



# Beaufort Memorial HOSPITAL

## Request for Outpatient Laboratory Services

ELECTIVE     ROUTINE     URGENT     EMERGENCY WITHIN PAST 24 HRS    Pt Acct#

PATIENT INFORMATION	
Patient Name (Last, First, MI)	
Address	
DOB	Date
Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Referring Physician Signature	Pt. SS#
Subscriber's DOB	Sub SS#

General instructions for Medicare Patients - All orders for clinical laboratory tests must include a statement of medical necessity by ICD-10 code or diagnosis. Test not covered by that code, may be charged to the patient. Please fill in the appropriate code or diagnosis for each test or profile.
Provider FAX NUMBER: _____

Profiles	CPT	Diagnosis Code	Profiles	CPT	Diagnosis Code	Profiles	CPT	Diagnosis Code	Profiles	CPT	Diagnosis Code
<b>Panel 7 Or BMP</b> <b>80048</b>			<b>* Lipid Panel</b> <b>80061</b>			<b>Hematology</b>			<b>Chemistry</b>		
Sodium 84295			Cholesterol, Serum 82465			* CBC w/ Auto Diff . 85025			* Hemoglobin A1c 83036		
Potassium 84132			Total			* CBC, Manual Diff. 85007			* Iron 83540		
Chloride 82435			HDL Cholesterol 83718			85027			* Transferrin (TRF) 84466		
Carbon Dioxide 82374			Triglycerides 84478			ESR, Sed Rate 85651			% SAT (calc)		
Glucose 82947			LDL (calc)			* HGB 85018			* Lactic dehydrogenase 83615		
Urea Nitrogen (BUN) 84520						* HCT 85014			Lithium 80178		
Creatinine 82565			<b>General Health Panel 80050</b>						Luteinizing Hormone 83002		
Calcium 82310			Comprehensive			<b>Coagulation</b>			Magnesium 83735		
			Metabolic Panel 80053			APTT 85730			Phosphatase, Alkaline 84075		
<b>Electrolyte Panel</b> <b>80051</b>			CBC w/Auto Diff.			*PT 85610			* Phosphorus		
Sodium 84295			w/ platelet Count 85025			<b>Serology</b>			(Inorganic phosphate) 84100		
Potassium 84132			Thyroid Stimulating			Hep A Antibody 86708			Potassium 84132		
Chloride 82435			Hormone (TSH) 84443			Hep B Surf. Antibody 86706			* PSA 84153		
Carbon Dioxide 82374						Hep B Surf. Antigen 87340			* PSA Screening G0103		
			<b>Obstetric Panel</b> <b>80055</b>			Hep C Antibody 86803			* Protein, total 84155		
<b>Comprehensive Metabolic Panel</b> <b>80053</b>			CBC w/ Auto Diff.			HIV 1/2 Ab Scrn 86701, 86702			Prolactin 84146		
Sodium 84295			w/ platelet Count 85025			Inf. Mono. Test 86308			Progesterone 84144		
Potassium 84132			Hepatitis B Surface Antigen			Pregnancy Test, QL 81025			SGOT (AST) 84450		
Chloride 82435			(HBsAg) 87340			* RPR (STS) 86592			SGPT (ALT) 84460		
Carbon Dioxide 82374			Rubella Antibody 86762			Rheumatoid factor, QL 86430			Sodium 84295		
Glucose 82947			RPR 86592			ASO 86060			Theophylline 80192		
Urea Nitrogen (BUN) 84520			ABO Type 86900			Occult Blood (Stool) 82270			Testosterone 84403		
Creatinine 82565			RH Type 86901			<b>Chemistry</b>			Triglyceride 84478		
Albumin 82040			Antibody Screen 86850			Albumin 82040			Urea Nitrogen (BUN) 84520		
Bilirubin, Total 82247						Amylase 82150			Uric Acid 84550		
Calcium 82310			<b>Cardiac Profile</b>			Bilirubin, Direct 82250			Dilantin 80185		
Phosphatase, Alkaline 84075			Troponin I 84484			Bilirubin, Total 82250			Valproic Acid 80164		
Protein, Total 84155			Creatinine Phosphokinase			BNP 83880					
Transferase, Aspartate 84450			(CPK) 82550			Calcium, Total 82310			<b>Microbiology</b>		
Amino (AST) (SGOT)			CK-MB Isoenzyme 82553			Carbon Dioxide 82374			Chlam/Gon PCR 87491, 87591		
Transferase, Alanine 84460						Chloride 82435			C. difficile PCR 87803		
Amino (ALT) (SGPT)			<b>Thyroid Profile</b>			Cholesterol 82465			Rapid Flu Screen 87400		
<b>Liver Function Panel</b> <b>80076</b>			FreeT4 84439			Cholesterol, HDL 83718			Rapid Strep A Screen 87880		
Albumin 82040			*TSH 84443			Vitamin B12 82607			Cult., Aerobic 87070		
Bilirubin, Total 82251						Cortisol 82533			Cult., Anaerobic 87070, 87076		
And Direct			<b>MISC</b>			Creatinine, Serum 82565			Cult., Sputum/Smear 87071, 87205		
Phosphatase, Alkaline 84075			VIT D 25-OH (Total) 82306			Creatinine Clearance 82575			Cult., Stool 87045		
Transferase, Alanine 84460			PTH 83970			Creatinine Phosphokinase			Cult., Throat 87070		
Amino (ALT) (SGPT)			Protein 84165			(CK, CPK) 82550			* Culture, Urine 87086		
Transferase, Aspartate 84450			Electrophoresis (S) 84155			Digoxin 80162			Ova & Parasite 87177, 88313		
Amino (AST) (SGOT)			Micro Albumin 82043			Ferritin 82728					
Total Protein 84155			CRP 86140			Folate 82746			<b>Immunology</b>		
			BNP 83880			FSH 83001			Anti-Nuclear Antibody (ANA) 86038		
<b>*Urinalysis</b> <b>81001</b>						* Glucose 82947			* CEA 82378		
						* Glucose Tolerance (2H) 82951			* CA-125 86316		
						Gamma GT 82977					
						Beta hCG quant 84702					

IF MEDICAL NECESSITY MAY BE QUESTIONED AND WHEN SPECIMEN ONLY IS BROUGHT TO LAB. PLEASE HAVE BENEFICIARY SIGN BELOW.

**ADVANCE BENEFICIARY NOTICE**

I understand Medicare is likely to deny payment for the asterisked tests (\*) because: • Medicare usually does not pay for this service for my condition. I understand that Medicare does not cover routine screens or annual physicals. If Medicare denies payment, I agree to be personally, and fully responsible for payment.

X \_\_\_\_\_ Date \_\_\_\_\_

Medicare Beneficiary

**Other TESTs Below:**

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