

# LABORATORY REQUEST FORM

1600 East Broadway  
Columbia, Missouri 65201  
New orders FAX: 573/815-8510 Back orders FAX: 573/815-2665



ACCOUNT INFORMATION			PATIENT	PATIENT NAME (LAST)		(FIRST)	(M)	SEX	DATE OF BIRTH MO DAY YR		PATIENT'S SS#				
NAME				PATIENT ADDRESS								CITY	STATE	ZIP	PHONE
ADDRESS				NAME OF RESPONSIBLE PARTY (IF DIFFERENT FROM PATIENT)								PATIENT'S RELATIONSHIP TO RESPONSIBLE PARTY <input type="checkbox"/> 1-SELF <input type="checkbox"/> 2-SPOUSE <input type="checkbox"/> 3-CHILD <input type="checkbox"/> 4-OTHER			
CITY												STATE		ZIP	
PHONE			RESP. PARTY	ADDRESS OF RESPONSIBLE PARTY						APT#		CITY		STATE	ZIP
ORDERING PHYSICIAN				MEDICAID #		STATE	MEDICARE # (INCLUDE PREFIX/SUFFIX)			<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		MEDICARE RETIREMENT OR DISABILITY DATE			
BILL TO: <input type="checkbox"/> CLIENT <input type="checkbox"/> PATIENT/INSURANCE <input type="checkbox"/> EMPLOYEE				ACCOUNT #											
<b>GENERAL INSTRUCTIONS FOR GOVERNMENT PAYERS: DIAGNOSIS</b>  All orders for clinical laboratory tests must include a statement of the medical record for those tests. The record(s) listed below must be linked with the test(s) ordered by being the number of the reason in the space next to the test ordered. If a specific test is not supported by documentation in the medical record or is clearly for screening purposes, the test must be designated as a "screening test".  Please list all diagnoses, preferably in (ICD9) numbered code. Match reason code to test(s) ordered.  1. _____ 2. _____ 3. _____ 4. _____  5. Screening Test _____			INSURANCE	INSURANCE COMPANY NAME						PLAN		CARRIER CODE			
				SUBSCRIBER / MEMBER #						LOCATION		GROUP #			
				INSURANCE ADDRESS						PHYSICIAN'S PROVIDER #					
				CITY						STATE		ZIP			
				EMPLOYER'S NAME OR NUMBER						INSURED SS# (IF NOT PATIENT)			WORKER'S COMP <input type="checkbox"/> YES <input type="checkbox"/> NO		
Specimen Collection:			Date		Time		<input type="checkbox"/> am <input type="checkbox"/> pm		24" urine vol. _____ mL						
Ordering Physician			Signature Required		X										

**NOTE TO PHYSICIAN:** When seeking payment from Medicare or Medicaid, Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. Components of the organ or disease panels/combinations printed below are shown on the reverse side and may also be ordered individually below. Components may be billed separately if allowed by the payer.

CPT CODE	✓	TEST NAME	REASON CODE	CPT CODE	✓	TEST NAME	REASON CODE	CPT CODE	✓	TEST NAME	REASON CODE	CPT CODE	✓	TEST NAME	REASON CODE
MEDICARE APPROVED ORGAN/DISEASE PANEL				INDIVIDUAL TESTS				INDIVIDUAL TESTS				INDIVIDUAL TESTS			
80051		ELECTROLYTE PANEL		83880		PRO-BNP (B-NATRIURETIC PEPTIDE)		86709		HEP A IGM AB		84484		TROPONIN T	
80048		BASIC METABOLIC PANEL		86316		CA 19-9 (GI)		86803		HEP C AB		84550		URIC ACID	
80053		COMPREHENSIVE METABOLIC PANEL		86316		CA 27.29 (BREST)		86703		HIV ANTIBODY		81001		URINALYSIS	
80076		HEPATIC FUNCTION PANEL		86316		CA 125		83090		HOMOCYSTEINE		SEE BACK		URINE SCREEN W/ REFLEX	
80069		RENAL FUNCTION PANEL		82310		CALCIUM		86334		IEP, SERUM		80164		VALPROIC ACID	
80074		ACUTE HEPATITIS PANEL		82374		CARBON DIOXIDE		84155			80202		VANCOMYCIN		
80061		LIPID PANEL		82378	CEA		84165		82607			VITAMIN B12			
									82306			VITAMIN D 25 HYDROXY			
PROFILES				89051		CELL COUNT & DIFF, CSF		82784		IMMUNOGLOBULINS (G,A,M) QT ea		82306		VITAMIN D 25 HYDROXY	
COAGULATION PROFILE: ✓ all or single tests				89051		CELL COUNT & DIFF, BODY FLUID		83540		IRON		85651		WESTERGREN SED RATE (ESR)	
85610		PROTIME W/INR		82435		CHLORIDE		83540		IRON AND TIBC		85048		WBC	
85730		APTT		82465		CHOLESTEROL		83520			MICROBIOLOGY				
85049		PLATELET COUNT		82533		CORTISOL		83695		LIPOPROTEIN (a)		SPECIMEN / SITE			
HEMATOLOGY PROFILES				82550		CPK		83615		LDH					
85027		HEME PROFILE (WBC, RBC, HGB, HCT, indices, PLT)		82553		CPKMD (TOTAL CPK INCLUDED)		80178		LITHIUM		SEE BACK		CULTURE, AFB	
				86140		C REACTIVE PROTEIN		83002		LH (LUTEINIZING HORMONE)		87040		CULTURE, BLOOD	
85025		CBC (HEME PROFILE WITH 5 PART AUTO DIFF SEE BACK)		86141		C REACTIVE PROTEIN (HIGH SENS)		83735		MAGNESIUM		SEE BACK		CULTURE, FUNGUS	
				82565		CREATININE		82043		MICROALBUMIN, URINE		SEE BACK		CULTURE, ROUTINE	
85025		CBC & DIFF (CBC plus manual diff)		82575		CREATININE CLEARANCE		86308		MONOTEST		87491		CHLAMYDIA AMP DNA PROBE	
				82570		CREATININE 24 HOUR URINE		80184		PHENOBARBITAL		87591		N. GONORRHOEA AMP DNA PROBE	
INDIVIDUAL TESTS				85379		D-DIMER, QUANT		80185		PHENYTOIN (DILANTIN)		87493		C. DIFFICILE AMP DNA PROBE	
82803		ABG on _____		80162		DIGOXIN		80186		PHENYTOIN, FREE		87329		GIARDIA/CRYPTO SCR EIA	
82040		ALBUMIN	SEE BACK			EXPANDED NBN SCR		84100		PHOSPHORUS		87328			
84075		ALKALINE PHOSPHATASE		82728		FERRITIN		36416		STATE PKU/NBN SCR		87205		GRAM STAIN	
82140		AMMONIA		85384		FIBRINOGEN		84132		POTASSIUM		87450		GROUP A BETA STREP SCR (RAPID)	
82150		AMYLASE		82747		FOLATE, RBC		80192		PROCAINAMIDE & NAPA		87081		GROUP A BETA STREP SCR (24")	
86038		ANA		82746		FOLATE, SERUM		84144		PROGESTERONE		87400x2		INFLUENZA A&B SCREEN EIA	
86038		ANA REFLEX (See Back)		83001		FSH		84146		PROLACTIN		87081		MULTIPLY RESISTANT SCREEN (MR)	
85300		ANTI-THROMBIN III		82977		GGTP		84156		PSA, DIAGNOSTIC		87633		RESPIRATORY PATHOGEN PANEL (RPP)	
84703		BETA HCG QUAL		82947		GLUCOSE		G0103		PSA, SCREENING		87420		RSV SCREEN EIA	
84702		BETA HCG QUANT		83036		GLYCOHEMOGLOBIN (HgbA1C)		84165		PROTEIN ELECT, SERUM		57425		ROTAVIRUS SCREEN EIA	
82251		BILIRUBIN, FRACTIONATED		83718		HDL CHOLESTEROL		84155			87081		GROUP B BETA STREP SCR (24")		
82247		BILIRUBIN, TOTAL (NEONATAL)		85018		HEMOGLOBIN		84155		PROTEIN, TOTAL		CHECK <input type="checkbox"/> YES <input type="checkbox"/> NO PENICILLIN ALLERGY			
82247		BILIRUBIN, TOTAL		85014		HEMATOCRIT		84156		PROTEIN, TOTAL 24 URINE		BLOOD BANK			
88720		BILIRUBIN, TRANSCUTANEOUS		86706		HEP B SURF ACE AB QUANT		86430		RA FACTOR		86900		ABO TYPE	
85002		BLEEDING TIME		87340		HEP B SURFACE AG		85046		RETIC COUNT W IRF		86901		RH TYPE	
85420		BUN		86704		HEP B CORE AB (IgM)		84450		SGOT (AST)		86850		ANTIBODY SCREEN	
ADDITIONAL TESTS OR COMMENTS:								84460		SGPT (ALT)		86880		DIRECT COOMBS	
								84295		SODIUM		see above		TYPE AND SCREEN (ABO, RH & ANTIBODY SCREEN)	
								80198		THEOPHYLLINE		above			
								84481		T3, FREE		86920		CROSS MATCH _____ UNITS	
								84439		T4 (THYROXINE), FREE		see above		ANTE-PARTUM RHOGAM (ABO & RH)	
								84436		T4 (THYROXINE), TOTAL		above			
								84443		TSH		see above		POST-PARTUM RHOGAM (ABO, RH & FETAL SCREEN)	
								84478		TRIGLYCERIDES		above			

Boone Hospital Center Laboratory policy is to provide physicians with the flexibility to choose appropriate tests and to assure that the convenience of ordering test profiles/panels when medically necessary. All the tests offered in the test profiles/panels are offered individually using the request form.

In an effort to keep our clients fully informed of the content, charges and coding of its test combination/panels when billed to Medicare, we periodically send notices concerning test profiles/panels, as well as information regarding reimbursement. We welcome the opportunity to provide, on request, additional information in connection with our testing services and the manner in which they are billed to physician clients, health care plans and patients.

The CPT codes listed here are in accordance with the 2015 edition of the Current Procedural Terminology, a publication of the American Medical Association. CPT codes here are provided for the convenience of our clients, however correct coding varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the appropriate payor that their use is appropriate in each case. All laboratory procedures will be billed to third party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by the intermediary. The AMA Organ and Disease Oriented Panels that are approved by Medicare are listed below. Microbiology CPT code(s) for additional procedures such as susceptibility tests, identification, serotyping, etc., will be billed in addition to the primary code when appropriate. Processing of microbiology specimens is based on source.

#### ORGAN or DISEASE ORIENTED PANELS

88051	ELECTROLYTE PANEL Carbon Dioxide Chloride Potassium Sodium	80053	COMPREHENSIVE METABOLIC PANEL Albumin Alk Phosphatase Bilirubin, Total Calcium Carbon Dioxide Chloride Creatinine Glucose Potassium Protein, Total Sodium SGOT (AST) SGPT (ALT) Urea Nitrogen (BUN)	80069	RENAL FUNCTION PANEL Albumin Calcium Carbon Dioxide Chloride Creatinine Glucose Phosphorus Potassium Sodium Urea Nitrogen (BUN)
80048	BASIC METABOLIC PANEL Calcium Carbon Dioxide Chloride Creatinine Glucose Potassium Sodium Urea Nitrogen (BUN)			80076	HEPATIC FUNCTION PANEL Albumin Alk Phosphatase Bilirubin, Total Protein, Total SGOT (AST) SGPT (ALT)
80061	LIPID PANEL Cholesterol HDL Cholesterol Triglycerides LDL Cholesterol (CALC)	80074	ACUTE HEPATITIS PANEL Hepatitis A Antibody IgM Hepatitis B Core Antibody IgM Hepatitis B Surface Antigen Hepatitis C Antibody		
85025	COMPLETE BLOOD COUNT (CBC) • RBC • WBC • Hemoglobin • Indices • Platelet Count • Five Part Automated Differential  Abnormalities may result in the following additional testing at no charge: • Slide review for morphology • Manual Platelet count • Manual Differential	ROUTINE BACTERIAL CULTURE  Routine bacterial cultures include presumptive identification of bacteria. A gram stain (87205) is included on the following culture types: sputum, wound, body fluid, and genital. CPT codes follow:  87045 Culture, stool prelim identification of Salmonella and Shigella 87046 Culture, stool prelim identification of additional pathogens 87899x2 Shiga toxin 1 & 2 for EHEC (stool) 87070 Culture, any other source except urine, stool, or blood 87086 Culture, urine with quantitative colony count  Definitive identifications and sensitivities will have an additional charge(s) if performed: 87077 Aerobic bacteria identification 87078 Anaerobic bacteria identification 87088 Urine presumptive identification 87186 Susceptibility, MIC 87140 Culture Typing, Antisera		AFB CULTURE  AFB Culture (87116) includes AFB smear (87206) and concentration if applicable (87015)  URINE SCREEN 81003 Urine dipstick negative 81001 Urine dipstick positive (i.e. ≥ 30 mg protein, abnormal clarity; ≥ trace leukocyte esterase; + nitrite or ≥ trace blood.) 87086 Urine Culture if ≥ 5 WBC or + Bacteria	
85049	PLATELET FUNCTION SCREEN Platelet Count			87633 RESPIRATORY PATHOGEN PANEL • ADENOVIRUS • CORONAVIRUS 229E • CORONAVIRUS HKU1 • CORONAVIRUS NL63 • CORONAVIRUS OC43 • HUMAN METAPNEUMOVIRUS • HUMAN RHINOVIRUS/ENTEROVIRUS • INFLUENZA A • INFLUENZA B • PARAINFLUENZA VIRUS 1 • PARAINFLUENZA VIRUS 2 • PARAINFLUENZA VIRUS 3 • PARAINFLUENZA VIRUS 4 • RESPIRATORY SYNCYTIAL VIRUS • BORDETELLA PERTUSSIS • CHLAMYDOPHILA PNEUMONIAE • MYCOPLASMA PNEUMONIAE	
85576	Platelet Aggregation -ADP	87077 Aerobic bacteria identification			
85576	Platelet Aggregation -Collagen	87078 Anaerobic bacteria identification			
85576	Platelet Aggregation -Arach Acid	87088 Urine presumptive identification			
	STATE PKU/NBN SCR (Mandatory) • Expanded Screen Mass Spec • Congenital Adrenal hyperplasia • Galactosemia • T4 Elution • Thyroid Stimulating Hormone • Hemoglobin Electrophoresis • Cystic Fibrosis	87186 Susceptibility, MIC			
		87140 Culture Typing, Antisera			
		ANA REFLEX  If ANA Screen is positive, the following test reflex: 86225 dsDNA Antibody 86235x6 Jo-1 Antibody, SS-A (Ro) Antibody, SSB (LA) Antibody, Sm Antibody, Sm/RNP Antibody, SCL-70			
	EXPANDED NBN SCR (Optional)	FUNGAL CULTURE  Fungal cultures include fungal stain (87206), CPT code varies by source: 87101 Fungal culture, skin, nails or hair 87102 Fungal culture, other source 87103 Fungal culture, blood  Definitive identification and sensitivities will have additional charge(s) as follows: 87106 Fungal identification, yeast 87107 Fungal identification, mold 87186 Susceptibility, MIC 87187 Susceptibility, MLC			
83788	Expanded Screen Mass Spec	87101 Fungal culture, skin, nails or hair			
82261	Biotinidase	87102 Fungal culture, other source			
83498	Congenital Adrenal Hyperplasia	87103 Fungal culture, blood			
82960	G6PD	Definitive identification and sensitivities will have additional charge(s) as follows:			
83516	Cystic Fibrosis	87106 Fungal identification, yeast			
		87107 Fungal identification, mold			
		87186 Susceptibility, MIC			
		87187 Susceptibility, MLC			