



The Pathology Center

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For Laboratory Use Only:

SST	UNSPUN	RED	EDTA	BLUE	SERUM	PLASMA	URINE	STOOL	FROZEN
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REQUIRED INFORMATION - COMPLETE ALL ITEMS IN RED

PATIENT NAME: _____ LAST _____ FIRST _____ MI _____

M F DOB ____/____/____ SSN # _____

Ordering Provider: _____ LAST _____ FIRST _____ MI (Or Circle from List) _____

Supervising MD: _____ LAST _____ FIRST _____ MI (Required for PA/NP orders) _____

BILL TO: PATIENT/PATIENT INSURANCE CLIENT ACCOUNT

RESPONSIBLE PARTY: _____ LAST _____ FIRST _____ MI _____

RELATION TO PATIENT: _____ PHONE () _____

Self Spouse Dependent Other: _____

STREET ADDRESS _____

P.O. BOX, R.R. _____

CITY _____ STATE _____ ZIP _____

MEDICARE # _____ Primary Secondary

MEDICAID # _____ STATE _____

INSURANCE PLAN NAME: _____ CITY/STATE _____

NAME OF POLICY HOLDER: _____ DOB: _____

POLICY # _____ GROUP # _____

EMPLOYER OF POLICY HOLDER: _____

****PLEASE ATTACH COPIES OF ALL CURRENT INSURANCE CARDS****

Medicare Patient Instructions:

1. Only order tests that are medically necessary for the diagnosis and treatment of a patient, not screening tests, when Medicare payment will be sought.
2. An ABN is necessary when Medicare is likely to deny payment.
3. Medicare secondary payer information is required.

Special Instructions:

() VENIPUNCTURE () CHG INSTIT STAT PHLEB () REDRAW

SPECIMEN INFORMATION:

Collection Date: ____/____/____ Time: ____ AM ____ PM

ICD-10 A. _____ B. _____ C. _____
D. _____ WELCOME TO MEDICARE VISIT

Provide an ICD-10 code supporting medical necessity for EACH test or panel by indicating the letter of the ICD-10 next to each test.

PANELS	ICD-10	ICD-10	MICROBIOLOGY	ICD-10
COMP METABOLIC PANEL		Hepatitis Bs Antibody (HBs-Ab)	OB Group B Strep	
BASIC METABOLIC PANEL		Hepatitis C Antibody RF/R PCR	Strep Screen Culture, Throat	
HEPATIC PANEL		HIV Antibody * #	Rapid Strep Antigen, Group A *	
ELECTROLYTE PANEL		Hepatitis Bs Antigen (HBs-Ag)	MRSA Screen Source:	
LIPID PANEL #		Immunoglobulins (IgG, IgA, IgM)	VRE Screen Source:	
THYROID PANEL #		Iron #	Chlamydia / Gonorrhea PCR	
RENAL PANEL		Iron Panel # (Iron, TIBC, Iron Sat)	Source: <input type="checkbox"/> Urine <input type="checkbox"/> Cervix <input type="checkbox"/> Vaginal	
PRENATAL PANEL *		Lead # <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	Urine Culture (Includes Colony Ct) * #	
ACUTE HEPATITIS PANEL # *		(Must provide complete patient address)	Straight Cath Foley Cath Clean Catch	
INDIVIDUAL TESTS	ICD-10	ICD-10	ROUTINE CULTURE *	ICD-10
ABO & Rh Typing		Lithium	Source: _____	
ALT (SGPT)		LH (Lutenizing Hormone)	ACID FAST CULTURE *	
Amylase		Magnesium	Source: _____	
Antibody Screen *		Microalbumin <input type="checkbox"/> Random	FUNGAL CULTURE *	
Antinuclear Antibodies (ANA) *		Phenytoin (Dilantin)	Source: _____	
AST (SGOT)		Phosphorus	STOOL TESTS	
Bilirubin <input type="checkbox"/> Total <input type="checkbox"/> Direct		Potassium	Stool Culture *	
BUN		PSA #	H Pylori AG	
Calcium		ProBNP	Fecal Lactoferin	
CEA #		Procalcitonin	Clostridium Difficile	
CBC (Includes Differential) #		Protein, Urine Random Timed	Crypto/Giardia Ag (O & P Screen)	
Cholesterol		Tot Vol _____ Hr _____	Rotavirus Antigen	
CMV Total IgG/IgM Ab		Prothrombin Time/INR (PT/INR)	BLOOD CULTURE * (2 sets required)	
Cortisol <input type="checkbox"/> AM <input type="checkbox"/> PM		Reticulocyte Count	Set 1 Date: _____ Time: _____	
C-Reactive Protein - HS		Rubella Antibody	Site: _____ Vol: _____	
Creatine Kinase (CK)		TSH #	Set 2 Date: _____ Time: _____	
Creatinine		TSH w/reflex to Free T4 #	Site: _____ Vol: _____	
Creatinine Clearance		Free T4 * #		
Ht _____ Wt _____		Total T4 #	VIRAL TESTING	ICD-10
Drugs of Abuse Screen		Triglycerides #	Herpes Simplex Virus 1/2 PCR Viral Transport	
Electrophoresis * with Immunofixation		Uric Acid	Media Source: _____	
<input type="checkbox"/> Hemoglobin <input type="checkbox"/> Serum <input type="checkbox"/> Urine		Urinalysis	Varicella Zoster DNA Detection PCR Viral Transport	
ESR (Sed Rate)		_____ Straight Cath _____ Foley Cath _____ Clean Catch	Media Source: _____	
Ferritin		Culture IF POSITIVE (Reflex testing)	Influenza Screen (A&B) PCR	
Folate		Valproic Acid (Depakene)	Nasopharyngeal swab in	
FSH		Vancomycin (Random, Trough, Peak)	Viral Transport Media	
Glucose #		Vitamin B12	RSV PCR Nasopharyngeal swab	
HCG, Quant # _____ Maternal		Vitamin D 25 Hydroxy #	in Viral Transport Media	
HCG, Quant # _____ Tumor Marker		VZV IgG Screen		
Hemoglobin A1C			OTHER TESTS	

Duplicate test orders on the same date of service result in a denial on insurance claims. Refer to the chart below for overlapping tests within a panel. Order the panel that has the majority of the tests you want and order all other tests individually. This will eliminate duplicate billing and also reduce costs associated with running the duplicate.

TESTS	PANELS				
	HFP*	CMP*	RENAL*	BMP*	ELECTROLYTES*
Albumin	X	X	X		
Alkaline Phosphatase	X	X			
ALT	X	X			
AST	X	X			
Calcium		X	X	X	
Carbon Dioxide		X	X	X	X
Chloride		X	X	X	X
Creatinine		X	X	X	
Direct Bilirubin	X				
Glucose		X	X	X	
Potassium		X	X	X	X
Phosphorus			X		
Sodium		X	X	X	X
Total Bilirubin	X	X			
Total Protein	X	X			
Urea Nitrogen (BUN)		X	X	X	

*HFP – Hepatic Function Panel (CPT 80076) *Comprehensive Metabolic Panel (CPT 80053) *Renal – Kidney CPT 80069
 *BMP – Basic Metabolic Panel (CPT 80048) *Electrolyte – CPT 80051

Lipid Panel – CPT 80061 (includes Cholesterol, Triglycerides, HDL and LDL)

Prenatal Panel – CPT 80055 (includes CBC, ABO & Rh, Antibody Screen, Rubella, RPR, HBS Antigen)

Acute Hepatitis Panel – CPT 80074 (includes Hepatitis A Antibody, Hepatitis B Core Antibody, Hepatitis B Surface Antigen, Hepatitis C Antibody).

REFLEX TESTING

An * identifies a test that has a defined reflex test protocol. Based on the result of the test ordered by the physician, additional testing may be performed, reported and billed. Refer to the Pathology Center Test Directory for information on reflex testing protocols.

If additional testing is not desired, indicate by writing “NO REFLEX” when ordering.

NATIONAL COVERAGE DETERMINATIONS (NCD)

The National Coverage Determinations (NCD) are noted on the requisition by a #. The tests covered by the NCD’s require ICD-10 codes that support medical necessity. Each NCD lists covered CPT codes, ICD-10 codes for medical necessity, ICD-10 codes that DO NOT support medical necessity, and a list of ICD-10 codes that are never covered. Medicare will not pay for tests that do not support medical necessity.

MEDICARE SECONDARY PAYER (MSP)

The Medicare program requires that claims be paid in the correct order of financial liability. Please verify with Medicare beneficiaries that all insurance information is current and listed in the correct order of payment, 42CFR 489.20 (g) of the Medicare regulations requires that all providers must agree “...to bill other primary payers before billing Medicare...”