

**LABORATORY TEST REQUISITION** SAP 10043290 front / 01-10

Please Attach a Copy of All Insurance I.D. Cards (front and back)

**ACCOUNT NAME**

**BILL TO:**  Client (Lab Direct Billing)  Medicaid  
 Medicare Primary  Insurance (or other 3rd party)  
 Medicare Secondary  Patient (Self Pay)

PATIENT NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_ SEX  M  F DATE OF BIRTH \_\_\_\_\_  
 STREET ADDRESS, CITY, STATE, ZIP CODE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 REQUESTING PHYSICIAN NAME (LAST, FIRST) \_\_\_\_\_ REPORT COPY TO PHYSICIAN(S): \_\_\_\_\_ FAX NUMBER \_\_\_\_\_  
 RESULTS  STAT PHONE  FAX  COLLECTION DATE \_\_\_\_\_ TIME \_\_\_\_\_ COLLECTED BY \_\_\_\_\_ 24 HOUR URINE TOTAL VOLUME \_\_\_\_\_  
 PRIMARY INSURANCE \_\_\_\_\_ POLICY # / MEMBER ID / MEDICARE / MEDICAID # \_\_\_\_\_ INSURED NAME / RELATIONSHIP TO PATIENT \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_  
 INSURANCE ADDRESS, CITY, STATE, ZIP CODE \_\_\_\_\_ SECONDARY INSURANCE \_\_\_\_\_ POLICY # / MEMBER ID / MEDICARE / MEDICAID # \_\_\_\_\_

**DIAGNOSIS OR ICD9 CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)**

1	2	3	4	5	6
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**FOR LAB USE ONLY**

**NOTICE TO PHYSICIANS:** When ordering tests for which Medicare reimbursement will be sought, only order tests that are medically necessary for the diagnosis or treatment of a patient.

**Medicare Limited Coverage Tests:** Medicare limited coverage tests (shaded) may require an Advance Beneficiary Notice from the patient. If you expect that Medicare will not pay for a lab test ordered, please ask the patient to sign an ABN.

**TESTS / PANELS (Preapproved Criteria May Initiate Additional Testing - See Reflex Tests on Back Page)**

CPT	DX	✓	LAB SERVICES	CPT	DX	✓	LAB SERVICES	CPT	DX	✓	LAB SERVICES
80048			Basic Metabolic Panel (Chem 8)	83036			Glycohemoglobin (Hgb A1C)				<b>MICROBIOLOGY</b>
80053			Comp. Metabolic Panel (Chem 14)	82977			GT				Cultures may include additional testing if positive for growth :
80051			Electrolyte Panel	86677			H. Pylori Antibody				Gram Stain
80061			Lipid Panel	84703			HCG, serum (Qualitative)				Organism ID
80076			Liver Panel (Hepatic Panel)	84702			HCG, Quantitative				Sensitivity
80069			Renal Panel	85027			Hemogram				<b>SOURCE:</b>
80074			Hepatitis Panel (Acute)	86703			HIV Ab*				Acid Fast Culture with AF smear
86709			<input type="checkbox"/> Hep A IgM Ab	83540			Iron	87015, 87116, 87206			C. Difficile Toxin
86705			<input type="checkbox"/> Hep B Core IgM Ab	83690			Lipase	87324			Chlamydia Amplification
87340			<input type="checkbox"/> Hep B Surface Ag*	83735			Magnesium	87491			Cryptosporidium / Giardia Ag Screen
86803			<input type="checkbox"/> Hep C Ab*	82043, 82570			Microalb/Creat Ratio, random urine	87328			GC Amplification
				86403			Mono Test	87591			Fungus Culture
86900, 86901			ABO & RH*	82270			Occult Blood x 3	87102			Ova and Parasite with Stain
86850			Antibody Screen*	82274			Occult Blood - Immuno	87177, 88313, 87328			Rapid Influenza A/B Ag*
82150			Amylase	G0328			Occult Blood - Immuno Scr (Medicare only)	87804x2			Rapid RSV Ag*
86038			ANA*	84100			Phosphorus	87807			Routine Culture with Gram Stain
83880			BNP (B-type Natriuretic Peptide)	84132			Potassium	87070, 87205			Stool Culture
84520			BUN	84155, 84165			Protein Elect Screen (SPEP)	87045, 87046			Strep A Culture
82310			Calcium	84155			Protein, Total	87081			Strep A Screen (Rapid)
86141			Cardio CRP	85610			Prottime with INR	87430			Throat Culture
85025			CBC w/diff	84153			PSA	87070			Urine Culture
82465			Cholesterol	G0103			PSA - Screening (Medicare only)	87086			Viral Culture
82550, 84484			CK and Troponin	85730			PTT, activated	87252			
82550			CK, Total	86431			Rheumatoid Factor				
82533			Cortisol	86592			RPR*				
82565			Creatinine	85652			Sed Rate (ESR)				
82575			Creatinine Clearance	84439			T4, Free (Thyroxine)				
86140			CRP	84403			Testosterone				
80158			Cyclosporin	84466			Transferrin				
80162			Digoxin	84484			Troponin				
82728			Ferritin	84478			Triglycerides				
80197			FK 506 (Prograf)	84443			TSH				
82746			Folate	81001			Urinalysis				
83001			FSH	81001			Urinalysis, culture if indicated*				
82950			Glucose 1 hour pc	82607			Vitamin B12				
82947			Glucose	82306			Vitamin D, 25-OH				

**REFLEX TESTING**  
\*Preapproved Criteria May Initiate Additional Testing (See back page)

## REFLEX TESTING

87340	Hepatitis B Surface Ag if positive - 87341 Hepatitis B Confirmation	86703	HIV Ab if reactive - 86689 HIV Western Blot
86803	Hepatitis C Ab if positive - 86804 HCV RIBA	86592	RPR if reactive - 86781 FTA absorbance
86900, 86901	ABO and RH typing discrepancy may require additional testing (CPT varies)	81001	Urinalysis, Culture if indicated per criteria - 87086 Urine Culture
86850	Antibody Screen if positive, antibody identification (CPT varies)	86038	ANA if positive, 86235x8, 86225 ENA Antibodies, Anti DNA
87804x2	Rapid Influenza A/B Ag, if negative, 87299, 87300 DFA Respiratory Pool	87807	Rapid RSV Ag, if negative, 87299, 87300 DFA Respiratory Pool

## PANEL DESCRIPTIONS AND BILLING INFORMATION

<b>Electrolyte Panel</b>	<b>Basic Metabolic Panel</b> (Chem 8 Panel)	<b>Liver Panel</b> (Hepatic Function)	<b>Renal Panel</b>	<b>Lipid Panel</b>	<b>Comprehensive Metabolic</b> (Chem 14 Panel)
Sodium (Na) Potassium (K) Chloride (Cl) Carbon Dioxide	Sodium (Na) Potassium (K) Chloride (Cl) Carbon Dioxide Glucose Urea Nitrogen (BUN) Creatinine Calcium	Albumin AST (GOT) ALT (GPT) Alkaline Phos Bilirubin, Total Bilirubin, Direct Protein, Total	Sodium (Na) Potassium (K) Chloride (C) Carbon Dioxide Creatinine Glucose Urea Nitrogen (BUN) Calcium Albumin Phosphorus	Triglyceride Cholesterol, Total Cholesterol, HDL Cholesterol, LDL (Calculated)	Sodium (Na) Potassium (K) Chloride (Cl) Carbon Dioxide Creatinine Glucose Urea Nitrogen (BUN) Calcium Albumin Protein, Total Alkaline Phos AST (GOT) Bilirubin, Total ALT (GPT)
CPT: 80051	CPT: 80048	CPT: 80076	CPT: 80069	CPT: 80061	CPT: 80053

"Medicare Primary" indicates that Medicare Secondary Payor information is on file and that Medicare should be billed.