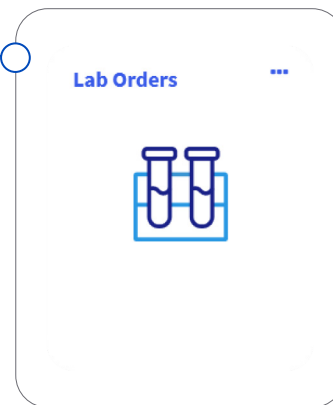# Labcorp Link Orders

This feature allows users to order lab tests, as well as verify insurance. Other tools include ABN determination, diagnosis validation, clinical questions, and body site specification. This feature also provides access to *Accu*Draw® information for proper specimen collection and processing.

1. Select the **Lab Orders** card on the dashboard.

2. Select the patient.

    Ⓐ Search for an existing patient and select from the list.

    Ⓑ If the patient is not found, click **Create New Patient** to add them. (See **Creating a Patient** below for detailed instructions.)

    Note: The **Create New Patient** button is disabled until a search is performed.

Lab Orders •••

Labcorp Link Orders

Creating an Order

1. Patient Details

A Select the **Account**. This field defaults to the last account used to create an order.

B Edit the **Patient Demographics** if needed.

C Edit the patient's **Insurance Information/Responsible Party** if needed.

D View the patient's **Order History**. Expand an order with the caret icon to view its test codes. Click the order to edit it.

E Click **Create New Order** to start an order.

Note: When creating a new patient, use the **Save & Create Order** button at the bottom of the **Create New Patient** page.

Labcorp Link Orders

2. Order Details

A Select a provider. If the provider is not found, click **Add Temporary Provider**.

B Select the tests to be performed. Search by test number or name, or select from a picklist.

C Check the box next to any eligible test to have the specimen collected at a Labcorp collection location, also known as a Patient Service Center (PSC).

D Select and prioritize the appropriate diagnosis codes.

E Provide additional order information.

F When all required fields have been completed, click **Validate** to continue the order or **Save** to save the information for future use. Validating the order runs a check for issues with diagnosis codes and coverage eligibility requirements.

Provider Information

Select Provider

PROVIDER NAME ; NPI 0000000000 **A**   ∨   **+ Add Temporary Provider**

Test & Panels

Select A Test

🔍 Enter Test Number or Test Name **B**

Picklist

Search for or Select a Picklist ∨

Ordered Tests & Panels

☐ ◀PSC | Collect at Patient Service Center

C

☐ 000000 - Glucose, Plasma ✕

☐ 000000 - Pathology Report ✕

☐ 000000 - Pap Smear, 1 Slide ✕

Reminder: When ordering tests for which Medica[...] reimbursement is sought, the provider should or[...] tests which the provider believes are medically n[...] each patient.

Diagnosis

Select a Diagnosis Code *Optional*

🔍 x00 **D**

Selected Diagnosis Code(s)

☰ X00.00   TYPHOID FEVER UNSPECIFIED   ✕

The Ordering provider must always determine, for the specific date of service, the appropriate diagnosis codes based on the patient's signs and symptoms.

Order Information **E**

Order Date
08/19/2021 📅

Collection Date/Time
08/19/2021 03:41 PM 📅

Courtesy Copy
Optional
+ Add Another Fax

User Initials
UN

EHR Control Number *Optional*

Fax Number
(___) ___-____

Provider Name
Last Name, First Name ✕

Cancel   Save   **F**   **Validate**

Labcorp Link Orders

3. Additional Information

(A) For Medicare patients, ABN determination is performed. **ABN Detail** is displayed if required. Choosing a diagnosis from the policy list will update the order and could satisfy the ABN requirements.

ABN Detail **(A)**

Your order contains a test(s) that is subject to a National Coverage Determination (NCD) or a Local Coverage Determination (LCD) of the applicable Medicare Administrative Contractor (MAC), or it has a component(s) that is considered to be a new technology test(s) and/or investigational procedure(s).

NCD/LCD Details

For the listed CPT code(s), the ICD-CM code(s) entered is not supportive of "medical necessity" and/or the test(s) ordered has published frequency guidelines. Therefore, the patient must sign and date an Advance Beneficiary Notice of Noncoverage ("ABN").

Results for Requisition: L0000000000

Test Code	Test Description	CPT Code	CPT Description	EST. Cost	Modify
000000	**Glucose, Plasma**	00000	GLUCOSE	$ 37.00	**Review NCD/LCD**

Total Estimated Cost of test(s) that Medicare may not pay is: $ 37.00

🛈 **An ABN form will print with the requisition(s) for this order. The patient must complete, sign and date the ABN form.**

NOTES: The diagnosis code(s) must be consistent with the diagnosis found in the patient's medical record for that date of service. Do not update diagnosis code(s) without first consulting the patient's provider or designee.

(B) **Add a Body Site** if required.

Add A Body Site **(B)**

Pathology Report 500918

A

Enter Body Site

[   ]

Description *Optional*

[   ]

+ Add Another Body Site

Labcorp Link Orders

C In the **Clinical Questions** section, enter comments and provide any required cytology information (denoted with an asterisk).

Clinical Questions * Required **C**

Clinical Questions

Clinical Comments

[   ]

0 / 23

Fasting

○ Yes   ○ No   ● Not Indicated

CYTOLOGY

* Required

Gyn Specimen Site *

☐ Cervix   ☐ Endocervix   ☐ Vagina   ☐ Endometrium
☐ Labius Majus   ☐ Labius Minus   ☐ Vulva   ☐ Not Given

Collection Technique *

☐ Swab/Spatula   ☐ Brush/Spatula   ☐ Spatula Only   ☐ Brush
☐ CX Broom Only   ☐ Not Given   ☐ Other

Patient ID/MRN

[   ]

LMP Date

Date   **LMP Description**

[Select Date 📅]   [LMP Description]   ☐ Unknown

D Review **AccuDraw™** specimen collection requirements and processing instructions. If requirements are unavailable, consult the **Test Menu Search** in Labcorp Link.

Note: AccuDraw is not displayed for at-home kits or specimens collected at Labcorp PSCs.

E Click **Create Order** to submit the order. Print the requisition and ABN (if required).

AccuDraw Information

AccuDraw ✕
LabCorp AccuDraw

D ① Collection Requirements → ② **Processing Instructions**

Requisition #: L2100004498

Quantity	Container	Processing Instructions	Quantity	Submit to Lab	Shipped *Optional*
1	Gray Top (Sodium Fluoride) Fasting Collection 4.0 mL		1	Gray Top (Sodium Fluoride) Room Temperature	[0]

ⓘ Requisition Code - L2100004497 :: Specimen requirements are NOT available. Please consult our online directory: [500918, 009100]
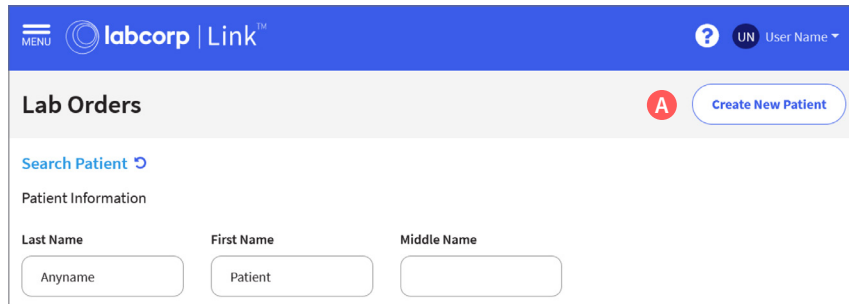
Cancel   Save   **Create Order** **E**
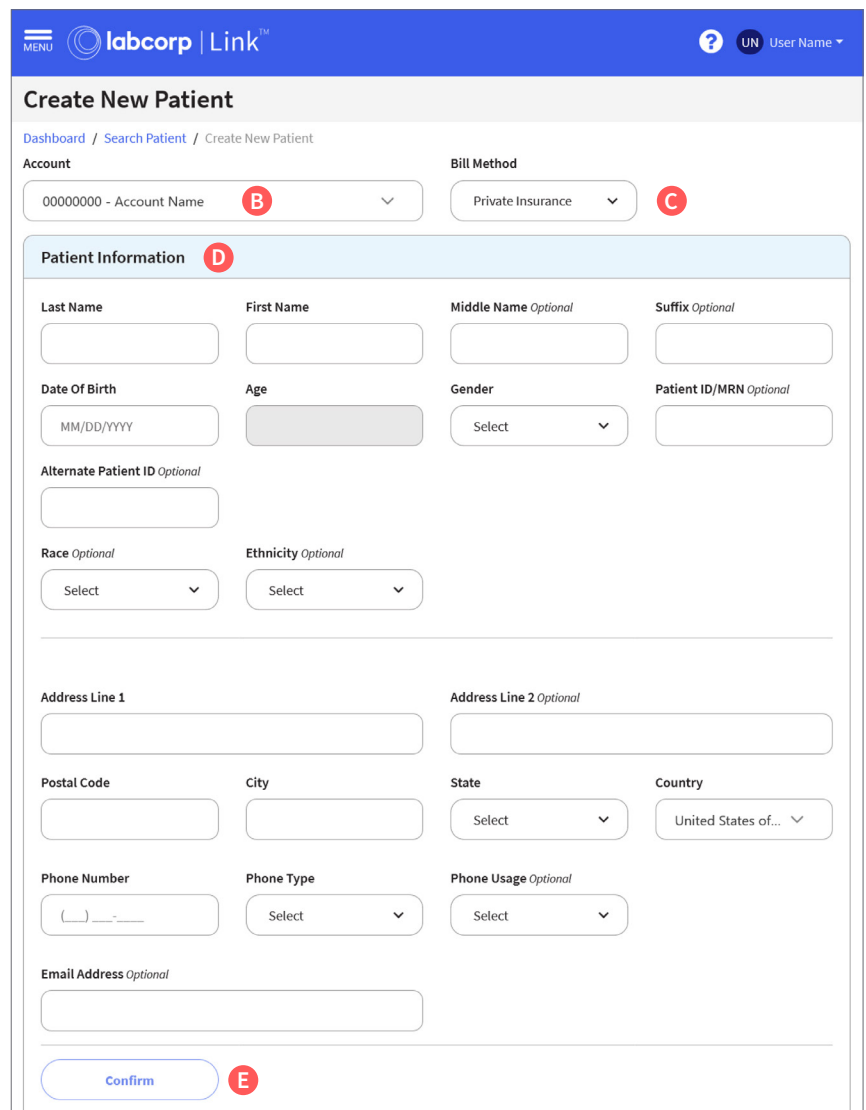
Labcorp Link Orders

Creating a Patient

1. Create New Patient

(A) Click **Create New Patient** on the **Search Patient** page.
Note: The **Create New Patient** button is disabled until a search is performed.

(B) Select the **Account**. This field defaults to the last account used to create an order.

(C) Select a **Bill Method**. This field determines which patient, insurance, and responsible party information is required.

(D) Enter **Patient Information**. Patient address and phone number are not required for **Client** bill method, however they aid in patient matching for result reporting and trending.

(E) When all required information is entered, click **Confirm**.

Note: If an address or phone number cannot be validated, a warning message may appear. Check for inaccuracies and correct them if needed. If all information is correct, click Confirm to continue.

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2. Insurance Information/Responsible Party

This section is required for any third-party bill method.

(A) Enter the **Payor Code**.
Note: Medicare will default to Payor Code 05 and is not editable. Medicaid payor codes will be the state abbreviation for most states.

(B) If you don't know the payor code, click **Payor Name Lookup** to search by insurance name and state.

(C) Enter the **Insurance ID**.

(D) Enter the **Group Number** if required.

(E) Indicate if a secondary insurance is available. Repeat steps A through D for secondary insurance.

Insurance Information/Responsible Party

Primary Insurance

Enter Payor Code

ABCDE **(A)** 🔍 Or **Payor Name Lookup** **(B)**

Insurance Name
ABCDE HEALTHCARE

Address Line 1 | **Address Line 2** *Optional*
700 MAIN ST | SUITE 200

City | **State** | **Postal Code**
ANYTOWN | ST | 00000

Insurance ID | **Group Number** *Optional* | **Group Name** *Optional*
ABC000000 **(C)** | 00000000 **(D)** |

Secondary Insurance? **(E)**
○ Yes ● No

(F) Select the **Patient's Relationship to Responsible Party**.

(G) Enter the responsible party's name, address, and phone number.

(H) Click **Confirm**.
Note: If an address or phone number cannot be validated, a warning message may appear. Check for inaccuracies and correct them if needed. If all information is correct, click **Confirm** to continue.

(I) Complete the order.

- Click **Save & Create Order** to create the patient and begin creating an order.
- Click **Save** to create the patient and return to the patient search.
- Click **Cancel** to return to the patient search without saving your changes.

Patient's Relationship To Responsible Party
Self **(F)**

Last Name | **First Name** | **Middle Name** *Optional*
Anyname | Patient |

☑ Address Same As Patient **(G)**

Address Line 1 | **Address Line 2** *Optional*
6546 Elm Street | Apt 48

Postal Code | **City** | **State** | **Country**
00000-0000 | Anytown | State | United States of An

☑ Phone Number Same As Patient

Phone Number | **Phone Type** | **Phone Usage** *Optional*
(555) 555-5555 | Mobile | Home

Confirm **(H)** ↺ Undo

Cancel | Save | Save & Create Order **(I)**