



CLINICAL PATHOLOGY LABORATORIES

Clinical
Acscn Label

Patient Name - Last

Petty John

First
Sarah

M.I.

Patient I.D.

Room #

Daytime Phone/Add'l ID

52323

MDP 021020

Date of Birth **required**

04-01-1994

Sex

Date Collected

Time Collected

AM

PM

Requesting Physician

Fasting

Urine Volume

STAT

CALL

Same Day

512 732 2774
GREATER AUSTIN ALLERGY AND IMMUNOLOGY
5656 DEE CAVES RD #6-201
AUSTIN, TX 78746
CIRCLE REQ PHYS BELOW

BILL ☒ MEDICARE ☒ ACCOUNT

TO: ☒ MEDICAID ☒ PATIENT

HMO

☒ PPO / POS

ST GY PE U UC SC OP

L GR SE CU SW VT F

B PR Froz AP OT

920 Venipuncture CPL

919 Venipuncture

997 Verbal Diagnosis

9999 Verbal Order

989 Pt Decline

925 Finger / Heel Stick

922 Ur Vol Meas

996 Standing Order

ABN Attachments

998 Multiple Orders

PLEASE COMPLETE INFORMATION BELOW

Policy Holder Name

Address

City, State, Zip

Evening Phone

REQUIRED

REQUIRED

REQUIRED

Medicare Number (Include Prefix/Suffix)

Medicaid Number

State

Ordering Physician NPI

PHYSICIAN'S SIGNATURE

REQUIRED

REQUIRED

REQUIRED

REQUIRED

Primary Insurance Name

Member I.D.

Group

Date of Injury or Onset of Illness

B 5
Rev 2015

Primary Insurance Address

City, State, Zip

Phone

Authorization #

Secondary Insurance Name

Member I.D.

Group

Secondary Insurance Address

City, State, Zip

Phone

ICD Code

REQUIRED

DB9.40

Physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of the patient.

*Reflex testing may be performed with additional charge (see reverse for details) @ Medicare Limited Coverage # Medicare Frequency Limit + Not Covered by Medicare > More than one CPT code will be billed

SCHUL CDX HALLA SMITH ROBT FOLEY MARPO PATEL
52723 52597 62158 20844 251321 255572 259486 265688

- | | |
|--|--|
| [] 9325 ACUTE HEPATITIS PANEL * @ (ST) | [] 2754 IgG SUBCLASSES > (ST) |
| [] 4816 ALPHA-1-ANTITRYPSIN (ST) | [] 4874 IMMUNOGLOB E (IgE) (ST) |
| [] 4278 ANA* RFLX AUTOIMMUNE Ab PROFILE > (ST) | [] 2750 IMMUNOGLOB S (IgA/IgG/IgM) > (ST) |
| [] 3550 ANA* RFLX TITER (ST) | [] 2760 INSULIN (ST) |
| [] 4821 C1 EST INHIBITOR, FUNCT (ST) | [] 4680 JD-1 Ab (ST) |
| [] 4822 C1 ESTERASE INHIB QUANT (ST) | [] 3605 LYME TOTAL Ab (ST) |
| [] 4211 CATECHOLAMINES, PLASMA (GL) | [] 5320 LYMPH Ag/MITOGEN @ > (GR) |
| [] 1000 CBC W/AUTO DIFF W/ PLTS @ (L) | [] 4870 LYMPHOCYTE SUBSET ANALYSIS > (L) |
| [] 5390 CCP IgG (ST) | [] 3510 MONO SCREEN (ST) |
| [] 4833 CELIAC DISEASE PANEL > (ST) | [] 5439 NEISSERIA MENINGITIDIS IgG > (ST) |
| [] 5519 CENTRAL TEXAS IgE PANEL @ # > (ST) | [] 4511 NEUTROPHIL CYTOPLASMIC Ab * (ST) |
| [] 4630 CENTROMERE B Ab (ST) | [] 7000 OVA AND PARASITES > (F) |
| [] 5384 CHROMATIN Ab (ST) | [] 4013 PANCREASTATIN (Z-TUBE) |
| [] 2075 CK, TOTAL (ST) | [] 4470 PANCREATIC POLYPEPTIDE (ST) |
| [] 9179 COMPREHENSIVE METABOLIC PANEL (ST) | [] 4129 PDGF RECEPTOR BETA @ > (GR) |
| [] 4532 COMPLEMENT C1Q (PR) | [] 2810 PROTEIN ELECTROPHORESIS, URINE RFX IMMUNO > |
| [] 4534 COMPLEMENT C2 + (ST) | [] 3505 RHEUMATOID FACTOR, QUANT (ST) |
| [] 3585 COMPLEMENT C4 (ST) | [] 4284 RNP Ab (ST) |
| [] 3570 COMPLEMENT, TOTAL HEM (ST) | [] 3500 RPR*0# RFX TO TITER @# (ST) |
| [] 5549 COMPREHENSIVE FOOD IgE PANEL @ # > (ST) | [] 4606 SCL-70 Ab (ST) |
| [] 3545 CRP (ST) | [] 1055 SEDIMENTATION RATE (ESR) (L) |
| [] 3595 CRYOGLOBULINS, QUAL (PR) | [] 4258 SEROTONIN, SERUM (ST) |
| [] 4544 CYTOMEGALOVIRUS IgG (ST) | [] 2806 PROTEIN ELECTROPHORESIS RFX IMMUNO >(ST) |
| [] 4547 DIPHTHERIA IgG (ST) | [] 4280 SJOGREN'S SS-A Ab (ST) |
| [] 4287 DNA BS Ab (ST) | [] 4281 SJOGREN'S SS-B Ab (ST) |
| [] 4642 ERV VCA IgG/IgM > (ST) | [] 4283 SMITH (SM) Ab (ST) |
| [] 4231 GASTRIN (ST) | [] 4740 SMATOSTATIN (GI-TUBE) |
| [] 4850 GLUCAGON | [] 5393 STREP PNEUMONIAE Ab, 23 SEROTYPES >(ST) |
| [] 4310 5-HIAA, 24 HR URINE | [] 5065 STRONGYLOIDES IgG (ST) |
| [] 4235 HISTAMINE + (L) | [] 4089 SUBSTANCE P + (PR) |
| [] 4353 HISTAMINE + (U) | [] 2823 T4 FREE @ # (ST) |
| [] 3540 HIV 1/2 4TH GEN * @ # RFX CONFIRM @ (ST) | [] 4656 TETANUS IgG (ST) |
| [] 5544 HYPERSENSITIVITY PNEUM I > (ST) | [] 4516 THYROGLOBULIN Ab (ST) |
| [] 5545 HYPERSENSITIVITY PNEUM II > (ST) | [] 4513 THYROID PEROXIDASE Ab (ST) |
| [] 4128 IgA SUBCLASSES > (ST) | [] 5272 TOXOCARA Ab (ST) |
| [] 18503 ENVIRONMENTAL PROFILE 1 @# > (ST) | [] 5999 TRYPTASE (ST) |
| [] 18504 ENVIRONMENTAL PROFILE 2 @# > (ST) | [] 2835 TSH @ # (ST) |
| [] 18505 MOLD PROFILE 1 @# > (ST) | [] 4665 VARICELLA ZOSTER IgG (ST) |
| [] 18506 FOOD PRF 1(EGGWHITE*,PEANUT COMP.*,MILK*)@# > (ST) | [] 4946 VASOACTIVE INTST POLY (CALL FOR SPEC RANTS) |
| [] 18507 FOOD PROFILE 2 @# > (ST) | [] 5487 VENOM IgE PANEL @ # > (ST) |
| [] 18508 FOOD PROFILE 3 @# > (ST) | [] 2840 VITAMIN B12 @ # (ST) |

PLEASE SEE ATTACHED FORM FOR ADDITIONAL ALLEGENS

5375 ☒ QUAD Scrn @> ST

2617 ☒ AFP-NTD @ ST

Patient DOB: / /

Donor DOB: / /

Maternal Weight: /

Testing: ☐ Initial ☐ Repeat

NTD History: ☐ Yes ☐ No

Pre-existing Insulin Dependent DM: ☐ Yes ☐ No

Race: ☐ CAU ☐ H ☐ AA ☐ Asian ☐ Other

Current Smoker: ☐ Yes ☐ No

Number of Fetuses:

If Twins: ☐ Dichorionic ☐ Monochorionic

Gestational Age (G.A.) Determined by (check):

☐ Sonogram: Date of Sonogram / /

G.A. at Sonogram wks days

☐ LMP: / /

Family History of Down Syndrome: ☐ Yes ☐ No

MOST SPECIMEN MUST BE REFRIGERATED: FROZEN: INDICATE ROOM: EMP. CY CK WWW PLASMA: PM FOR TAILS.

*Reflex testing will be performed with additional or alternate CPT codes and charges when indicated. Non-reflex testing is available as listed.

Test	Criteria for Reflex	Reflex to	Non-Reflex Order Code
ANA	Positive ANA	ANA Titer	3549
Antibody Screen	Positive	Identification and Titer	Reflex required
Drug Screen @	Positive for any drug	Confirmation	3206
Hepatitis A Total Ab	Total Hepatitis A Positive	Hepatitis A IgM	2724
Hepatitis B Surface Ag @/#	Repeatedly reactive	Hepatitis B Confirmation	Reflex required
HIV Ab/Ag Combo	Positive	HIV 1/2 Discriminatory Assay	Reflex required
Culture	Pathogenic Bacteria present	ID and sensitivity	ID required, w/out sensitivity order 6081
RPR @/#	Positive RPR	RPR Titer @/#	3499
TSH @/#	Abnormal TSH	Free T4 @/#	2835
UA, Culture@ if indicated	If leukocyte esterase or nitrite is positive; if WBC >5	Urine Culture @	1515
UA Reflex	Any of the following results: Color: abnormal; Clarity: cloudy or turbid; Leukocytes: positive; Nitrites: positive; Protein: positive; Blood: positive	Microscopic	1515

CPT codes are provided for information only and are based on CPL's current understanding of Medicare rules and carrier instructions and in accordance with the current issue of *Physicians Current Procedural Terminology* published by the American Medical Association. Medicare coding may differ from coding used by other third party payors. Questions regarding coding should be confirmed with the payor being billed. CPL cannot accept responsibility for the reimbursement clients may or may not receive based on the procedure codes provided.

PANELS / PROFILES			Each additional CPT Code results in an additional charge to patients or third party payors.			Components of panels/profiles may be ordered individually.		
TEST CODE	NAME/DESCRIPTION	CPT CODE	TEST CODE	NAME/DESCRIPTION	CPT CODE	TEST CODE	NAME/DESCRIPTION	CPT CODE
9325	Acute Hepatitis Panel *@ HBsAg*, HBcAb (IgM), HAV Ab (IgM), HCV Ab	80074	514	OB Panel ** ABO Rh Type Antibody Screen (Indirect Coombs) * CBC RPR * HBsAg * Rubella Antibody Screen	80055	4895	Microalbumin/Creatinine Ratio (Random) Microalbumin Creatinine calc Microalbumin/Creatinine Ratio	82043 82570
142	Basic Metabolic Panel (BUN, Ca, CO ₂ , Cl, Cr, Glu, K, Na, calc eGFR)	80048	+ NOTE: OB Panel is not covered by Medicare			4937	Testosterone, Free/Total with SHBG Testosterone SHBG calc Free Testosterone	84403 84270
9179	Comprehensive Metabolic Panel (Alb, AP, TBili, BUN, Ca, CO ₂ , Cl, Cr, Glu, K, TP, Na, ALT, AST, calc Glob, calc A/G Ratio, calc BUN/Cr Ratio, calc eGFR)	80053	9324	Renal (Kidney) Function Panel (Alb, Ca, CO ₂ , Cl, Creat, Glu, Phos, K, Na, BUN, calc BUN/Cr Ratio, calc eGFR)	80069	2030	Vaginal Pathogen Panel @ Candida species @ Gardnerella vaginalis @ Trichomonas vaginalis @	87480 87510 87660
115	Electrolyte Panel (Na, K, Cl, CO ₂)	80051	3800	ABO/Rh Type ABO Rh	86900 86901	5375	QUAD Screen @ Alpha Fetoprotein (AFP) @ Estril (UE3) hCG, Quantitative @ Inhibin A	82105 82677 84702 86336
9329	General Health Panel + Comprehensive Metabolic Panel CBC TSH	80050	3254	Drug Abuse Panel w/ Oxy *@ Amphetamines Benzodiazepines Cocaine Metabolite Methaqualone Phencyclidine Oxycodone	G0434	7000	Ova and Parasites w/ Trichrome Stain Ova and Parasites Trichrome Stain	87177 (1-3) 87209 (1-3)
+ NOTE: GH panel is not covered by Medicare. Panel is considered to be screening tests. Patient will be responsible for payment.			4592	HSV 1 & 2 IgG HSV 1 IgG HSV 2 IgG	86695 86696	6242	Parasite Ag Profile Cryptosporidium Ag E. histolytica Ag Giardia Specific Ag	87328 87337 87329
9175	Hepatic (Liver) Function Panel (Alb, AP, TBili, DBili, AST, ALT, TP)	80076	2118	Iron @ and IBC @ Iron @ UIBC @ TIBC (calc), % Iron Saturation (calc)	83540 83550			
173	Lipid Panel @ # (T Chol, Trig, HDL, calc LDL, calc LDL/HDL Coronary Risk Ratio)	80061						

Medicare laboratory National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)

These policies define the medical conditions (through the inclusion of a list of ICD codes) for which these tests are covered or reimbursed by Medicare. HIPAA regulations require ICD code(s) to be present on each claim filed. The codes must also be documented in the patient's medical record.

Frequency Limitations for Laboratory Tests

Certain laboratory tests have specific frequency limitation requirements. These limitations may apply to tests from the laboratory LCDs and/or NCDs.

Medicare Preventive Screening Laboratory Tests

Certain preventive screening laboratory tests are covered benefits for Medicare patients. Benefit coverage is specific for each service, covered diagnosis codes, coverage requirements and frequency limitations.

View CMS NCDs at http://www.cms.hhs.gov/CoveragegenInfo/04_labNCDs.asp

View Noridian Jurisdiction E LCDs at <https://med.noridianmedicare.com>

View Novitas Jurisdiction H LCDs at <http://www.novitas-solutions.com>

View Medicare Preventive Services at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html>