

Lab only
Date of service:

Patient Legal Name _____, _____ (last) _____ (first) DOB _____ M ___ F ___

Ordering Provider _____ Clinic _____ phone _____ fax _____

ICD 10 Code(s) and narrative (all fields are required): _____

Collection: date ___/___/___ time _____ by _____ Fasting? yes ___ no ___ **STAT** _____ **Collection:** date ___/___/___ time _____ by _____

AMA Panels		Chemistry		Infectious Disease by Molecular		Microbiology	
80051	Electrolytes						
80048	BMP:Lytes,Glu,BUN,Creat,Ca	83615	LDH- lactate dehydrogenase	87641	MRSA Surveillance- nasal	specimen source - must be specific:	
80053	CMP: BMP+TP,Alb,Phos, ALT,AST,T.Bili	83690	Lipase	87640	MRSA/Staph soft tissue - also order culture	87070	Aerobic culture
		84144	Progesterone	87641			
80069	Renal Panel: BMP,Alb,Phos.	G0103	PSA - Medicare screening	87631	Influenza A/B + RSV + COVID	87075	Anaerobic culture
80076	Hepatic Panel: Alb, AST, ALT, TP, Alk.phos, Bilirubin	84153	PSA - diagnostic	87632	Filmarray GI panel	87040	Blood culture times _____
		86431	Rheumatoid factor (RA)	multi	Filmarray CSF panel	87081	Strep B culture vaginal/rectal
80061	Lipid Panel: Cholesterol, Triglyceride, HDL, LDL	86593	RPR - reflex to titer	87631	Filmarray Respiratory Panel	86769	SARS - CoV-2 only
83721		86769	SARS CoV2 IgG(spike) quant	87798		87070	Sputum culture
80050	**General Health Screen: CBC, CMP, TSH	84481	T3 Free	87651	Group A Strep throat	87491	Chlamydia/GC Aptima (urine)
		84439	T4 Free	87653	Group B Strep cervical - also order culture	87088	Urine: mid stream _____ cath _____ other _____
80074	Acute Hepatitis: A, C, B core antibodies, B surface antigen,	84443	TSH				
		84443	TSH Reflex to T4 free	Rapid Serology Tests		Blood Bank & Blood Products	
		86800	Thyroglobulin Ab				
		86376	Thyroid Peroxidase (TPO)	87800	Legionella / S. pneumo (urine)	86901	Rh only
82150	Amylase	83520	TSH receptor Ab	86308	Mono screen	85461	RHOGAM workup
82247	Bili,newborn (under 2 wks old)	84403	Testosterone,Total	84703	Urine pregnancy, qual.	86850	Blood Type & Antibody Screen
83880	BNP (B-natriuretic peptide)	84402	Testosterone, free	84703	Serum pregnancy, qual.	86920	Packed Red Blood cells # units _____
84520	BUN/ Creatinine	84484	Troponin I	Body Fluids			
82565							
82465	Cholesterol	84443	Uric acid	Fluid type:		P9017	Fresh Frozen Plasma # units _____
86141	CRP ultrasensitive- cardiac	Hematology - Coag - Urinalysis				P9036	Plateletpheresis # units _____
86140	CRP - inflammatory						
82670	Estradiol	85025	CBC with differential & platelet	89051	Cell count		
82728	Ferritin	85014 85018	Hgb & Hct	82945	Glucose body fluid		
83001	FSH-Follicle stim. hormone	85652	Sed Rate	84157	Protein body fluid		
82947	Glucose fasting	85610	PT with INR	89060	Crystals		
84702	HCG Quantitative - serum	85730	PTT	Patient Label			
83036	Hemoglobin A1C	85380	D-dimer				
83540	Iron & TIBC	81003	Urinalysis / reflex to culture				
83550		87088	Urinalysis / no reflex				
		81003	Urinalysis / no reflex				

** Not paid by Medicare - considered a screening panel

Additional Tests:

Physician / Practitioner Signature : _____ date: _____

Reflex testing: test / reflex test & CPT (may be subject to additional charges):

UA dipstick pos. = microscopic 81015 Positive Culture = sensitivities/ID charges Positive Antibody screen = antibody ID charges

Medicare will only pay for services that are medically necessary for the diagnosis and treatment of the patient. Medicare will not pay for screening tests or non-FDA approved tests. Patient may be required to sign an ABN. ICD-10 diagnosis codes must be provided for billing.

