STAT (**circle if Yes**)

Responsible Party Phone #

**2501 East 13th**



**1212 East 27th Street**

**Unit B, Suite 2**

**Hays, KS 67601-2106**

**Ph # 785-625-5026**

**Client/Hospital Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Medicare does not generally pay for screening test. — When ordering test, please be Informed that the physician Isr equIred to make an independent medical necessity decision with regard to each test the laboratory will bill. —Additionally, the physician understands he or she Is required to (1) submit ICD-10 diagnosis information, supported by the patients medical record, as documentation of the medical necessity of the tests ordered and (2) explain and have the patient sign the ABN

Patient sign the ABN

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Code** |  | **Test Name** | **ICD-10** | **Code** |  | **Test Name** | **ICD-10** | **Code** |  | **Test Name** | **ICD-10** |
|  |  | **PANELS** |  | 540 |  | CHOLESTEROL (82465) |  | TEST |  | TESTOSTERONE (84403) |  |
| BMP |  | Basic Metabolic Pnl (80048) |  | CPK |  | CREATINE KINASE (CPK) (82550) |  | ZG062 |  | TESTOSTERONE FREE/TOT |  |
| CMP |  | Comp Metabolic Pnl (80053) |  | 380 |  | CREATININE (82565) |  | TAB |  | THYROID ANTIBODIES |  |
| LYTES |  | Electrolytes (80051) |  | DHEAS |  | DHEA SULFATE (82627) |  | 1500 |  | TSH (84443) |  |
| LIPID |  | Lipid Pnl (80061) |  | 34 |  | DIFFERENTIAL, MANUAL (85007) |  | TRIG |  | TRIGLYCERIDE (84478) |  |
| LIVER |  | Hepatic Function Pnl (80076) |  | DIG |  | DIGOXIN (80162) |  | VANCR |  | VANCOMYCIN, Rdm (80200) |  |
| RENAL |  | Renal Function Pnl (80076) |  | ESTRA |  | ESTRADIOL (82670) |  | VANCP |  | VANCOMYCIN, PE (80200) |  |
| HEP4 |  | Hepatitis Pnl (ACUTE) (80074) |  | FER |  | FERRITIN (82728) |  | VANCT |  | VANCOMYCIN, Tgh (80200) |  |
| CBCWD |  | CBC w Auto Diff (85025) |  | FOLAT |  | FOLATE (82746) |  | B12 |  | VITAMIN B12 (82607) |  |
| CBCND |  | CBC w/o Auto Diff (85027) |  | FOODA |  | FOOD ALLERGY PANEL |  | 201 |  | WBC/ANC |  |
| HH |  | Hgb & Hct (85014 & 85018) |  | FSH |  | FSH (83001) |  |  |  | **CULTURES** |  |
|  |  |  |  | GLPN1 |  | GLU PRENATAL 1HR |  | CXEAR |  | EAR CULTURE (87070) |  |
|  |  | **URINALYSIS STUDIES** |  | 333 |  | GLUCOSE TOL 1 HR |  | CXEYE |  | EYE CULTURE (87070) |  |
| 65/UACX |  | UA, DIP & MICRO (81001) C&S if ind |  | 334 |  | GLUCOSE TOL 2 HR |  | CXFUN |  | FUNGUS CYLTURE- (87102) |  |
| UAMIC |  | UA, DIP & MICRO (81001) |  | HCGQ |  | HCG, QUANTITATIVE (84702) |  |  |  | SOURCE- |  |
| UADIP |  | UA, DIPSTICK ONLY (81003) |  | HGB |  | HEMOGLOBIN (85018) |  | CXGEN |  | GENITAL CULTURE (87070) |  |
| UMIC |  | UA, MICRO ONLY (81015) |  | HCT |  | HEMATOCRIT (85014) |  | CXMRS |  | MRSA SCN BY CULT (87081) |  |
|  |  |  |  | HAIC |  | HEMOGLOBIN A1C (83036) |  | CGSPS |  | SPUTUM CULT W SMEAR |  |
|  |  |  |  | HIV |  | HIV 1 AND 2 ANTIBODIES (83703) |  | CGSTS |  | STOOL CULTURE w SHIGA |  |
|  |  |  |  | HOMO |  | HOMOCYSTEINE (83090) |  | CXGRA |  | STREP GRP A CULT (87081) |  |
|  |  | **SINGLE TESTS** |  | IRON |  | IRON (83540) |  | CXGRB |  | STREP GRP B CULT (87081) |  |
|  |  |  |  | IRONP |  | IRON PANEL (83540 & 83550) |  | CXTAA |  | TISSUE (AEROBIC/ANA) |  |
| 410 |  | ALBUMIN, (82040) |  | LIPA |  | LIPASE (83690) |  | CXRES |  | UPPER RESPIR (87870) |  |
| UALBR |  | ALBUMIN, (MICROALBUMIN) (82043) |  | LITH |  | LITHIUM (80178) |  | CXURN |  | URINE CULTURE (87086) |  |
| 502 |  | ALT (SGPT) (84460) |  | OVAP |  | OVA & PARASITE (87177 & 87209) |  | VXRES |  | UPPER VIRAL RESP CULT (872520 |  |
| 490 |  | ALK PHOS, (84075) |  | PTH |  | PARATHYROID HORMONE (83970) |  | CXWAA |  | WOUND (ANA & AEROB) |  |
| 500 |  | AST(SGOT) (84450) |  | K |  | POTASSIMM (84132) |  |  |  | **SOURCE:** |  |
| AMY |  | AMYLASE (82150) |  | PALAB |  | PREALBUMIN (84134) |  | CGWDS |  | WOUND AEROBIC ONLY |  |
| ANASC |  | ANA SCREEN (86038) |  | PREG |  | PREG, SCN, SERUM (84703 |  |  |  | **SOURCE:** |  |
| B12FO |  | B12 AND FOLATE (82607 & 82746) |  | PROG |  | PROGESTERONE (84144) |  |  |  | **MOLECULAR TESTS:** |  |
| 370 |  | BUN (84520) |  | 40 |  | PROTIME (85610) |  |  |  | HPV |  |
| 450 |  | BILIRUBIN, TOTAL (82247) |  | 1700 |  | PSA (84153) |  |  |  | **HPV 16 18/45 GENOTYPE** |  |
| BILFR |  | BILI, TOTAL & DIRECT 82247 & 82248) |  | PTT |  | PTT (85730) |  |  |  | CT/NG |  |
| BNP |  | B-TYPE NATRIIURETIC PEPTIDE (83880) |  | RF |  | RHEUMATIOD FACTOR (86431) |  |  |  |  |  |
| Z1546 |  | NT-PRO BNP |  | ESR |  | SEDIMENTATION RATE (85652) |  |  |  |  |  |
| Z0652 |  | CA 15-3 (86300) |  | NA |  | SODIUM (84295) |  |  |  | **ADDITIONAL TESTS:** |  |
| Z0346 |  | CA 19.9 (86301) |  | RPDSA |  | STREP GRP A RAPID SCRN (87880) |  |  |  |  |  |
| Z0599 |  | CA27.29 (86300) |  | Z4125 |  | T3 REVERSE (84482) |  |  |  |  |  |
| CA125 |  | CA 125 (86340) |  | T3FR |  | T3 FREE (84481) |  |  |  |  |  |
| CEA |  | CEA (82378) |  | T3 |  | T3 TOTAL (84480) |  |  |  |  |  |
| PCDIFF |  | C DIFF (87493) |  | 1550 |  | T4 FREE (84439) |  |  |  |  |  |
| CRP |  | C-REACTIVE PROTEIN (86140) |  | T4 |  | T4 (84436 |  |  |  |  |  |
| CRPS |  | CRP, HIGH SENSITIVITY ((86141) |  | TACRO |  | TACROLIMUS (PROGRAF) (80197) |  |  |  |  |  |

atient sign an Advance Bereficiary Notice.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Print* **Firmly** in **Black Ink** ALL REQUESTS IN RED or \* ARE REQUIRED | | | | | | | | |
| Lost Name | | | | First Name | | MI | Patient SSN | |
| Date of Birth | | Gender  M F | | | Patient Phone Number | Dote Collected | | |
| Clinical Information  Fasting Non-Fasting | | | Last Date | Therapeutic Drug Monitoring  Dose | | Time Collected AM  PM | | Tech |
| Time | |
| Call Results | Fax Results #  ANn: | | | | | Copy To | | |

* Standing Order/Frequency Required ❑ PRN ❑ Specify Other:

Patient ID

TO INSURE BILLING ACCURACY, PLEASE ATTACH COPY OF CURRENT PATIENT INSURANCE CARD

Address

|  |  |
| --- | --- |
| City | State Zip |

Primary Insurance

BC/BS Medicare Medicaid

Insurance Address

Subscribers Name (Last, First, MI)

Policy # Group #

Relationship   
To Subscriber

SELF SPOUSE CHILD

Secondary Insurance

BC/BS Medicare Medicaid

Insurance Address

|  |  |
| --- | --- |
| **SPECIMEN INFORMATION *(INTERNAL USE ONLY)*** | |
| **KPS RECEIVED** | **SPECIMEN(S) RECEIVED** |
| Date/Time | Checked By: |
| Location |
| Characteristics |

Subscribers Name (Last. First, MI)

Group #

Employer Name

ALL REQUESTS ON THIS FORM REQUIRE ICD-10 DIAGNOSIS CODES.

THOSE PRINTED IN RED or \* MAY REQUIRE A SIGNED ABN, )

Policy #

Relationship   
To Subscriber

SELF SPOUSE CHILD

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Version 09/01/2018 • ID & SUSCEPTIBILITY IF INDICATED ON ALL CULTURES

**(Additional Charge)**