

Date of Request \_\_\_\_\_ Visit Number: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Chart # \_\_\_\_\_ Location: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Attending Provider: \_\_\_\_\_

Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Medicaid ID#: \_\_\_\_\_

Please circle requests below.

SPECIMEN		TIME:	DATE:
COLLECTED BY:			

<b>Diagnosis Code:</b>	
or	
<b>Descriptive Diagnosis:</b>	

PROVIDERS: Compliance is mandatory and regulated. For the laboratory to bill properly and receive payment, you must provide the specific Diagnosis codes for each outpatient test ordered. Additionally, only tests that are medically necessary for the indicated diagnosis or treatment should be ordered, with supporting documentation in the medical record. Under current Medicare regulations, when certain laboratory tests (indicated by an \*) are ordered, and the diagnosis is not listed in the Local Coverage Determination or National Coverage Determination for that test, payment may be denied. In these cases Medicare requires an Advance Beneficiary Notice (waiver of liability) be signed to allow the hospital to bill the patient. The ABN box on the requisition MUST be checked when an ABN is obtained.

- Patient has signed ABN Waiver (ABN)       Patient refused to sign ABN Waiver (ABNR)       ABN not required

**Monthly Labs**

Code	Test Name
LAB21130	AHCV <sup>4</sup>
LAB45	Albumin
LAB112	Alk Phos
LAB48	Amylase
LAB131	AST
LAB140	BUN
LAB53	Calcium
LAB1748	CBCA <sup>3</sup>
LAB59	Chloride
LAB55	CO <sub>2</sub> , total
LAB3131	Corrected Calcium (includes Albumin and Calcium) <sup>2</sup>
LAB66	Creatinine
LAB82	Glucose
LAB291	Hemoglobin
LAB472	Hepatitis B Surface Antibody
LAB471	Hepatitis B Surface Antigen
LAB96	LDH
LAB99	Lipase
LAB103	Magnesium
LAB113	Phosphorus
LAB21107	Pre DIAL BUN
LAB21113	Post BUN+URR
LAB114	Potassium
LAB118	Protein, total
LAB108	PTH, Intact (includes Calcium and Ical)
LAB122	Sodium
LAB129	TSH

<input type="checkbox"/> Release <b>ONLY</b> Labs Indicated. These labs are standing orders in EPIC.  <b>REMINDER:</b> Use monthly billing number.
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**Quarterly Labs**

LAB68	Ferritin
LAB90	Hemoglobin A1c
LAB94	Iron
LAB829	Iron Binding Capacity
LAB3799	Iron Saturation Profile (includes Iron and TIBC) <sup>1</sup>
LAB108	PTH, intact (includes Calcium and Ical)
LAB129	TSH

**OTHER TESTING (Write in test name)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Signed Date and Time: \_\_\_\_\_

Received by: \_\_\_\_\_

1. When % Iron Saturation (LAB3799) is ordered, a Total Iron and TIBC will be performed and billed
2. When a corrected Calcium (LAB3131) is ordered, a Calcium (LAB53), an Albumin (LAB42) and a corrected Albumin will be performed and billed.
3. A manual differential is performed when the sample fails the following algorithm:

**DIFFERENTIAL RULES**

	<b>Hemogram</b>	<b>Differential</b>	
All neonates			
WBC	< 2.0 and > 30.0 x 10 <sup>3</sup> /μL	Basophils	> 5%

**WBC Flags**

All WBC Flags require a slide review or differential. These include:

- LS
- IG
- Blast
- Atypical/Variant Lymph
- NRBC flag

**SLIDE REVIEW**

<b>RBC IP Messages</b>	<b>PLT Flags (Always Slide Review + Edit)</b>
MCV < 65 or > 110 fL (Microcytosis or Macrocytosis)	PLT < 100 x 10 <sup>3</sup> /μL, if no previous slide review (Thrombocytopenia)
RDW-SD > 65 fL (Anisocytosis)	PLT > 1000 x 10 <sup>3</sup> /μL (Thrombocytosis)
Any RBC flag (abn. dist., dimorphic pop. agglut, etc.)	PLT Abn. dist. or scattergram flag
MCHC <30	PLT clump flag

4. A confirmatory Hepatitis C Virus RNA by RT- PCR (Reference Lab test LAB887) is required for equivocal results. Laboratory will contact patient for redraw if needed.

