

Patient Name (last, first): _____ Today's Date: _____ Collection Date/Time: _____
 Birth Date (MM/DD/YY) ____/____/____ Gender M F SS# ____-____-____ Phone # (a.m.) _____ (p.m.) _____
 Address: _____ Apt. _____ City _____ ST _____ Zip _____
 Fax Results To: _____ Fax # _____ Extra Copy To: _____
 Bill to: Client (Dr. or Facility) Patient Facility/Account: _____
 Insurance Name: _____ Policy # _____ Group # _____
 Diagnosis/Symptoms/ICD-10 Codes _____
Ordering Physician _____

Stat Urgent Routine

Fasting

Non-Fasting

X	ORGAN/DISEASE PANELS		CPT
	Basic Metabolic Panel	GO	80048
	Comprehensive Metabolic	GO	80053
	Electrolyte Panel	GO	80051
	Hepatic Function Panel	GO	80076
	Hepatitis Acute Panel	GO	80074
	Lipid Panel	GO	80061
	Obstetric Panel	2GO,P	80055
	Renal Function Panel	GO	80069

ORDER GROUPS

	Iron, TIBC, and % saturation	GO	83540, 83550
	*Lipid Extended	GO	80061
	Thyroid (TSH & FT4)	GO	84443, 84439
	*TSH reflex	GO	84443
	Vitamin B12 & Folate	GO	82607, 82746

SINGLE TEST

	A1c (Hemoglobin A1c)	P	83036
	ABO Rh	P	86900,86901
	Albumin	GO	82040
	Alk. Phos	GO	84075
	ALT (SGPT)	GO	84460
	Amylase	GO	82150
	*ANA, with titer & pattern	GO	86038, 86039
	AST (SGOT)	GO	84450
	Billirubin-direct	GO	82248
	Billirubin-total	GO	82247
	BNP	P	83880
	BUN	GO	84520
	Calcium	GO	82310
	Carbamazepine total	GO	80156
	CBC w/automated diff	P	85025
	Cholesterol total	GO	82465
	CK-CPK	GO	82550
	Creatinine	GO	82565
	CRP (Inflammatory)	GO	86140
	CRP hs (Cardiac)	GO	86141
	Digoxin	GO	80162
	Dilantin (Phenytoin)	GO	80185
	Ferritin	GO	82728
	Folate	GO	82746
	FSH	GO	83001
	GGT	GO	82977
	Glucose	GO	82947

X	SINGLE TEST		CPT
	*Glucose Tol ____hr	GR	82951
	HCG Quantitative	GO	84702
	HCG Serum pregnancy Qual	GO	84703
	HCG Urine	U	81025
	HDL	GO	83718
	*HIV 1/2 Antibody	GO	86703
	Hemoglobin	P	85018
	Hemoglobin/Hematocrit	P	85018, 85014
	Hemogram with Platelet Ct	P	85027
	Hepatitis Bs Ab (immunity)	GO	86706
	*Hepatitis Bs Antigen	GO	87340
	*Hepatitis C Antibody	GO	86803
	Homocysteine	GR	83090
	Iron	GO	83540
	LDH	GO	83615
	LDL Direct	GO	83721
	LH	GO	83002
	Lipase	GO	83690
	Lithium	GO	80178
	Magnesium	GO	83735
	Monotest	GO	86308
	Myoglobin	GO	83874
	Phosphorus	GO	84100
	Potassium	GO	84132
	Prolactin	GO	84146
	Protein-total	GO	84155
	Protime/INR	B	85610
	PSA total (Diagnostic)	GO	84153
	PSA total (Screening)	GO	G0103
	PSA, Free & Total	GO	84153, 84154
	PTT	B	85730
	Reticulocyte Count	P	85045
	Rheumatoid Factor	GO	86430
	Sedimentation Rate	P	85652
	Semen, Post Vas	†	89310
	*Syphilis	GO	86780
	T3-Free	GO	84481
	T4-Free	GO	84439
	Testosterone, total	GO	84403
	Triglyceride	GO	84478
	Troponin I	GO	84484
	TSH	GO	84443
	Uric Acid	GO	84550

X	SINGLE TEST		CPT
	Valproic Acid (Depakote)	GO	80164
	Vanco: <input type="checkbox"/> Trough <input type="checkbox"/> Peak <input type="checkbox"/> Rand	GO	80202
	Vitamin B12	GO	82607
	Vitamin D (25-OH Vit.D)	GO	82306, 82541

URINE TESTS

	Microalbumin	U	82043
	Microalbumin/Creat. Ratio	U	82043, 82570
	N-telopeptide	U	82523
	*Urinalysis <input type="checkbox"/> CC <input type="checkbox"/> Cath <input type="checkbox"/> Supra	U	81003
	*reflex C&S if indicated		

MICROBIOLOGY

	C. Difficile toxin A/B		87803
	Chlamydia/Urine		87491, 87591
	CMV, PCR		87496
	*Direct Strep (RAPID)		87880
	EBV, PCR		87798
	Giardia/Cryptosporidium Ag		87328, 87329
	Gram Stain Only		87205
	H. pylori, IgG		86677
	*HIV-1 (RAPID) screen		86701
	HSV, PCR		87529
	Influenza A/B		87804 X2
	Occult Blood		82270
	Ova & Parasites		87177, 87209
	Pertussis, PCR		87801 X2
	Pinworm		87172
	Rotavirus		87425
	RSV		87807
	Stool WBC		89055

MICROBIOLOGY CULTURES

	*Aerobic w/GS		87070, 87205
	*Anaerobic w/GS		87075, 87205
	Blood		87040
	Candida albicans screen		87106
	Fungal		87101 or 02
	Sputum w/GS		87070, 87205
	Stool		87045, 87046
	Strep culture/confirm		87081
	Throat		87070
	Urine		87086
	<input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath <input type="checkbox"/> Supra		

(FOR BOLD TEXT, PLEASE ENTER SOURCE FOR MICROBIOLOGY)

ADDITIONAL TESTS REQUESTED:

Draw Station Locations

Community Hospital Satellite Laboratory 603 28 1/4 Road (970) 644-1613 Hours: Monday - Friday: 7:30 am - 4:00 pm	Community Hospital Imaging & Lab 2373 G Road, Suite 140 (970) 644-4345 Hours: Monday - Friday, 7:00 am - 6:30 pm Saturday, 8:00 am - Noon	Community Hospital Lab on Horizon 743 Horizon Ct, Suite 102 (970) 644-3290 Hours: Monday - Thursday, 8:00 am - 1:00 pm
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Medicare Organ or Disease Oriented Panels

Basic Metabolic (80048) BUN (84520) BUN/Creat. Ratio Calcium (82310) Carbon Dioxide (2374) Chloride (82435) Creatinine (82565) Glucose (82974) Potassium (84132) Sodium (82495)	Comprehensive Metabolic (80053) A/G Ratio Albumin (82040) ALT (84460) AST (84450) Bilirubin, total (82247) BUN (84520) BUN/Creat. Ratio Calcium (82310) Carbon Dioxide (2374) Chloride (82435) Creatinine (82565) Globulin Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (82495)	Obstetric (80055) CBC (85025 or 85027/85004) Hep B surface antigen (87340) RPR (86592) Rubella (86762) HIV (86703) Lipid (80061) Cholesterol (82465) HDL Cholesterol (83718) LDL Cholesterol (calculated) Triglyceride (84478)	Renal (80069) Albumin (82040) BUN (84520) Calcium (82310) Carbon Dioxide (2374) Chloride (82435) Creatinine (82565) Phosphatase (84100) Potassium (84132) Sodium (82495) Acute Hepatitis (80074) Hep A antibody, IgM (86709) Hep B core antibody, IgM (86705) Hep B surface antigen (87340) Hep C antibody (86803)	Hepatic Function (80076) Albumin (82040) ALT (84460) AST (84450) Bilirubin, direct (82248) Bilirubin, total (82247) Phosphatase, alkaline (84075) Protein, total (84155)
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Order Groups

These are provided solely for the ease of ordering multiple tests or reflex tests. these are not Medicare approved panels. These tests will be billed as individual tests and appropriate diagnosis ICD-10 codes must be provided for each test.

Limited Coverage Tests (ABN may be required)

Certain tests are screened by Medicare for medical necessity criteria per statutes/ The test on the front of this form which are printed in red are among the list of test requiring a Medicare approved diagnosis in order to be considered medically necessary and covered by Medicare part B. It is the ordering physician's responsibility to either submit diagnosis(es) information, supported by the patient medical record, as documentation of the medical necessity of the tests order; or explain and have the patient sign an Advanced Beneficiary Notice (ABN) listing specific tests and cost to the patient if the tests will not be covered due to medical necessity guidelines. A test may be medically appropriate, but nonetheless be excluded from Medicare coverage by statute.

Testing Notes and Protocols

- ***Aerobic Culture w/GS:** If laboratory criteria is met for identification (CPT 87077, 87088, 87106) and sensitivities (CPT 87186, 87181), these procedures will be performed and billed. A gram stain (CPT 87205) will be performed and billed for all cultures with the exception of genital, nasal, stool, and throat.
- ***Anaerobic Culture w/GS:** If laboratory criteria is met for identification (CPT 87076) and sensitivities (CPT 87186, 87181), these procedures will be performed and billed. A gram stain (CPT 87205) will be performed & billed for all anaerobic cultures.
- ***ANA with titer:** ANA (CPT 86038) testing will be performed and billed. If possible, a titer (CPT 86039) will be performed and billed.
- ***CBC with Automated Differential:** A CBC (CPT 85025) will be performed and billed. If criteria are met for a manual differential, a manual differential (CPT 85007) will be performed and billed.
- ***Direct Strep (RAPID):** if the Direct Strep (CPT 87880) is negative, a strep culture (CPT 87081) will be performed and billed.
- ***Glucose Tolerance:** A Glucose Tolerance (CPT 82951) will be billed for the first three specimens of a Glucose Tolerance test. If the Glucose Tolerance test is for greater than two hour, an additional glucose test (CPT 82952) will be billed for each additional hour.
- ***Hepatitis Bs Antigen:** A Hepatitis Bs Antigen (CPT 87340) will be performed and billed. If positive, A Hepatitis Bs Ag neutralization confirmation (CPT 83721) will also be performed and billed.
- ***Hepatitis C Virus:** A Hepatitis C Virus Antibody(CPT 86803) will be performed and billed. If positive, Hepatitis C Virus Quantitative NAAT (CPT 87522) will also be performed and billed.
- ***HIV 1&2:** HIV 1&2 (CPT 86703) will be performed and billed. If positive, HIV 1&2 Antibody Confirmatory testing will be performed and billed (CPT varies with results obtained)
- ***Lipid Panel Extended:** A lipid panel (CPT 80061) will be performed and billed. If the Triglyceride is >400, a direct LDL Cholesterol (CPT 83721) will be performed and billed.
- ***TSH Reflex:** A TSH (CPT 84443) will be performed and billed. If the TSH is abnormal, a FT4 (CPT 84439) and a FT3 (CPT 84481) will be performed and billed.
- ***Syphilis:** If Syphilis (CPT 86780) is positive, confirmatory testing will be performed and billed (CPT varies with results obtained) following the reverse testing algorithm.
- ***Urinalysis:** An automated urinalysis without microscopic exam (CPT 81003) will be performed and billed. If criteria are met, a urinalysis with microscope exam (CPT 81001) will be performed and billed.
- ***Urinalysis, reflex C&S if indicated:** An automated urinalysis without microscopic exam (CPT 81003) will be performed and billed. If criteria are met, a urinalysis with microscopic exam (CPT 81001) will be performed and billed. If laboratory criteria are met for C&S, a culture will be performed (CPT 87086). If laboratory criteria are met for identification (CPT 87088) and sensitivities (CPT 87186, 87181), these procedures will be performed and billed.

For additional information please call Community Hospital Laboratory 970-644-3260