



POLICIES

Billing

ABN (Advance Beneficiary Notice)

An OBN, Form CMS-R-131, is a standardized notice that you or your designee must issue to a Medicare beneficiary, before providing certain Medicare Part B (outpatient) or Part A (limited to hospice and Religious Nonmedical Healthcare Institutions only) items or services. You must issue the ABN when:

- You believe Medicare may not pay for an item or service,
- Medicare usually covers the item or service, and
- Medicare may not consider it medically reasonable and necessary for this patient in this particular instance.

How do I know when Medicare might Not Pay?

Medicare limits coverage of certain items and services by the diagnosis. If the diagnosis on the claim is not one that Medicare covers for the service, Medicare will deny that claim.

What are Medicare coverage policies?

Limited coverage may result from National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs). Medicare expects you to know both current NCDs and LCDs. NCDs describe whether Medicare pays for specific medical services or technologies. In the absence of an NCD, LCDs indicate which items and services Medicare considers reasonable, medically necessary, and appropriate. In most cases, the availability of this information indicates that you knew, or should have know, that Medicare would deny the item or service as not medically necessary.

The Medicare Coverage Database (MCD) at <http://www.cms.gov/medicare-coverage-database> contains all NCSs and LCDs, local policy articles, and proposed NCD decision. You may find published NCDs at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html> on the CMS website. You may view official versions of LCDs by contractor, state, or alphabetically, at <http://www.cms.gov/medicare-coverage-database> on the CMS website.

What are the frequency limits?

Medical Necessity

Medicare defines medical necessity as services that are:

. Reasonable and necessary,

. For the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member, and

. Not excluded under another provision of the Medicare Program.

For information related to Medicare coverage, regulations, and processes, visit <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo> on the CMS website.

Some services that Medicare covers are subject to frequency limitations. A frequency limit means that Medicare will pay for only a certain quantity of a specific item or service in a given time period. If you do not know the number of times the beneficiary got a service within a specific time frame, you can try to get this information from the beneficiary or other providers involved in his or her care. If you have reason to believe that the item or service you provide may exceed frequency limitations, you just issue an ABN to inform the beneficiary that he or she may be responsible for the charges if Medicare does not pay.

What is the routine notice prohibition?

Medicare prohibits you from issuing ABNs on a routine basis (i.e., where there is no reasonable basis for Medicare to not cover the service).

HOW DO I COMPLETE AN ABN?

For the ABN and instructions on its use, visit <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html> on the CMS website. You can find an example of an ABN on page 12 of this booklet.

The ABN consists of 5 sections and 10 blanks, which must appear in the following order from top to bottom:

Notifier(s) (A)

- You must place your name, address, and telephone number at the top of the ABN.
- If the billing and notifying entities differ, you may give the name of more than one entity in the notifier area; however, the beneficiary must be able to identify which entity to contact for billing questions.

Patient Name (B)

- You must enter the first and last name of the beneficiary getting the ABN. You should also use the middle initial if it appears on the beneficiary's Medicare card.

Identification Number (C)

- Medicare numbers, Health Insurance Claim Numbers (HICNs), or Social Security Numbers (SSNs) **must not** appear on the ABN.
- Insertion of an identification number, such as a medical record number or date-of-birth, is optional.

Body (D)

- You must list the general description of items or services believed to be noncovered on the blank line of the “NOTE.”

Table (D, E, F)

- **First Block (D)**
 - You must list the specific items or services you believe to be noncovered.
 - In the case of upgrades, you must list the excess component(s) of the item or service for which you expect denial.
- **Reason Medicare May Not Pay (E)**
 - You must explain in beneficiary-friendly language why you believe Medicare may not cover each item or service. Commonly used reasons for noncoverage are:
 - Medicare does not pay for this test for your condition.
 - Medicare does not pay for this test as often as this (denied as too frequent).
 - Medicare does not pay for experimental or research use tests.

NOTE: To be a valid ABN, at least one reason must apply to each item or service listed. You may apply the same reason for noncoverage to multiple items.

- **Estimated Cost (F)**
 - You must complete the Estimated Cost block to ensure the beneficiary receives all available information to make an informed decision about whether to obtain potentially noncovered services.
 - You must make a good faith effort to insert a reasonable estimate for all the items or services listed. In general, Medicare expects the estimate will fall within \$100 or 25 percent of the actual costs, whichever is greater. Examples of acceptable estimates include, but are not limited to, the following:
 - For a service that costs \$250:
 - “Between \$150 – \$300,” or
 - “No more than \$500.”
 - You can bundle routinely grouped multiple items or services into a single-cost estimate.

Option 1, 2, or 3 (G)

The beneficiary, or his or her representative, must choose only one of the three options listed. Medicare does not permit you to make this selection.

- **If Option 1 is chosen:**
 - The beneficiary wants to get the item or services at issue and accepts financial responsibility. He or she agrees to make payment now, if required. **You must submit a claim to Medicare that will result in a payment decision that the beneficiary can appeal.**
- NOTE:** If the beneficiary needs a Medicare claim denial for a secondary insurance plan to cover the service, the beneficiary should select Option 1.

EXAMPLE OF AN ABN

For an example of an ABN, see below.

A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- OPTION 3.** I don't want the D. _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1830.

Client Billing

Each month you will receive an itemized invoice/statement which will indicate the date of service, patient name, CPT code, test name, and test charge. Payment terms are net 30 days. When making payment, please include our invoice number on your check to ensure proper credit to your account.

Patient Billing

Mercy will bill all insurances on behalf of our customers. However, it is the responsibility of the customer to check with his/her insurance provider prior to using our laboratory services in order to ensure that Mercy Lab is a network provider for his/her carrier.

CPT Coding

It is your responsibility to determine correct CPT codes to use for billing. While the Mercy catalog list CPT codes in an effort to provide some guidance, CPT codes listed only reflect our interpretation of the CPT coding requirements. Mercy Lab assumes no responsibility for billing errors due to reliance on CPT codes listing in this handbook. For further reference, please consult the CPT Coding manual published by the American Medical Association.

Cancellation of Tests

Cancellations received prior to the test setup will be honored at no charge. Requests received following test setup cannot be honored. A report will be issued automatically and charged appropriately.

Client Laboratory Technical Assistance

Mercy is available to assist in evaluating the technical and operational aspects of a client's laboratory. Our day-to-day exposure to the latest developments in laboratory medicine keeps us in the state-of-the-art technology and enables us to make objective evaluations of laboratory practices.

Clients may request consultation services with respect to their own laboratory operations, compliance with CLIA 88, OSHA, state regulations, quality control, quality assurance policies and procedures. A nominal fee, based on the consulting technologist's time, is charged for this special service.

Compliance

Mercy Lab is committed to compliance with applicable laws and regulations such as the Clinical Laboratory Improvement Amendments (CLIA). Regulatory agencies that oversee our compliance include, but are not limited to, the Centers for Medicare and Medicaid Services (CMS), the Food and Drug Administration and the Department of Transportation (DOT). Mercy Lab develops implements and maintains policies, processes and procedures throughout the organization which are designed to meet relevant requirements. We expect clients utilizing our services will ensure that compliance with patient confidentiality, diagnosis coding, anti-kickback statutes, professional courtesy, CPT-4 coding, CLIA proficiency testing and other similar regulatory requirements.

Confidentiality of Results

Mercy Lab is committed to maintaining confidentiality of patient information. To ensure Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the College of American Pathologists (CAP) compliance for appropriate release of patient results, Mercy Lab has adopted the following policies:

Phone inquiry Policy- One of the following unique identifiers will be required:

- Mercy Lab accession ID number for specimen; **or**
- Client account number from Mercy Lab along with patient name; **or**
- Client accession ID number interfaced to Mercy Lab; **or**
- Identification by individual that he or she is, in fact, "referring physician" identified on requisition form by Mercy Lab's client

Under federal regulation, we are only authorized to release results to ordering physicians or healthcare providers responsible for the individual patient's care. Third parties requesting results including requests directly from the patient are directed to the ordering facility. We appreciate your assistance in helping Mercy Lab preserve confidentiality. Provision of appropriate identifiers will greatly assist prompt and accurate response to inquiries and reporting.

Consultative Services

Mercy Pathology staff is available for medical and technical consultation regarding laboratory test results and/or clinical conditions. Our managers and technical staff are also available whenever needed to resolve problems or answer questions, either by telephone or personal visit.

Confidentiality

We are committed to protecting the confidentiality of individuals' private laboratory test results and other personal information in compliance with all applicable federal, state and local laws and regulations.

Fee Changes

Fees are subject to change without notification. Specific client fees are available by calling the Mercy Client Services department at 1-800-755-7866.

Referral Testing

Mercy Lab is a full-service laboratory. We perform most tests at our own facilities; however, a few highly complex procedures are referred to reliable reference laboratories. Mercy Lab has chosen Mayo Laboratories to be the reference lab of choice for the majority of referral work within the system. The fees for referred tests are subject to change, and a nominal charge is added to cover handling expenses

Repeat Testing

Repeat determinations will be performed at no charge if, in the opinion of the referring physician, a distinct variance exists between the clinical picture and the laboratory result. For this reason, we routinely store most specimens for 7 days. Please note that specimen viability for repeat testing varies depending upon

Request for Physician Name and Phone Number

Mercy Lab endeavors to provide high-quality, timely results so patients are able to receive appropriate care as quickly as possible. While providing esoteric reference testing, there are times when Mercy Lab will need to contact the ordering physician directly. We appreciate your rapid assistance in supplying the ordering physician's name and phone number, when we are required to call. Working together, we can provide your patients with the highest quality testing services in the shortest possible time. he test requested. Please contact our client service department for details regarding repeat testing.

Specimen Identification Policy

In compliance with the adherence to the CAP and the Joint Commission's 2008 Patient Safety Goals (1A), Mercy Lab's policy states that all specimens received for testing must be correctly and adequately labeled to assure positive identification. Specimens must have 2 person-specific identifiers on the patient lab. Person-specific identifiers may include: accession number, patient's first and last name, unique identifying number (eg, medical record number), or date of birth. Specimens are considered mislabeled when there is a mismatch between the person-specific identifiers on the specimen paperwork). When insufficient or inconsistent identification is submitted, Mercy Lab will recommend that a new specimen be obtained, if feasible.

Specimen Rejection

The rejection of specimens may at times be based on whether the specimen is retrievable.

Retrievable Specimens: Specimens that are considered easily recollected, with minimal or no negative impact on the patient and can be characteristically representative of the original specimen. Retrievable specimens may include: Throat swabs – Nasopharyngeal swabs, Urine samples, Sputum, STD collections, Venous Blood specimens, Arterial Blood drawn from a line.

Irretrievable Specimens: Specimens that can NOT be easily recollected, recollection does have the potential to cause significant negative impact to the patient and any recollection will not absolutely represent the original sample. Irretrievable specimens may include but may not be limited to; Surgical specimens, Bone Marrow, some Body Fluids (CSF) , Blood Cultures drawn prior to the administration of antibiotics, Cord Blood, neonatal or pediatric specimens, Code Blue or Trauma specimens, Difficult Blood Draws, Baseline specimens drawn prior to treatment or administration of medications, etc.

There are four basic factors, discoverable during pre-analytic, analytic, or post-analytic processing that serve as the foundation for rejecting or accepting a specimen. They are as follows:

1. Specimen labeling problems (e.g., missing or incorrect information).
2. Requisitioning difficulties (same as those for labeling).
3. Specimen integrity problems (e.g., wrong tube, hemolysis, QNS).
4. Result integrity problems (such as delta check failures).

Criteria for specimen rejection are dependent on individual tests and additional information may be found in individual test procedures. Rejected specimens are generally not discarded until the physician ordering the test or responsible nursing unit is notified. Communications regarding less than optimal specimens should be oriented toward concern for patient welfare and not an unwillingness to provide laboratory service. It is ultimately the responsibility of the ordering physician to make certain that the laboratory is provided with a properly collected and identified specimen for analysis. In most cases the decision to reject a specimen is made by the Medical Technologist performing the test. Unacceptable samples include but are not limited to the following:

- **Clotted Specimen.** If the sample is clotted when whole blood is required, the specimen will be rejected. Examples include: Clotted specimen for a CBC, Platelet Count, ESR, Prothrombin Time or PTT. Testing may be modified for clotted CSF or body fluids. Test results may include the differential only but not a cell count.
- **Hemolysis.** Grossly hemolyzed samples may be rejected especially if for Potassium, PTT, Magnesium, LDH, CK, Iron/TIBC, or Bilirubin.
- **Lipemia.** Grossly lipemic specimens will be rejected for testing in which lipemia interferes with the test performance according to the manufacturer.
- **Specimen Contamination.** Examples include: A blood specimen drawn from a line that is contaminated with IV fluid or heparin, non-sterile technique or container is used in obtaining a specimen for culture, a urine specimen contaminated with stool, and visible contamination in a sterile specimen for culture e.g. a hair in a urine specimen.
- **Stool Specimens.** Rejected specimens include: specimens submitted on a swab for; Ova & Parasites, Rotavirus or WBC; any Diapers submitted; specimens for Clostridium difficile from patients less than 1 year of age; Stool for O&P with barium or oil noted.
- **Incorrect pH of Urine for 24 hour urines**
- **Incomplete 24 hours for timed urine collection**
- **Inadequate Specimen Identification.** The specimen is improperly labeled; mislabeled or unlabeled or information on the label is illegible or incomplete. Specimen labeling requirements are established by law (CLIA) and accreditation standards. The procedure to follow for improperly labeled **Irreplaceable Specimens** is as follows:
 - 1) The person delivering the specimen will be personally responsible for returning the specimen to the place it originated and obtaining the proper label for the specimen. The properly labeled specimen may be returned to the lab.
 - 2) Should the specimen be “dropped off” in the laboratory, the department or floor from which the specimen originated will be contacted. The person who originally labeled the specimen will come to the laboratory and properly label the specimen before it will be processed. If they have any doubt concerning the positive identification of the specimen, reject and recollect.
 - 3) The nurse in either situation will sign the label with his/her name and badge number attesting to the fact that they have labeled the specimen properly. This information will be entered into the “comment” field when the tests on that specimen are ordered (i.e. “Specimen labeled by John Smith, RN #5656”).

See Patient Care Services policy “Blood Drawing” (B-100) for labeling requirements.

Blood Bank samples that are not properly labeled will always be rejected period. Blood Bank specimens that are not double signed will be rejected. For Blood Bank specimens, two people (as defined by policy) must participate in the identification of the patient before drawing the sample. Both individuals must participate in the labeling of the specimen and both individuals must sign their name on the label of the specimen drawn.

- **Specimen submitted to the laboratory without a properly completed request form** (Tissue request or Reference lab). If required information is illegible or incomplete, or if

the information on the request does not agree with information on the specimen label, the specimen may be rejected. Information requirements for laboratory requests are established by law (CLIA) and accreditation standards. If the specimen is irretrievable, the laboratory will make every effort to resolve the problem by contacting the customer, nurse, or ordering physician and obtaining the correct and complete information. This may result in a delay of specimen analysis and result reporting. If specimens for culture or pathology do not identify the source, the laboratory will call the physician, provider, or nurse and ask for the source; and write the source on the label and the request form.

- **Specimen improperly stored or delayed in transport to the laboratory.** There are some specimens that require immediate transport to the laboratory due to the stability of the analyte being measured. Examples include: Glucose will decrease 10% for every hour the plasma is in contact with cells, stool for Fecal Leukocytes is stable for only 1 hour, Blood Gases are stable for only 10-15 minutes at room temperature, unpreserved Stool and Urine specimens for culture are stable for only 2 hours, Semen analysis must begin within 1 hour following collection, Hanging drop for *Trichomonas vaginalis* must be less than 1 hour old. Stability can be increased with proper storage of the specimen. Urine Culture is stable for 24 hours when refrigerated; Blood Gases are stable for 1 hour when placed on ice, etc. If urine is to be collected from an indwelling catheter, it should be fresh from the line, not removed from the bag.
- **Specimen sample volume not sufficient for the test ordered.** If there is not enough sample to perform the test(s), the provider or location submitting the specimen will be notified and additional specimen will be requested. When multiple tests have been ordered and the volume is sufficient for some testing but not all, the ordering physician will be contacted to select and prioritize the testing to be completed.
- **Inappropriate Volume of Blood for Tube Additive.** The amount of additive placed into a tube is intended for a certain volume of blood. If less blood than required is drawn, the excess amount of additive has the potential to adversely affect the accuracy of the test results (Example: Blue Sodium citrate tube for coagulation tests). If more blood is drawn than is required, the amount of additive may be insufficient for its intended purpose and may similarly adversely affect the accuracy of test results.
- **Outside of container contaminated by specimen** (i.e., infectious hazard). The laboratory will assess the risk of contaminated containers and may reject the specimen.
- **Inappropriate Specimen or BD Vacutainer® tube for the Test Requested.** Method-specific specimen requirements must be considered. In particular, tubes with additives are not to be used indiscriminately. An additive can interfere with the testing to be performed if it is the wrong additive. The laboratory action that will be taken:
 - 1) Look for another appropriate sample in the laboratory and use it if possible.
 - 2) If another sample is not available, reject and request repeat collection.
 - 3) If the specimen is from an outpatient, it is usually the lab's responsibility to recall the patient. If the patient cannot be reached, notify the physician.An inappropriate specimen will be rejected. Example: Nasal swabs are not sensitive for RSV detection. The specimen should be a nasopharyngeal secretion (wash or aspirate).
- **Wrong Order of Draw.** The wrong order-of-draw during multiple blood specimen collection can invalidate results because of contamination by the additive in the tube previously filled. The following order-of-draw is recommended when drawing multiple specimens for clinical laboratory testing during a single venipuncture.
 - 1) Blood culture tube (Note: aerobic should be drawn first if using a butterfly)

- 2) Coagulation tube (e.g., blue top) (Note: When using a butterfly, if there is no blood culture, draw 2 blue top tubes and waste the first tube drawn)
- 3) Serum tube with or without clot activator, with or without gel (e.g., red top)
- 4) Heparin tube with or without gel plasma separator (e.g., green top)
- 5) EDTA (e.g., lavender top)
- 6) Glycolytic inhibitor (e.g., gray top)
- 7) Other special tubes (ACD, royal blue, etc.)

- **Patient not properly prepared for test requirements.** There are test procedures that require the patient to be fasting prior to collection such as the Glucose Tolerance Test. If the patient has not been fasting, the results of the test would be invalid.
- **Specimens not properly preserved.** Specimens that have not been properly preserved will be rejected. Example 1: Most tissue samples for Histology must be preserved in formalin. Example 2: The following tests require the sample be drawn and kept on ice until processed: Blood Gases, Ammonia, Renin, ACTH and Plasma Catecholamine. Example 3: The specimen collected for Cryoglobulins must be drawn in a prewarmed tube and kept at 37°C while clotting. Example 4: The following tests must be protected from light (both daylight and fluorescent): Carotene, Bilirubin (Neonatal), Vitamins D, A and B6 levels. Example 5: Some 24 Hour Urine specimens must have a specified preservative added to the container prior to collection.
- **Chain of Custody Specimens.** Chain of custody specimens where there has been a breach in the chain of custody documentation will be rejected.
- **Specimen collected in other than approved container or in an expired container.** Culture specimens that are not collected in sterile containers will be rejected. Urine collected in a container that is not approved will be rejected because the integrity of the specimen cannot be assessed. Blood collected in expired vacutainer tubes will be rejected. Specimens submitted in syringes with needles attached will be rejected.
- **Microbiology.**
 - 1) **Unacceptable for Culture.**
 - Any dry swab (not inserted into a culturette and the ampoule broken)
 - Samples submitted in formalin
 - 24 hour collection of urine or sputum for AFB or fungus
 - Stool samples on patients who have been hospitalized >3 days
 - More than one sample of urine, stool, sputum or wound submitted on the same day from the same source
 - Blood cultures drawn from intravenous catheters or ports
 - Specimens submitted after administration of antibiotics
 - Samples not collected in the appropriate transport media
 - 2) **Unacceptable for anaerobic culture.** Since anaerobes are part of the normal flora in certain areas of the body, and cannot be distinguished from an infecting organism, the following specimens generally are NOT suitable for ANAEROBIC CULTURE

<ul style="list-style-type: none"> • Stool • Mouth • Nose • Sputum • Throat • Vaginal 	<ul style="list-style-type: none"> • Gastric washing (other than newborn) • Midstream or catheterized urine • Prostatic secretions • Swabs from ileostomy or colostomy • Intestinal contents • Aerobic swabs
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The above list is not all-inclusive of specimen problems. Additional criteria for rejection may be found in individual procedures. When a specimen has been rejected the lab will 1) notify ASAP the doctor/nurse/provider that the test ordered has been rejected and why; 2) inquire about a resolution and provide details concerning proper specimen collection, if the request is to be resubmitted; 3) cancel and credit the original order; 4) reorder the test and obtain a new specimen; and 5) document in BEAKER that the test has been rejected, why, who was notified and when. If the patient must be contacted for recollection, it is the responsibility of the location in which the error occurred to contact the patient.

Mislabeled, or unlabeled, or questionable specimens

1. For a mislabeled, unlabeled or questionable specimen, the laboratory will contact the unit from which the specimen came and notify the unit secretary or patient's nurse. It is the provider's responsibility to provide a new specimen.
2. In the event that the provider feels (health care professional ultimately responsible for the patient's care at that time) that the testing of the specimen is emergent, or that the specimen is not replaceable, the request may need to be cleared with a Pathology Resident or Pathologist, and a waiver of liability may need to be signed by the provider. See Protocol Flow Sheet on the next page. American Association of Blood Bank rules apply for Blood Bank specimens.
3. No specimen will be discarded or its analysis inappropriately delayed while awaiting authorization by the Pathology Resident or Pathologist. However, no results will be reported out until the waiver of liability (if needed) is signed, except in a code or extremely urgent or emergent situation. Occasionally, specimen processing may be delayed pending receipt of complete and accurate patient information.

STAT Reporting via Telephone

STAT requests are not automatically called unless the result is critical. Critical results are called to the referring physician, or skilled nursing facility, in accordance with criteria established by our Medical Director.

Standing Order Policy

When standing orders for laboratory testing are appropriate for an extended course of treatment, they may be established in the laboratory.

In order to establish a standing order the following information must be provided:

- Patient name
- Include ordering provider (name & provider #).
- Medical Record Number (A#)
- Date of Birth
- Attending Physician
- Test(s) to be put on Standing Order
- Appropriate ICD-9 code (diagnosis)
- Effective date
- End date (not longer than 1 year)
- Special Instructions (if any)

A standing order may be initiated using a properly completed standard requisition with a notation "ESTABLISH STANDING ORDER". Please include information regarding frequency and end date. All standing orders must be reviewed annually. Documentation of the Standing Order in the patient's medical record is required and must clearly state what tests are ordered and why (medical necessity).

Supplies

Mercy Lab provides all forms and supplies necessary for the collection and transport of specimens to be tested by Mercy Lab. Please completely fill out one SUPPLY ORDER FORM and return it to Mercy Lab by Fax at 405-752-3788.

Once receipt of order has been received, the Distribution Department will attempt to process and deliver that order the next business day for physician offices. Orders for a next-business-day delivery must be received by 4 pm the previous day. Please note that orders received on Fridays will be delivered on Mondays.

Electronic orders can also be placed through our online Supply Order Catalogue. Please visit www.MercyLab.net and click on the Supply Order Catalogue link. Easy to follow instructions will guide you through the set up and ordering process. If you have questions regarding, please call 1-800-755-7886.