred Care
APWU	Elderplan	POMCO
AvMed	HCPIPA (Healthcare Partners)	QualCare
BayCare	Health First	Railroad Medicare
Blue Cross Blue Shield	Health Republic (Freelancers)	Senior Whole Health
Brokerage Concepts	HIP	Sieba Ltd
Capital District (CDPHP)	Hudson Health Plan	Touchstone
Capital Health Plan	Humana	Tricare
Care Plus	Horizaon BCBS	TRPN
Champ VA	Liberty Health Advantage	UniCare PPO
Christian Brothers Employee Benefit Fund	Local Unions	United Healthcare (Excluding Community Plan)
Cigna HMO	MagnaCare	United Healthcare/ AARP Medicare Complete Advantage
Cigna PPO	Mail Handlers Benefit Plan	
	Medicare	

INSURANCES WE DO NOT ACCEPT

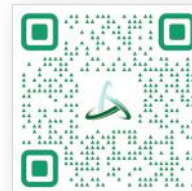
Affinity	Health Plus
Amerigroup	Northshore LIJ
CMO	United Healthcare Community Plan

Fee schedules

Overview

Physician Fee Schedule

WATCH CMS.GOV VIDEO HERE



DOES YOUR PRACTICE PROVIDE COGNITIVE TESTING? (CPT Code: 99483)

As healthcare providers, you are constantly seeking ways to improve patient care and outcomes. One significant yet often underutilized approach is cognitive testing. This preventive approach can play a crucial role in early identification of brain health issues, such as dementia, which in turn can significantly benefit patients and their families. To learn more about integrating these services into your practice, visit Medicare Cognitive Assessment & Care Plan Services webpage CMS.gov: <http://cms.gov/cognitive>

Fee schedules

- Overview
- Physician Fee Schedule
- Look-Up Tool
- Advanced Practice Nonphysician Practitioners
- Anesthesiologists Center
- Audiology Services
- Care Management
- Cognitive Assessment**
- CT Modifier Reduction List
- Diagnostic Services by Physical Therapists
- Evaluation & Management Visits
- Global surgery data collection
- Marriage and Family Therapists & Mental Health Counselors
- Medicare PFS Preventive Services

Cognitive Assessment & Care Plan Services

This page is for health care providers.

If you're a person with Medicare, [learn more about your Medicare coverage for Cognitive Assessment & Care Plan Services.](#)

If your patient shows signs of cognitive impairment during a routine visit, Medicare covers a separate visit to more thoroughly assess your patient's cognitive function and develop a care plan - use CPT code 99483 to bill for this service.

As of January 1, 2024, Medicare pays approximately \$268 (may be geographically adjusted) for these services when provided in an office setting.

- > How Do I Get Started?
- > Who Can Offer a Cognitive Assessment?
- > Where Can I Perform the Cognitive Assessment?
- > What's Included in a Cognitive Assessment?
- > What Care Plan Services Result from the Assessment?
- > How Do I Bill for Cognitive Assessment & Care Plan Services?
- > Additional Resources

Cognitive assessment & care plan services

Medicare Part B (Medical Insurance) covers a separate visit with a doctor or health care provider to fully review your cognitive function, establish or confirm a diagnosis like dementia or Alzheimer's disease, and develop a care plan. Your health care provider might also give you a cognitive assessment to look for signs of dementia when you go for other visits, including your yearly preventive "Wellness" visit.

Signs of cognitive impairment may include trouble remembering, learning new things, concentrating, managing finances, or making decisions about your everyday life. Conditions like depression, anxiety, and delirium can also cause confusion, so it's important to understand why you may be having symptoms.

Your costs in Original Medicare

After you meet the Part B deductible, you pay 20% of the Medicare-Approved Amount.

What it is

During a cognitive assessment, the doctor or health care practitioner may:

- Perform an exam, talk with you about your medical history, and review your medications.
- Identify your social supports including care that your usual caregiver can provide.
- Create a care plan to help address and manage your symptoms.
- Help you develop or update your [advance care plan](#).
- Refer you to a specialist, if needed.
- Help you understand more about community resources, like rehabilitation services, adult day health programs, and support groups.

Things to know

You can bring someone with you (like a spouse, friend, or caregiver) to help listen to information and answer questions.

WHY CHOOSE ALLIANCE™ LABORATORIES?

- EXPERT TEAM
- FAST TURNAROUND
- STATE-OF-THE-ART TECHNOLOGY

ALLIANCE™ Laboratories offer advanced Cognitive Testing Panels that enhance CMS Cognitive Assessment & Care Plan Services, providing a comprehensive picture of patients' cognitive health. By integrating our **(2646) Initial Cognitive Panel** and in 6-month **(2647) Follow-Up Cognitive Panel** testing, you can identify cognitive impairments early, tailor individualized care plans, and monitor progress effectively.

ALLIANCE™ KNOWLEDGE

Learn more about conducting an initial patient visit:



Learn more about conducting a follow-up patient visit:





PATIENT INFORMATION

(REQUIRED)

Last Name: First Name: Street Address: Apt#: City: State: Zip: Phone: DOB: SSN: Gender: F M Primary Ethnicity: African, European (Finnish), Latino, Ashkenazi Jewish, East Asian, South Asian, European (Non-Finnish), Near/Middle Eastern, Other

SPECIMEN INFORMATION

(REQUIRED)

Date Collected: Time Collected: Collected and Registered By:

ICD10 CODES

It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

2646 - Initial Cognitive Profile (3SSP;2KV1RBL;15AL)

- CBC w/DIFF, Cortisol A.M., DHEA-S, Estradiol, Ferritin, Folate, FT3, FT4, GGT, Heavy Metals 18, Hemoglobin A1C, High Sensitivity CRP, Homocysteine, Insulin, LDH, Lipid Profile w/rfx LDL Direct, PGX Comprehensive Panel, Progesterone, Renel Function Panel, Reverse T3, Serum, SHBG, T4 Total, Testosterone, Free, Testosterone, Total, Total T3, TSH, Uric Acid, Serum, Vitamin B12, Vitamin D 25-OH, Vitamin E, Serum

2647 - Follow Up Cognitive Panel (3SST;1LV1RBL)

- CBC w/DIFF, Cortisol A.M., DHEA-S, Estradiol, Ferritin, Folate, FT3, FT4, GGT, Heavy Metals 18, Hemoglobin A1C, High Sensitivity CRP, Homocysteine, Insulin, LDH, Lipid Profile w/rfx LDL Direct, Progesterone, Renel Function Panel, Reverse T3, Serum, SHBG, T4 Total, Testosterone, Free, Testosterone, Total, Total T3, TSH, Uric Acid, Serum, Vitamin B12, Vitamin D 25-OH

- E78.2 Mixed hyperlipidemia, E11.9 Type 2 diabetes mellitus without complications, E03.9 Unspecified Hypothyroidism, I10.0 Essential Primary Hypertension, D64.9 Anemia, unspecified, R73.09 Other abnormal Glucose, E73.03 Abnormal Glucose, Prediabetes, D51.9 Vitamin B12 deficiency anemia, unspecified, E53.8 Def of other specified B Group vitamins, E55.9 Vitamin D deficiency, unspecified, E72.11 Homocystinuria, E78.01 Familial hypercholesterolemia, E78.1 Pure hyperglyceridemia, E78.49 Other hyperlipidemia, I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris

- BLOOD ICD 10: R53.1 Weakness, R79.9 Ab. finding of blood chemistry, unspecified, R53.81 Other malaise, R79.89 Other specified abnormal findings of blood chemistry, Z79.01 Long Term (current) use of anticoagulants, Z79.899 Other long term (current) drug therapy

COLUMN 1* (SELECT ALL THAT MAY APPLY):

- I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris, I25.111 Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm, I25.118 Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris, I25.5 Ischemic cardiomyopathy, I25.6 Silent myocardial ischemia, I25.720 Atherosclerotic of autologous artery coronary artery bypass grafts with unstable angina pectoris, I25.721 Atherosclerotic of autologous artery coronary artery bypass grafts with angina pectoris with documented spasm, I25.728 Atherosclerotic of autologous artery coronary artery bypass grafts with other forms of angina pectoris, I25.760 Atherosclerotic of bypass graft of coronary artery of transplanted heart with unstable angina, I25.761 Atherosclerotic of bypass graft of coronary artery of transplanted heart with angina pectoris w/documented spasm, I25.768 Atherosclerotic of bypass of coronary artery of transplanted heart with other forms of pectoris, I25.790 Atherosclerotic of other coronary artery bypass grafts with unstable angina pectoris

- I25.791 Atherosclerotic of other coronary artery bypass grafts with angina pectoris with documented spasm, I25.798 Atherosclerotic of other coronary artery bypass grafts with other forms of angina pectoris, I25.810 Atherosclerotic of coronary artery bypass grafts without angina pectoris, I25.812 Atherosclerotic of bypass grafts of coronary artery of transplanted heart without angina pectoris, I25.83 Coronary atherosclerosis due to lipid rich plaque, I25.84 Coronary atherosclerosis due to calcified coronary lesion, I25.89 Other forms of chronic ischemic heart disease, I25.9 Chronic ischemic heart disease, unspecified, I63.59 Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery, I66.01 Occlusion and stenosis of right middle cerebral artery, I66.02 Occlusion and stenosis of left middle cerebral artery, I66.03 Occlusion and stenosis of bilateral middle cerebral arteries, I66.8 Occlusion and stenosis of other cerebral arteries, I79.02 Long term (current) use of antithrombotics/ antiplatelets

PGX ICD10

- F33.40 Major depressive disorder, recurrent in remission, unspecified, F33.3 Major depressive disorder, recurrent, severe with psychotic symptoms, F32.9 Major depressive disorder, single episode, unspecified, F33.9 Major depressive disorder, recurrent, unspecified, F33.0 Major depressive disorder, recurrent, mild, F33.1 Major depressive disorder, recurrent, moderate, F33.2 Major depressive disorder, recurrent, severe without psychotic features, F33.41 Major depressive disorder, recurrent, in partial remission, F33.42 Major depressive disorder, recurrent, in full remission, F31.30 Bipolar disorder, current episode depressed, mild or moderate severity, unspecified, F31.31 Bipolar disorder, current episode depressed, mild, F31.32 Bipolar disorder, current episode depressed, moderate, F31.4 Bipolar disorder, current episode depressed, severe, without psychotic features, F31.75 Bipolar disorder, in partial remission, most recent episode mixed depressed, F31.76 Bipolar disorder, in full remission, most recent episode depressed, F31.60 Bipolar disorder, current episode mixed, unspecified

COLUMN 2* (SELECT ALL THAT MAY APPLY):

- F31.61 Bipolar disorder, current episode mixed, mild, F31.62 Bipolar disorder, current episode mixed, moderate, F31.63 Bipolar disorder, current episode mixed, severe, w/o psychotic features, F31.77 Bipolar disorder, in partial remission, most recent episode mixed, F31.78 Bipolar disorder, in full remission, most recent episode mixed, F32.89 Other specified depressive episodes, F31.64 Bipolar disorder, current episode mixed, severe, w/ psychotic features, F31.5 Bipolar disorder, current episode depressed, severe with psychotic features, G10 Huntington's disease

Medical Necessity (Please check one or more boxes):

- Patient has acute coronary syndrome and is undergoing percutaneous coronary interventions, and needs genetic testing of the CYP2C19 to guide the initiation or re-initiation of Clopidogrel (Plavix) therapy, or any medication derivatives. Patient has a depressive disorder and needs genetic testing of the CYP2D to guide medical treatment of the patient and/or dosing of amitriptyline or nortriptyline, or any medication derivatives. Patient needs genetic testing of CYP2D6 to guide initial dosing or re-initiation of Tetrabenzine, at a rate greater than 50 mg/day, or any medication derivatives. Patient (1) has not been previously tested for the CYP2C9 or VKORC1 alleles, (2) has received fewer than (5) days' warfarin in the anticoagulation treatment plan for which the genetic testing is requested, and (3) the patients enrolled in a prospective, randomized, controlled study meeting Medicare requirements under NCD90.1. The patient had an adverse reaction to one or more drug combinations and is currently taking the following medications. Please list below:

*Note: The provided ICD-10 codes are listed as a convenience. Ordering practitioners should report the diagnosis code that best describes the reason for performing the test, regardless of whether the code is listed above or not.

00001

00001

* FPO Affixed Label

PHYSICIAN SIGNATURE: 022-PGX-03/20

TO RE-ORDER CALL RITE-PRINT 710-884-4286



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 Laboratory Director: Samar Roy, PhD
 CLIA#: 33D0985206



Client: [REDACTED] 2394
 Phys: [REDACTED] Fax: [REDACTED]

Patient: [REDACTED]
 DOB: [REDACTED] Age: 83 Sex: F
 Phone: [REDACTED] ID#: [REDACTED]

Accession: 2301030408 Coll. Date: 01/03/23 Recv. Date: 01/03/23 Print Date: 07/04/24
 Chart# Coll. Time: 11:00 Recv. Time: 20:09 Print Time: 09:32
 First reported on: 01/04/23 Final report date: 07/04/24

Clinical Report:

Clinical Abnormalities Summary: (May not contain all abnormal results; narrative results may not have abnormal flags. Please review entire report.)

GLUCOSE	182	mg/dL	HIGH	74.0 - 108.0
B.U.N.	24.0	mg/dL	HIGH	9.00 - 23.00
BUN/CREATININE RATIO	39	RATIO	HIGH	8 - 28
ALK. PHOSPHATASE	41	U/L	LOW	48.0 - 118.0
GLYCOHEMOGLOBIN A1C	8.9	%	HIGH	4.00 - 5.89
CRP HIGH SENSITIVITY	0.96	mg/L	LOW	1.0 - 3.0
HOMOCYSTEINE	18.01	umol/L	HIGH	3.70 - 13.90
HDL CHOLESTEROL	42	mg/dL	LOW	>=60
TRIGLYCERIDES	153	mg/dL		
RBC	3.99	10 ⁶ /uL		
HGB	11.0	g/dL		
HCT	32.5	%		
MCV	90.6	fL		
MPV	11.3	fL		
SEGMENTED %	78.3	%		
FOLATE	3.98	ng/mL		
VITAMIN D 25-OH	25.1	ng/mL		
INSULIN	30.5	uIU/mL		

Test Name Within Range Out

CHEMISTRY

GLUCOSE	182
SODIUM	143
POTASSIUM	3.9
CHLORIDE	107
BICARBONATE	25
CREATININE	0.61
GLOMERULAR FILTRATION	94
If African-American, result is >	
B.U.N.	24.0
BUN/CREATININE RATIO	39
CALCIUM	9.2
T.PROTEIN	6.6
ALBUMIN	4.3
GLOBULIN	2.3
A/G RATIO	1.87
ALK. PHOSPHATASE	41
URIC ACID	5.2
LACTATE DEHYDROGENASE	201
BILIRUBIN Total	0.5
BILIRUBIN Direct	0.20
GGT	15
SGPT (ALT)	21

Originally Reported On: 01/04/23 00:48

(L)Low | (H)High | (CL)Critical

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STAT(B) Cor

CLS PGx Research Review



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Presented here are the results of the Coriell Life Sciences systematic review of available guidance and research literature. The CLS PGx Research Review is a general purpose research assistance service intended to provide users with relevant medical reference information related to identified gene variations and their drug associations. This research review reflects the professional opinions of the CLS research team, and are intended solely for general purpose research use and are not intended for use in clinical diagnosis or treatment. Independent review of the same evidence can be performed, with referenced sources documented at coriell.com/refs.

Patient: [REDACTED]
 Date of Birth: [REDACTED]

Sample ID: 2402098002

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Genetic Research Summary Information

† Key: Indeterminant, Uncertain = No known diplotype or activity; Negative = wild type allele; Positive = heterozygous or homozygous alleles; n/a = no gene information available.


Genetic Research Summary

Gene	Diplotype	Activity †
ApoE	E3 E3	See ApoE Research Summary
COMT(Val158Met)	G A	Decreased function
CYP1A2	*1N *1W	Unknown Metabolizer
CYP2B6	*1 *1	Normal metabolizer
CYP2C19	*1 *2	Intermediate metabolizer
CYP2C9	*1 *1	Normal metabolizer

Gene	Diplotype	Activity †
CYP2D6	*2A *2B; or *2A *2A; or *2B *2B	Normal metabolizer
CYP3A4	*1A *1A	Normal metabolizer
CYP3A5	*1 *3	Intermediate metabolizer
Factor V Leiden	Normal	See Thrombosis Research Summary
MTHFR (A1298C)	T G	See Thrombosis Research Summary
MTHFR (C677T)	G G	See Thrombosis Research Summary
Prothrombin (F2)	Normal	See Thrombosis Research Summary
SLCO1B1	*1 *1	Normal function
VKORC1	*1 *1	Low sensitivity to warfarin

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