



- Bill Patient
- MEDICARE       Medicaid
- Bill Doctor

Scheduling 739-7531

FAX - Patient orders to 877-205-2024

Date Ordered: \_\_\_\_\_

Patient Name: \_\_\_\_\_

For Service Date: \_\_\_\_\_

DOB: \_\_\_\_\_ M / F

Ordering Physician (prInt): \_\_\_\_\_

Patient Phone Number(s): \_\_\_\_\_

Physician Signature (required): \_\_\_\_\_

**MEDICARE/INSURANCE POLICY # (required):** \_\_\_\_\_ (You can also fax a demographic/face sheet)

Fasting:  YES       NO      If Submitting Specimen-Date/Time Drawn: \_\_\_\_\_

PANELS		OTHER TEST/S CONT:		ICD-10 /WRITTEN DIAGNOSIS
<b>Medicare Approved Panels</b>		<b>83525</b>	Fasting Insulin	1
<input type="checkbox"/> 80048	Basic Metabolic - Chem 8	1	84403/84270 Free & Total Testosterone	4
<input type="checkbox"/> 80053	Comprehensive Metabolic	1	<b>85651</b> ESR (SedRate)	2
<input type="checkbox"/> 80051	Electrolytes	1	See ARUP QUAD Screen (AFB,hCG,Estriol,InhbinA)	
<input type="checkbox"/> 80061	Lipid Panel	1	84160/84165 SPE Protein Electrophoresis	4
<input type="checkbox"/> 80076	Hepatic Panel	1	<b>83880</b> BNP Natriuretic Peptide	2
<input type="checkbox"/> 80069	Renal Function Panel	1	<b>86304</b> CA 125 <b>82378</b> CEA	
<input type="checkbox"/> 80074	Acute Hepatitis	1	<b>82105</b> AFP <b>84702</b> BHCG	
			80178 Lithium-ASAP	
			80178 Lithium- Routine	

Custom Panels ( ___ Male ___ Female)		URINE TESTS	Most commonly used ICD-10 Codes
<input type="checkbox"/> Chem 20	(CMP+ GGT, Phos, Mg, LDH, Uric, dBl)	1	<b>Z79.01</b> Long term (current) use of anticoagulants
<input type="checkbox"/> Panel A	(CBC, Lipid, C20) M+PSA	1,2	<b>Z79.899</b> Long term (current) drug therapy, Other
<input type="checkbox"/> Panel B	(Panel A + TSH, FT4) M+PSA	1,2	<b>Z79.891</b> Long term (current) use of opiate analgesic
<input type="checkbox"/> Panel C	(Panel B + hsCRP, Homocys) M+PSA	1,2,1*	<b>Z36</b> Enc for antenatal screening of mother
			<b>Z51.81</b> Enc for therapeutic drug level monitoring
			<b>Z01.818</b> Enc for other preprocedural examination
			<b>E03.9</b> Hypothyroidism, unspecified
			<b>E11.9</b> Type 2 diab mellitus w/o complications
			<b>E11.65</b> Type 2 diab mellitus w/ hyperglycemia
			<b>E78.5</b> Hyperlipidemia, unspecified
			<b>E78.4</b> Other hyperlipidemia
			<b>I10</b> HTN-Benign Hypertension
			<b>I48.91</b> Unspecified Atrial fibrillation
			<b>I82.***</b> Venous thrombosis NEC***
			<b>J02.9</b> Acute pharyngitis, unspecified
			<b>K52.2</b> Allergic & dietetic gastroenteritis & colitis
			<b>K52.89</b> Other specified noninf G/E & colitis
			<b>N39.0</b> Urinary tract infection NOS
			<b>P59.9</b> Fetal/neonatal jaundice NOS
			<b>R50.9</b> Fever, Unspecified
			<b>R53.81</b> Other malaise
			<b>R53.83</b> Other fatigue
			<b>R19.7</b> Diarrhea, unspecified
			<b>R97.2</b> Elevated PSA
			<b>Z12.5</b> Enc for scr for malign neoplasm of prostate
			<b>Z33.1</b> Pregnant state, incidental
			<b>Z34.00</b> Pregnancy, normal first***
			<b>Z34.80</b> Pregnancy, normal, unspc trimester***

**TIMED URINE COLLECTION**      **MICROBIOLOGY/SEROLOGY/VIROLOGY**

Total Volume = \_\_\_\_\_ ml      Source: \_\_\_\_\_      Antibiotics: \_\_\_\_\_

Duration of Collection \_\_\_\_\_ hrs

OTHER TESTS		Aerobic Culture		Anaerobic Cult also	
<input type="checkbox"/> 85025	CBC w/Diff	2	Ear Culture	<input type="checkbox"/> Strep A, Culture Only	
<input type="checkbox"/> 85027	CBC w/o Diff	2	Fungal Culture	<input type="checkbox"/> Strep B PCR	
<input type="checkbox"/> 85610	PT w/ INR	3	Genital Culture	<input type="checkbox"/> Throat Culture	
<input type="checkbox"/> 86900/86901	ABO & Rh (TYPE)	2	GC Culture only		
<input type="checkbox"/> 86850	Antibody Screen (ATB)	2	GC/Chlam Genexpert-PCR		
<input type="checkbox"/> 86901	Rh Only	2	Respiratory Culture		
<input type="checkbox"/> 86308	Mono Screen	1	Giardia Antigen		
<input type="checkbox"/> 86140	C-Reactive Protein	1	Stool Culture		
<input type="checkbox"/> 86141	High Sens (Cardiac), CRP	1	Strep Screen (Strep A rapid & culture)		
<input type="checkbox"/> 84703	B-HCG Qualitative	1	Wound Culture		
<input type="checkbox"/> 84702	B-HCG Quantitative	1	Fluid Culture, NOT Urine		
<input type="checkbox"/> 81025	Urine B-HCG Qual.	U			
<input type="checkbox"/> 83013	H. Pylori, Breath Test	O			
<input type="checkbox"/> 84443	TSH	1			
<input type="checkbox"/> 84439	Free T4	1			
<input type="checkbox"/> 84481	Free T3	1			
<input type="checkbox"/> G0103	PSA, Total -Medicare with Screen	1			
<input type="checkbox"/> 84153	PSA, Total -MedicareDx & All Other	1			
<input type="checkbox"/> 84154	Free PSA	1			
<input type="checkbox"/> 83704; 80061	VAP (Lipofit by NMR 2013716)	1			
<input type="checkbox"/> 86038	ANA	1			
<input type="checkbox"/> 86592	RPR	1			
<input type="checkbox"/> 86430	Rheumatoid Factor	1			
<input type="checkbox"/> 83036	HgbAlc	2			
<input type="checkbox"/> 86701	HIV-1 (reflex West. Blot)	1			
<input type="checkbox"/> 82131	Homocysteine	1*			

**Urine Culture:**   Clean Catch  Random  Cath

Other Tests	
<input type="checkbox"/>	C Difficile, PCR      87493
<input type="checkbox"/>	Gram Stain      87205
<input type="checkbox"/>	Ova & Parasite      87177/87209
<input type="checkbox"/>	Influenza Antigen      87804 x2
<input type="checkbox"/>	Rotavirus Antigen      87425
<input type="checkbox"/>	RSV Antigen      87420
<input type="checkbox"/>	Wet Prep      87210

LAB TEST LEGEND			
1 SST	3 Blue	U Urine	O Other
2 LAV	4 RED	* Collect on ice	

**OTHER TESTS/COMMENTS:** Consult online Test Directories and enter Test Number, Test Name or Test Code to ensure accuracy of order. For Online menu, specimen requirement, and interpretation see <https://www.testmenu.com/sjmclab>. If order not found refer to <http://www.aruplab.com/>