



Physician Order

(PRINT) PATIENT'S NAME (Last, First, Middle Initial)			D.O.B		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Collection Date	Time
DXCODE(S) (ICD-10) (Enter the appropriate Code in the spaces to the right for each test ordered or use the index number as indicated.)		1.	2.	3.	4.	Phleb: _____	
Ordering Provider (PRINT)			Provider's Signature		Date		
<input type="checkbox"/> STAT <input type="checkbox"/> Call To:			<input type="checkbox"/> Fax To:		<input type="checkbox"/> Copy To:		
Patient Instruction:		<input type="checkbox"/> Do this blood test _____ (Date)		<input type="checkbox"/> Fasting - 12 hours with nothing to eat or drink except water (according to thirst)		<input type="checkbox"/> Non Fasting - may eat and drink (your normal diet)	

X	PANELS	CPT Code	X	GENERAL	CPT Code	X	HEMO & COAG	CPT Code
	Arthritis (Uric Acid, ESR, ANA, RF)	84550, 85652, 86038, 86431		HDL* - LAB101	83718		CBC w/differential* - LAB293	85025
	Basic Metabolic - LAB15 (Na, K, Cl, CO ₂ , Ca, glucose, BUN, Creat)	80048		HIV 4 th Gen Screen* - LAB5883	87389		CBC w/o diff (Hemogram)* - LAB294	85027
	Comprehensive Metabolic - LAB17 (Na, K, Cl, CO ₂ , Ca, glucose, BUN, Creat, TP, Alb, Tbili, ALT, AST, Alkphos)	80053		Iron* - LAB94	83540		WBC & Differential* - LAB334	85004
	Electrolyte - LAB16 (Na, K, Cl, CO ₂)	80051		Iron & TIBC* - LAB829	83540 & 83550		WBC* - LAB299	85048
	Hepatitis* - LAB551 (HBsAg, HbCAb IgM, HAVAb IgM, HCVAb)	80074		LDL, Direct* - LAB102	83721		Hemoglobin* - LAB291	85018
	Lipid* - LAB18 (Chol, HDL, Trig, Calc LDL)	80061		Lipase - LAB99	83690		Hematocrit* - LAB289	85014
	Liver Function - LAB20 (TP, Alb, T&D, Tbili, ALT, AST, Alkphos)	80076		Lithium - LAB29	80178		D-Dimer - LAB2810	85379
	Obstetric (CBCw/diff, HbsAg, Rubella Ab, RPR, Prenatal Type & Screen)	85025, 86592, 86762, 86900, 86901, 87340, 868250		Magnesium - LAB103	83735		PFA - LAB318	85055
	Renal - LAB19 (Na, K, Cl, CO ₂ , Ca, glucose, BUN, Creat, Alb, Phos)	80069		Mono-Test - LAB482	86308		Platelet Count* - LAB301	85049
	GENERAL			Parathyroid Hormone (PTH Intact) - LAB108	83970		Protine & INR* - LAB320	85610
	Albumin - LAB45	82040		Phenobarbital - LAB30	80184		PTT* - LAB325	85730
	Alkaline Phosphatase - LAB112	84075		Phenytoin (Dilantin) - LAB31	80185		Sedimentation Rate (ESR) - LAB322	85652 85651
	ALT (SGPT) - LAB132	84460		Phosphorous - LAB113	84100		MICROBIOLOGY	
	Amylase - LAB48	82150		Potassium - LAB114	84132		Body Fluid Culture - LAB269 (Source) _____	87070 87205 87075
	ANA - LAB147	86038		PSA, Screening* - LAB2683	G0103		C-difficile toxin by PCR - LAB2162	87493
	AST (SGOT) - LAB131	84450		PSA, Diagnostic* - LAB116	84153		Chlamydia/GC by PCR - LAB4526 (Source) _____	87491 87591
	Bilirubin, Direct - LAB52	82248		Sodium - LAB122	84295		Fecal Occult Blood, Screen* - LAB4079	82274
	Bilirubin, Total - LAB50	82247		T4, Free* - LAB127	84439		Fecal Occult Blood, Diagnostic* - LAB4080	82274
	Brain Natriuretic Peptide (BNP) - LAB106	83880		T4, Total* - LAB126	84436		Herpes / Varicella - LAB6320 (Source) _____	87529x2 87798
	BUN - LAB140	84520		Theophylline - LAB35	80198		H. Pylori Stool Ag LAB397	873389
	Calcium - LAB53	82310		TIBC* - LAB2739	83550		Influenza A and B - LAB924	87804
	Cholesterol* - LAB60	82465		Total Protein - LAB118	84155		MRSA Screen <input type="checkbox"/> Wound LAB2816 <input type="checkbox"/> Nasal Presurgical - LAB2815 <input type="checkbox"/> Routine Nasal - LAB2202	87640 87641
	CK - LAB62	82550		Triglycerides* - LAB134	84478		Respiratory PCR / FilmArray - LAB3222	87486 87633 87581 87798
	CKMB - LAB2356	82553		TroponinI - LAB747	84484		RSV - LAB495	87420
	Creatinine - LAB66	82565		TSH* - LAB129	84443		Sputum Culture - LAB2194	87070 87205
	CRP, High Sensitivity - LAB150	86141		Uric Acid - LAB141	84550		Stool PCR / FilmArray - LAB5043	87507
	Digoxin* - LAB23	80162		Vitamin B12 - LAB67	82607		Stool Giardia & Cryptosporidium Antigens - LAB1319	87328 87329
	Ferritin* - LAB68	82728		Vitamin D Total (25-Hydroxy vitamin D)* - LAB535	82306		Strep A Antigen - Rapid - LAB885	87430
	Folate, Serum - LAB69	82746		BLOOD PRODUCTS			Strep A PCR - LAB6555	87651 87798
	Glucose* - LAB2474	82947		Antibody Screen - LAB278	86850		Wound Culture (Source) - LAB503	87070 87205
	Glycosylated Hemoglobin* - LAB90	83036		Type & Screen - LAB276	86900, 86901, 86850		URINE SPECIMEN	
	HCG, Serum Qual* - LAB144	84703		ABO/Rh - LAB895	86900 86901		Creatinine Clearance (Requires Urine & Serum) - LAB383	82575
	HCG, Serum Quant* - LAB143	84702		Crossmatch x _____ units of _____			Microalbumin/Creatinine, Random Urine - LAB689	82043
				Product _____			Microalbumin, Random - LAB2109	82043
				Date to Give _____			Urinalysis w/Reflex testing - LAB3914 <input type="checkbox"/> CC <input type="checkbox"/> Indwelling Cath <input type="checkbox"/> Simple Cath	81003 or 81001
				Other _____			Urine 24 HR Creatinine - LAB712	82570
							Urine 24 HR Protein - LAB441	84156
							Urine Culture* - LAB239 <input type="checkbox"/> CC <input type="checkbox"/> Indwelling Cath <input type="checkbox"/> Simple Cath	87086

Notification to Providers and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will be Sought: Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests. **Complete the ABN** for tests that Medicare will not consider "medically necessary" for the noted diagnosis. Procedures governed by local or national coverage determination (LCD or NCD) are found in the Medicare A and Medicare B publications and listed on their respective websites: www.iamedicare.com (Part A) and www.nordian.com (Part B). [*] Asterisk indicates test is governed by a coverage determination.

Outpatient Laboratory Requisition

