For Laboratory Use Only:

SST	UNSPUN	RED	EDTA	PST	BLUE	SERUM	PLASMA	URINE	STOOL	FROZEN

REQUIRED INFORMATION - COMPLETE ALL ITEMS IN RED

PATIENT NAME: _____ (LAST / FIRST / MI)

☐ M ☐ F DOB ___/___/___ SSN # _____

Ordering Provider: _____ (LAST / FIRST / MI (Or Circle from List))

BILL TO: ☐ PATIENT/PATIENT INSURANCE ☐ CLIENT ACCOUNT

RESPONSIBLE PARTY:

LAST _____ FIRST _____ MI _____

RELATION TO PATIENT:

☐ Self ☐ Spouse ☐ Dependent ☐ Other: PHONE ( )

STREET ADDRESS

P.O. BOX, R.R.

CITY _____ STATE _____ ZIP _____

☐ Primary ☐ Secondary

MEDICARE # _____

MEDICAID # _____ STATE _____

INSURANCE PLAN NAME: _____ CITY/STATE _____

NAME OF POLICY HOLDER: _____ DOB: _____

POLICY # _____ GROUP # _____

EMPLOYER OF POLICY HOLDER:

****PLEASE ATTACH COPIES OF ALL CURRENT INSURANCE CARDS****

Special Instructions:

SPECIMEN INFORMATION:

PLACE OF SERVICE (POS): _____

Collection Date: ___/___/___ Time:_____ AM PM

ICD-10 A._____ B._____ C._____ D._____ ☐ **WELCOME TO MEDICARE VISIT**

Provide an ICD-10 code supporting medical necessity for EACH test or panel by indicating the letter of the ICD-10 next to each test.

Medicare Patient Instructions:

1. Only order tests that are medically necessary for the diagnosis and treatment of a patient, not screening tests, when Medicare payment will be sought.
2. An ABN is necessary when Medicare is likely to deny payment.
3. Medicare secondary payer information is required, please attach separate sheet.

PANELS	ICD-10
COMP METABOLIC PANEL	
BASIC METABOLIC PANEL	
HEPATIC PANEL	
ELECTROLYTE PANEL	
LIPID PANEL #	
THYROID PANEL #	
RENAL PANEL	
PRENATAL PANEL *	
ACUTE HEPATITIS PANEL # *	

INDIVIDUAL TESTS	ICD-10
ABO & Rh Typing	
ALT (SGPT)	
Amylase	
Antibody Screen *	
Antinuclear Antibodies (ANA)*	
AST (SGOT)	
Bilirubin ☐Total ☐Direct	
BUN	
Calcium	
CEA #	
CBC (Includes Differential) #	
Cholesterol	
Cortisol ☐ AM ☐ PM	
C-Reactive Protein - HS	
Creatine Kinase (CK)	
Creatinine	
Creatinine Clearance Ht Wt	
Drugs of Abuse Screen	
Electrophoresis* with Immunofixation ☐ Hemoglobin ☐ Serum ☐ Urine	
ESR (Sed Rate)	
Ferritin	
Folate	
FSH	
Glucose #	
Pregnancy Test ☐ Serum ☐ Urine	
HCG, Quant # Maternal	
HCG, Quant # Tumor Marker	
Hemoglobin A1C	

	ICD-10
Hepatitis Bs Antibody (HBs-Ab)	
Hepatitis C Antibody RF/R PCR	
HIV * #	
Hepatitis Bs Antigen (HBs-Ag)	
Immunoglobulins (IgG, IgA, IgM)	
Iron #	
Iron Panel # (Iron, TIBC, Iron Sat)	
Lead # ☐ Capillary ☐ Venous (Must provide complete patient address)	
Lipase	
Lithium	
LH (Lutenizing Hormone)	
Magnesium	
Microalbumin ☐ Random	
Phenytoin (Dilantin)	
Phosphorus	
Potassium	
PSA #	
PTH	
Procalcitonin	
Protein, Urine ☐Random ☐Timed Tot Vol_____Hr_____	
Prothrombin Time/INR (PT/INR)	
Reticulocyte Count	
Rubella Antibody	
TSH #	
Free T4 * #	
Total T4 #	
Triglycerides #	
Uric Acid	
Urinalysis ☐Straight Cath ☐Foley Cath ☐ Clean Catch ☐ Culture **IF POSITIVE** (Reflex testing)	
Valproic Acid (Depakene)	
Vancomycin (Random, Trough, Peak)	
Vitamin B12	
Vitamin D 25 Hydroxy #	
VZV IgG Screen	

MICROBIOLOGY	ICD-10
OB Group B Strep	
Strep Screen Culture, Throat	
MRSA Screen Source:	
Chlamydia / Gonorrhea PCR Source: ☐ Urine ☐Cervix ☐ Vaginal	
Urine Culture (Includes Colony Ct) * # ☐Straight Cath ☐Foley Cath ☐Clean Catch	
ROUTINE CULTURE * Source:	
ACID FAST CULTURE * Source:	
FUNGAL CULTURE * Source:	
STOOL TESTS	
Stool Culture *	
H Pylori AG	
Fecal Lactoferrin	
Clostridium Difficile	
Crypto/Giardia (O & P Screen)	
Rotavirus	
BLOOD CULTURE * (2 sets required)	
Set 1 Date:_____Time:_____ Site:_____Vol:_____	
Set 2 Date:_____Time:_____ Site:_____Vol:_____	

VIRAL TESTING	ICD-10
Herpes Simplex Virus 1/2 PCR Viral Transport Media Source:	
Varicella Zoster DNA Detection PCR Viral Transport Media Source:	
Influenza Screen (A&B) PCR Nasopharyngeal swab in Viral Transport Media	
RSV PCR Nasopharyngeal swab in Viral Transport Media	

OTHER TESTS

Duplicate test orders on the same date of service result in a denial on insurance claims. Refer to the chart below for overlapping tests within a panel. Order the panel that has the majority of the tests you want and order all other tests individually. This will eliminate duplicate billing and also reduce costs associated with running the duplicate.

	PANELS				
TESTS	HFP*	CMP*	RENAL*	BMP*	ELECTROLYTES*
Albumin	X	X	X		
Alkaline Phosphatase	X	X			
ALT	X	X			
AST	X	X			
Calcium		X	X	X	
Carbon Dioxide		X	X	X	X
Chloride		X	X	X	X
Creatinine		X	X	X	
Direct Bilirubin	X				
Glucose		X	X	X	
Potassium		X	X	X	X
Phosphorus			X		
Sodium		X	X	X	X
Total Bilirubin	X	X			
Total Protein	X	X			
Urea Nitrogen (BUN)		X	X	X	

*HFP – Hepatic Function Panel (CPT 80076) *Comprehensive Metabolic Panel (CPT 80053) *Renal – Kidney CPT 80069 *BMP – Basic Metabolic Panel (CPT 80048) *Electrolyte – CPT 80051

Lipid Panel – CPT 80061 (includes Cholesterol, Triglycerides, HDL and LDL)
Prenatal Panel – CPT 80055 (includes CBC, ABO & Rh, Antibody Screen, Rubella, RPR, HBS Antigen)
Acute Hepatitis Panel – CPT 80074 (includes Hepatitis A Antibody, Hepatitis B Core Antibody, Hepatitis B Surface Antigen, Hepatitis C Antibody).

REFLEX TESTING

An * identifies a test that has a defined reflex test protocol. Based on the result of the test ordered by the physician, additional testing may be performed, reported and billed. Refer to the Pathology Center Test Directory for information on reflex testing protocols.

If additional testing is not desired, indicate by writing "NO REFLEX" when ordering.

NATIONAL COVERAGE DETERMINATIONS (NCD)

The National Coverage Determinations (NCD) are noted on the requisition by a #. The tests covered by the NCD's require ICD-10 codes that support medical necessity. Each NCD lists covered CPT codes. ICD-10 codes for medical necessity, ICD-10 codes that DO NOT support medical necessity, and a list of ICD-10 codes that are never covered. Medicare will not pay for tests that do not support medical necessity.

MEDICARE SECONDARY PAYER (MSP)

The Medicare program requires that claims be paid in the correct order of financial liability. Please verify with Medicare beneficiaries that all insurance information is current and listed in the correct order of payment, 42CFR 489.20 (g) of the Medicare regulations requires that all providers must agree "…to bill other primary payers before billing Medicare…"