

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...”



The Pathology Center

8303 Dodge Street Omaha, Nebraska 68114-4199
Phone: 402-354-4541; 888-432-8980 Fax: 402-354-8806
www.thepathologycenter.org

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: Self Spouse Dependent Other: PHONE ()

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:

SPECIMEN INFORMATION:

Collection Date: ___/___/___ Time: ___ AM ___ PM

Multiple specimens: Ambient Refrigerated Frozen

Therapeutic Drugs: Dosage _____

Last Dose: Date _____ Time: ___ AM ___ PM

Urine Collection: 24hr 12hr Random; Total Vol: _____ mL

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

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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	

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For Laboratory Use Only:									
SST	UNSPUN	RED	EDTA	BLUE	SERUM	PLASMA	URINE	STOOL	FROZEN

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BILL TO: PATIENT/PATIENT INSURANCE CLIENT ACCOUNT

RESPONSIBLE PARTY: _____ LAST FIRST MI
RELATION TO PATIENT: _____
 Self Spouse Dependent Other: _____ PHONE (____) _____
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 # _____

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HEPATIC PANEL		Hepatitis Bs Antibody (HBs-Ab)	Rapid Strep Antigen, Group A *	
ELECTROLYTE PANEL		Hepatitis C Antibody	MRSA Screen Source:	
LIPID PANEL #		HIV Antibody * #	VRE Screen Source:	
THYROID PANEL #		Hepatitis Bs Antigen (HBs-Ag)	Chlamydia / Gonorrhea DNA	
RENAL PANEL		H. pylori Antibody * #	Source: <input type="checkbox"/> Urine <input type="checkbox"/> Cervix <input type="checkbox"/> Vaginal	
PRENATAL PANEL *		Immunoglobulins (IgG, IgA, IgM)	Urine Culture (Includes Colony Ct) * #	
ACUTE HEPATITIS PANEL # *		Iron #	<input type="checkbox"/> Straight Catheter <input type="checkbox"/> Foley Catheter	
INDIVIDUAL TESTS ICD-10		Iron Panel # (Iron, TIBC, Iron Sat)	<input type="checkbox"/> Clean Catch	
ABO & Rh Typing		Lead # <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	ROUTINE CULTURE *	
ALT (SGPT)		(Must provide complete patient address)	Source: _____	
Amylase		Lithium	ACID FAST CULTURE *	
Antibody Screen *		LH (Lutenizing Hormone)	Source: _____	
Antinuclear Antibodies (ANA) *		Magnesium	FUNGAL CULTURE *	
AST (SGOT)		Microalbumin <input type="checkbox"/> Random <input type="checkbox"/> Timed	Source: _____	
Bilirubin <input type="checkbox"/> Total <input type="checkbox"/> Direct		Phenytoin (Dilantin)	STOOL TESTS	
Bilirubin, pediatric		Phosphorus	Stool Culture *	
BUN		Potassium	Clostridium Difficile	
Calcium		PSA #	Crypto/Giardia Ag (O & P Screen)	
CEA #		ProBNP	Rotavirus Antigen	
CBC (Includes Differential) #		Protein, Urine	BLOOD CULTURE * (2 sets required)	
Cholesterol		Prothrombin Time/INR (PT/INR)	Set 1 Date: _____ Time: _____	
CMV Total IgG/IgM Ab		Reticulocyte Count	Site: _____ Vol: _____	
Cortisol <input type="checkbox"/> AM <input type="checkbox"/> PM		Rubella Antibody	Set 2 Date: _____ Time: _____	
C-Reactive Protein - HS		TSH #	Site: _____ Vol: _____	
Creatine Kinase (CK)		TSH w/reflex to Free T4 #	VIRAL TESTING ICD-10	
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Ht _____ Wt _____		Uric Acid	Source: _____	
Digoxin #		Urinalysis <input type="checkbox"/> Culture if positive * #	Influenza Screen (A&B) PCR	
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Electrophoresis *		Valproic Acid (Depakene)		
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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	

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