

ADDITIONAL TESTS OR COMMENTS:	testmenu.com/bozemanhealthtestcatalog or scan QR Code 	PLEASE SEND ADDITIONAL COPY OF REPORT TO: (Limited to one) (Must provide COMPLETE name and address or fax #) Physician (last, first): _____ Address or fax: _____ _____ _____
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**NOTIFICATION TO PHYSICIANS 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 even if the physician or other authorized test orderer considers the tests appropriate for the patient.

THE FOLLOWING REFLEX PROTOCOLS ARE AUTOMATIC:

1. Abnormal CBCs & Diff that meet certain laboratory established criteria will have a manual differential performed and charged.
2. Positive microbiology cultures automatically generate procedures and charges for Organism IDs, MICs, and some gram stains.
3. VDRL with TP-PA will be performed if Treponemal Antibodies are detected.

OPTIONAL REFLEX PROTOCOLS:

1. ANA reflex: ANA 3.0 reflexes to ANA Titer and Pattern, and dsDNA and ENA Antibodies.
2. Anemia Reflex: A CBC & Diff will be performed. If HGB is low and MCV is elevated, a Vitamin B12 and Folate will be performed and charged. If HGB is low and MCV is also low, a Ferritin and Iron Profile will be performed and charged. If the HGB is low and the MCV is normal, no further testing will be performed.
3. Platelet Function Test: An epinephrine/collagen screen will be performed. If it is positive, an ADP/Collagen screen will be performed and charged.
4. Thyroid Function Cascade: If TSH is normal, testing stops. If TSH is low, a Free T4 is ordered and if the Free T4 is high, testing stops. If the reflexed Free T4 is low, a Free T3 is ordered. If TSH is high, a Free T4 and TPO are ordered.
5. UA Reflex to Micro: Urine Microscopic will be performed, if indicated per Lab protocol.
6. Reflex to Culture: A urine culture will be performed if two or more of the following parameters are positive: Nitrite + and Leukocyte Esterase +, Leukocyte Esterase + and WBC >5/HPF, Nitrite + and WBC >5/HPF, or Nitrite +, Leukocyte Esterase + and WBC >5/HPF

<u>ELECTROLYTES</u> Sodium Potassium Chloride CO2 <u>LIVER FUNCTION PANEL</u> Albumin T & D Bilirubin ALT AST Alkaline Phosphatase Total Protein Indirect Bilirubin (calculated) <u>BASIC METABOLIC PANEL</u> Sodium Potassium Chloride & Anion Gap CO2 Glucose Urea Nitrogen Creatinine & eGFR Calcium <u>RENAL FUNCTION PANEL</u> Albumin Calcium CO2 Chloride & Anion Gap Creatinine & eGFR Glucose Phosphorus Potassium Sodium BUN	<u>LIPID PANEL</u> Triglyceride Cholesterol HDL LDL (If Triglyceride >400 a Direct LDL will be performed) <u>ACUTE HEPATITIS PANEL</u> Hepatitis A Antibody IgM Hepatitis B Core Antibody IgM Hepatitis B Surface Antigen Hepatitis C Virus Antibody <u>COMPREHENSIVE METABOLIC PANEL</u> Sodium Potassium Chloride & Anion Gap CO2 Glucose Urea Nitrogen Calcium Creatinine & eGFR Total Protein Alkaline Phosphatase Albumin Total Bilirubin ALT AST <u>OBSTETRICS PANEL</u> Syphilis IgG & IgM antibody Type & Screen Rubella IgG HBsAG HCV Ab, reflex to Confirm CBC & DIFF	<u>ENTERIC PATHOGEN PANEL</u> Bacteria <i>Campylobacter (C. jejuni, C. Coli, C. upsaliensis)</i> <i>Yersinia enterocolitica</i> <i>Plesiomonas shigelloides</i> <i>Salmonella</i> <i>Vibrio (V. parahaemolyticus, V. vulnificus, V. cholera)</i> Diarrheagenic E.coli / Shigella <i>Enteroaggregative E. coli (EAEC)</i> <i>Enteropathogenic E. coli (EPEC)</i> <i>Enterotoxigenic E.coli (ETEC) lt/st</i> <i>Shiga-like toxin-producing E.coli (STEC) stx1/stx2</i> <i>E. coli O157</i> <i>Shigella/Enteroinvasive E.coli (EIEC)</i> Parasites <i>Cryptosporidium</i> <i>Cyclospora cayetanensis</i> <i>Entamoeba histolytica</i> <i>Giardia lamblia</i> Viruses <i>Adenovirus F 40/41</i> <i>Astrovirus</i> <i>Norovirus GI/GII</i> <i>Rotavirus A</i> <i>Sapovirus</i>	<u>RESPIRATORY PATHOGEN PANEL</u> <i>Bordetella pertussis</i> <i>Chlamydia pneumoniae</i> <i>Mycoplasma pneumoniae</i> <i>Adenovirus</i> <i>Coronavirus HKU1, NL63, 229E, OC43</i> <i>Human Metapneumovirus</i> <i>Human Rhinovirus/Enterovirus</i> <i>Influenza A (subtypes: H1, H3, H1 2009)</i> <i>Influenza B</i> <i>Parainfluenza Virus 1, 2, 3, & 4</i> <i>Respiratory Syncytial Virus</i> <i>SARS-CoV-2</i> <u>MENINGITIS/ENCEPHALITIS PANEL</u> Bacteria <i>Escherichia coli K1</i> <i>Haemophilus influenzae</i> <i>Listeria monocytogenes</i> <i>Neisseria meningitidis</i> <i>Streptococcus a galactiae (Group B)</i> <i>Streptococcus pneumoniae</i> Viruses <i>Cytomegalovirus (CMV)</i> <i>Enterovirus</i> <i>Herpes simplex virus 1</i> <i>Herpes simplex virus 2</i> <i>Human herpes virus 6</i> <i>Human Parechovirus</i> <i>Varicella Zoster virus</i> Yeast <i>Cryptococcus neoformans/gattii</i>
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Please have patient sign an ABN if needed and include copy with this order

Bozeman Health Deaconess Regional Medical Center 937 Highland Blvd. Suite 5130 Entrance 5, Brown Zone Monday–Friday 7 a.m. to 5:30 p.m. Saturday 8 a.m.–noon Entrance 3, Purple Zone Monday-Friday 7 a.m. - 4 p.m.	Bozeman Health Outpatient Services 120 North 19th near Main Monday–Friday 7 a.m. to 3:30 p.m.	Bozeman Health Belgrade Clinic 206 Alaska Frontage Road, Suite 1000 Monday–Friday 7:30 a.m. to 5 p.m.	Bozeman Health Big Sky Medical Center 334 Town Center Ave. 7 days a week 8 a.m. to 7 p.m. (Holidays included)
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