PROVIDER ORDERS: LABORATORY SERVICE

St. Peter's Health • 2475 Broadway • Helena, MT 59601 • Phone: (406) 444-2332
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(Checked boxes indicate selection) *** Medical necessity must be met / ** Multiple CPT's**

Patient (Last)	MI	First
Sex ☐ Male ☐ Female	DOB / /	Phone Number

Provide Patient demographic face sheet and ID/Coverage card copies

Submitting Facility:

Provider(sign):_____ **(print):**_____
Date:_____ **Time:**_____
☐ **One Time Order** ☐ **Reoccurring Order**
Order Expiration:_____
☐ **STAT** ☐ **ROUTINE** **Copies to:**_____
☐ Verbal Order from:_____ by:_____ Date Ordered:_____
☐ Readback & Verified by:_____

Bill to: ☐ Patient ☐ Doctor ☐ Insurance ☐ Medicare ☐ Medicaid
Patient SSN:
Insurance Company:
Policy #: Group#

(A Narrative Diagnosis and/or Symptoms must be provided for each test ordered)
Diagnosis/Symptoms:_____

ABN Statement: Medicare and other insurances do not pay for all healthcare costs. Medicare only pays for covered items and services when Medicare rules are met. It is the responsibility of the provider to secure an ABN when required prior to blood draw. Proper diagnosis and/or symptoms are required and are the responsibility of the provider. Contact Lab with questions.

Long Term Care Facility Only: Skilled Care ☐ **Yes** ☐ **No**

AMA PANEL TESTS

	CPT
☐ **ELECTROLYTE PANEL**	80051
☐ **BASIC METABOLIC PANEL**	80048
☐ **COMPREHENSIVE METABOLIC PANEL**	80053
☐ ***HEPATIC (LIVER) FUNCTION PANEL**	80076
☐ **RENAL PANEL**	80069
☐ ***ACUTE HEPATITIS PANEL** *(This test includes HBs Ag, HBc Ab IgM, Hep A Ab IgM and Hep C Ab)*	80074
☐ ***LIPID PANEL**	80061
☐ **OB PANEL** *(This test includes CBC W/Auto Diff and Plt, Rubella, HBSAG,RPR, Type & Screen)*	80055
☐ **RHOGAM WORKUP** *(ABO/Rh, Antibody Screen, Fetal Screen)*	**
☐ **IRON PANEL** (Fe, TIBC/IBC)**	

HEPATITIS SCREENING

	CPT
☐ Hep A Antibody Total	86708
☐ Hep A Antibody, IGM	86709
☐ Hep B Core Antibody	86704
☐ Hep B Surface Antibody	86706
☐ Hep B Surface Antigen	87340
☐ Hep C Antibody	86803

BLOOD TESTING

	CPT
☐ Amylase	82150
☐ Antibody Screen	86850
☐ ***Beta HCG Quant**	**84702**
☐ Billirubin total & direct	**
☐ B-Natiuretic Peptide/BNP	83880
☐ BUN	84520
☐ ***CA 125**	**86304**
☐ ***CA 27.29**	**86300**
☐ Calcium	82310
☐ Carbamazepine (Tegretol)	80156
☐ ***CBC W/AutoDiff,Plt** (A morphology evaluation is performed when the automated 5-part differential is invalid and/or when abnormal results are identified upon microscopic examination)	**85025**
☐ ***CBC w/oDiff,Plt (Hemogram)**	**85027**
☐ ***Cholesterol Total**	**82465**
☐ Creatinine	82565
☐ C-Reactive Protein (not High Sensitivity)	86140
☐ D-Dimer QUANT	85379
☐ ***Digoxin**	**80162**
☐ Estradiol	82670

	CPT
☐ ***Ferritin**	**82728**
☐ ***Folate**	**82746**
☐ ***Glucose**	**82947**
☐ Glucose 1 hr PP	82950
☐ ***Glycohemoglobin HGBA1C**	**83036**
☐ ***HCT (Hemotocrit)**	**85014**
☐ ***HGB (Hemoglobin)**	**85018**
☐ HIV - (Consent ☐ Yes ☐ No)	**
☐ ***Iron (FE)**	**83540**
☐ Lipase	83690
☐ Lithium	80178
☐ ***Magnesium**	**83735**
☐ Mono Screen	86308
☐ Phenytoin (Dilantin)	80185
☐ Phosphorus	84100
☐ ***Platelet Count**	**85049**
☐ Potassium	84132
☐ Pre Albumin	84134
☐ Progesterone	84144
☐ Prolactin	84146
☐ Protein, Total	84155
☐ ***PSA**	**84153**
☐ ***ProTime (PT)-INR**	**85610**

	CPT
☐ ***PTT** (Whole blood must received with 3 hours of collection)	**85730**
☐ Reticulocyte Count	85044
☐ Rheumatoid Factor RA	86430
☐ RPR	86592
☐ *** Sed Rate (ESR)**	**85651**
☐ SGOT/AST	84450
☐ SGPT/Alt	84460
☐ Testosterone Total	84403
☐ ***T3 Free**	**84481**
☐ ***T3 Total**	**84480**
☐ ***T4 Free**	**84439**
☐ ***T4 (Thyroxine)**	**84436**
☐ ***Troponin**	**84484**
☐ ***TSH**	**84443**
☐ Type and RH	**
☐ Type and Screen	**
☐ Uric Acid	84550
☐ Valproic Acid (Depakene)	80164
☐ ***Vitamin B12**	**82607**

MICROBIOLOGY TESTING

Source:_____
Description:_____
Antibiotics:_____
Collected by:_____
Date:_____ Time:_____
Travel History/
Suspected Agent:_____

Culture	CPT
☐ AFB	87116
☐ Anaerobic	87075
☐ Body Fluid	87070
☐ Blood	87040
☐ CSF	87070
☐ Fungal	**
☐ Genital	87070
☐ Sputum	87070
☐ Stool	87045
☐ Throat Complete	87070
☐ Throat Strep Only	87081
☐ Urine Cathed	87086
☐ Urine clean catch	87086
☐ Wound (Name Site)	87070
☐ Viral (Name Agent)	87252
☐ MRSA screen	87081
☐ B. pertusis by PCR	87798
☐ Wet Prep, Vaginal	**
☐ KOH, Skin	87220

MOLECULAR TESTING

	CPT
☐ Chlamydia trachomatis PCR	87491
☐ GC/Chlamydia PCR	**
☐ GC (N. gonnorrhoeae)	87801
☐ HPV (submit PAP Vial)	87621

URINE TESTING

	CPT
☐ Calcium 24 hr urine	82340
☐ Creatinine Clearance 24 hr	82575
☐ Drug Screen, Urine	80100
☐ Microalbumin urine	**
☐ Phosphorus 24 hr urine	84105
☐ Protein, Total 24 hr urine	84156

	CPT
☐ *** UA W/Microscopic**	**81001**
☐ *** UA W/Microscopic + C&S** Per protocol *(> 5 WBC / POSITIVE FOR BACT / LEUK E / NITRITE)*	**81001** **87086**
☐ Uric Acid 24 hr urine	84560
☐ Urine Preg Test Qual	81025

STOOL TESTING

	CPT
☐ Clostridium Difficile PCR	87230
☐ Crypto AG	87328
☐ Giardia AG	87328
☐ O&P___1X___2X___3X	87177
☐ *** Stool Occult (IFOBT)** Blood screen	**82274**
☐ Stool WBC	89055

MISCELLANEOUS TESTING

	CPT
☐ Influenza by PCR	87501
☐ Rapid Influenza A+B	87400
☐ Rapid Strep A w/backup CX (QUICK STREP)	87880
☐ Semen Analysis Comp	89320

OTHER

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ORD.PHY
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