



**Health Insurance Justification Form for Electron Microscopy (EM) Evaluation of Platelet Dysfunction**

DATE: \_\_\_/\_\_\_/\_\_\_

PATIENT: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

INSURANCE \_\_\_\_\_ MEMBER ID# \_\_\_\_\_

**Bleeding Symptoms:**

Petechiae 782.7 (R23.3) Easy bruising 448.9 (I78.8; I78.9)  
Bleeding gums 523.8 (K05.5) Abnormal coagulation profile 790.92 (R79.1)  
Epistaxis 784.7 (R04.0) Frequency \_\_\_\_\_  
Menorrhagia 626.8 (N92.0) Severity \_\_\_\_\_  
Post operative bleeding 998.11 (ICD-10: \_\_\_\_\_) Details \_\_\_\_\_  
Family history of bleeding 286.9 (D68.8 specified \_\_\_\_\_ D68.9 unspecified)  
Coagulopathy NOS 286.9 (D68.8 specified \_\_\_\_\_ D68.9 unspecified)  
Unspecified bleeding 289.9 (D75.9) Details \_\_\_\_\_

**Other Specialists involved:**

ENT/ Adolescent Medicine/ Gynecology/ Gastroenterology/ Cardiology/ Neurology  
Other \_\_\_\_\_

**Summary of Coagulation Laboratory Evaluation to date on this patient:**

Hemoglobin \_\_\_\_\_ gm/dl Platelet count \_\_\_\_\_ K  
Normal PTT \_\_\_\_\_ Normal von Willebrand Profile \_\_\_\_\_ Normal PT \_\_\_\_\_  
Other \_\_\_\_\_

**Platelet Electron Microscopy (EM)** is necessary for this patient to diagnose abnormal platelet morphology and evaluate the granular content of the platelets. This information will help to determine if this patient has an intrinsic, congenital platelet abnormality related to a bleeding risk.

It is very important that this testing be performed by an Electron Microscopist familiar with platelet morphology. I am unaware of a reference laboratory in this region that offers this type of unique testing. This testing will be sent to the University of Toledo Medical Center Hospitals, Department of Pathology. The laboratory CPT test code is 88348. The electron microscopist performing this evaluation is Dr. William T. Gunning, 419-383-3484. This testing is proven and is not experimental.

This information is necessary to rule out a structural or granular abnormality of the platelets associated with an intrinsic platelet dysfunction or coagulopathy, which will determine the patient's bleeding risk and guide medical treatment and hematologic management. Should an intrinsic platelet defect be identified in this patient, specific treatment is available to help control mucosal bleeding and to prevent peri-operative bleeding. Results of this testing may identify an intrinsic platelet abnormality which may direct treatment which will positively impact this patient's health; without it, a definitive diagnosis may not be able to be made.

Requestor Name: \_\_\_\_\_, MD  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone/Fax: \_\_\_\_\_

(File with Insurance Claim)