

GENERAL LABORATORY FORM



Western Maryland Health System

12500 Willowbrook Road, SE
 P.O. Box 539
 Cumberland, MD 21501-0539
 Phone: 240-964-2522
 Fax: 240-964-2525

Call Phone # _____

Fax # and Name _____

STAT

Collected by _____

Date Collected _____

Time Collected _____

PATIENT NAME		LAST	FIRST	M.I.	REQUESTING PHYSICIAN (Please Print)
SEX	RACE	BIRTHDATE	MO.	DAY	YEAR
SOCIAL SECURITY NUMBER (LAST 4 DIGITS) XXX-XX-					REQUESTING PHYSICIAN SIGNATURE and DATE

BILLING INFORMATION: BILL TO: CLIENT PATIENT - (COMPLETE SECTION A) INSURANCE - (COMPLETE SECTION B and C)

Section A	STREET ADDRESS CITY STATE ZIP				TELEPHONE NO.
Primary Insurance Section B	NAME OF INSURANCE COMPANY		Secondary Insurance Section C	NAME OF INSURANCE COMPANY	
	INSURANCE NO.-POLICY	GROUP	INSURANCE NO.-POLICY	GROUP	

PHYSICIAN DIAGNOSIS REQUIREMENT NOTICE
 When ordering tests, please be informed that the physician (or other authorized individual) is required to make an independent medical necessity decision with regard to each test the laboratory will bill. Additionally, the physician (or other authorized individual) understands he or she is required to submit diagnosis information, supported by the patient's medical record. When medical necessity requirements are not met, an ABN must be completed to inform the patient they may be responsible for payment. Obtain a signed ABN for tests with defined frequency limits.
RECORD RELEVANT NARRATIVE DIAGNOSIS; ENTER APPROPRIATE NUMERIC IDENTIFICATION (1, 2, 3, 4, OR 5) FOLLOWING EACH TEST ORDERED.

NARRATIVE DIAGNOSIS

1) _____ 2) _____

3) _____ 4) _____ 5) _____

WRITE PATIENT'S NAME AND DATE OF BIRTH ON SPECIMEN USE SEPARATE MICROBIOLOGY REQUEST FOR CULTURES
 USE SEPARATE BLOOD BANK REQUEST FOR TS & BLOOD PRODUCTS

ENTER DIAGNOSIS ID#		ENTER DIAGNOSIS ID#		ENTER DIAGNOSIS ID#		ENTER DIAGNOSIS ID#	
HCFA APPROVED PANELS (See back for panel components)							
Basic Metabolic	80048	Creatinine Clearance	82575	LDH	83615	T3, Uptake **	84479
Comprehensive Metabolic	80053	Requires Ht. Wt.		Lead	83655	T4 (Thyroxine)	84436
Electrolytes	80051	Digoxin +	80162	Lipase	83690	Triglyceride	84478
Lipid Panel * ⊕	80061	Epstein Bar Virus IGG	86665	Lyme Disease ATB	86618	TSH	84443
Liver Panel	80076	Epstein Bar Virus IGM	86665	Magnesium	83735	UA Routine - Automated w/Microscopy	81001
Renal Panel	80069	Estradiol	82670	Manual Diff	85007	UA Automated Dipstick w/out Micro	81003
Acute Hepatitis Panel	80074	Ferritin	82728	Mumps	86735	UA Microscopic Only	81015
Torch Antibody Panel	80090	Folate (Folic Acid)	82746	Phenytoin (Dilantin) +	80185	Urine Culture	87086
		FSH	83001	Phosphorus	84100	Urine Culture Catheterized	87086
		GGT	82977	Potassium	84132	Cath insertion date: _____	
GENERAL LABORATORY							
Albumin	82040	Gestational Diab. Scr (1 Hr)	82950 ⊕	PSA Screen ⊕	G0103	Uric Acid	84550
ALT (SGPT)	84460	Gestational Glucose Tol (3 Hr) * ⊕		PSA	84153	Urine Albumin	82043
Alk Phos	84075	Glucose Fasting * ⊕	82947	Protein Electrophoresis	84165	Valproic Acid (Depakene) +	80164
Amylase	82150	Glucose PP ___ hr. ⊕	82947	Protein, 24 hr	84156	Vitamin B12	82607
ANA	86038	Glucose Tolerance * ___ Hrs. * ⊕		Protein Electrophoresis, 24 hr	84165	Vitamin D 25-Hydroxy	82306
APTT	85730	HCG Qual. (HCG)	84703	Prothrombin Time (PT)	85610	VMA, 24. hr.	84585
AST (SGOT)	84450	HCG Quan. (HCGQ)	84702	RAF (Rheumatoid Factor Screen)	86430	BLOOD BANK	
Bilirubin - Total	82247	HDL (HDL/Cholesterol)	83718	Reticulocyte Count	85044	Group & Rh	86900/86901
Bilirubin - Direct	82248	Hematocrit	85014	RPR (Rapid Plasma Reagin)	86592	Direct Coombs	86880
Bleeding Time	85002	Hemoglobin	85018	Rubella Antibody IgG	86762	Indirect Coombs	86850
BUN (Urea Nitrogen)	84520	Hemoglobin A1C	83036	Sed Rate	85651	Antibody Screen	86850
Calcium	82310	Hemogram (WBC, RBC, Hgb, Hct, Indices, Plat)	85027	5HIAA, 24 hr	83497	Antibody ID	86870
CBC, (WBC, RBC, Hgb, Hct, Indices, Plat Autodiff.) If flag Man Diff at no charge.	85025	Hep B. Sur. Antigen (HBSAG)	87340	Stool Occult Blood	82270	OTHER 24 HR URINE TESTS	
Cholesterol	82465	Hep B. Sur. Antibody (HBSAB)	86706	STZM (Streptozyme)	86063		
Clostridium Difficile	87324	HIV 1.2 Antibody, If reactive, confirmation performed at additional charge		Testosterone, Total	84403		
CPK	82550	□ PT Counseled	86703/86689	Testosterone, Free & Tot.	84402		
CRP	86140	Iron	83540	T3, Free	84481		
Creatinine	82565	Iron + Iron Binding	83540 83550	T4, Free	84439		
				Total Protein	84155		
				T3 Total	84480		

OTHER BLOOD TESTS + DIAGNOSIS ID (#1, 2, 3, 4 OR 5) FOR EACH TEST _____

*** FASTING TESTS ** SHOULD BE ORDERED WITH A T4**
 + List Dosage & Time of Last Dose

Medicine Given:
 IV _____ IM _____ Oral _____

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NARRATIVE DIAGNOSIS

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ENTER DIAGNOSIS ID# → ENTER DIAGNOSIS ID# → ENTER DIAGNOSIS ID# → ENTER DIAGNOSIS ID# →

HCFA APPROVED PANELS (See back for panel components)		Creatinine Clearance	82575	LDH	83615	T3, Uptake **	84479
Basic Metabolic	80048	Requires Ht. Wt.		Lead	83655	T4 (Thyroxine)	84436
Comprehensive Metabolic	80053	Digoxin +	80162	Lipase	83690	Triglyceride	84478
Electrolytes	80051	Epstein Bar Virus IGG	86665	Lyme Disease ATB	86618	TSH	84443
Lipid Panel * ⊕	80061	Epstein Bar Virus IGM	86665	Magnesium	83735	UA Routine - Automated w/Microscopy	81001
Liver Panel	80076	Estradiol	82670	Manual Diff	85007	UA Automated Dipstick w/out Micro	81003
Renal Panel	80069	Ferritin	82728	Mumps	86735	UA Microscopic Only	81015
Acute Hepatitis Panel	80074	Folate (Folic Acid)	82746	Phenytoin (Dilantin) +	80185	Urine Culture	87086
Torch Antibody Panel	80090	FSH	83001	Phosphorus	84100	Urine Culture Catheterized	87086
		GGT	82977	Potassium	84132	Cath insertion date: _____	
GENERAL LABORATORY		Gestational Diab. Scr (1 Hr)	82950 ⊕	PSA Screen ⊕	G0103	Uric Acid	84550
Albumin	82040	Gestational Glucose Tol (3 Hr) * ⊕		PSA	84153	Urine Albumin	82043
ALT (SGPT)	84460	Glucose Fasting * ⊕	82947	Protein Electrophoresis	84165	Valproic Acid (Depakene) +	80164
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Amylase	82150	Glucose Tolerance * ___ Hrs. * ⊕		Protein Electrophoresis, 24 hr	84165	Vitamin D 25-Hydroxy	82306
ANA	86038	HCG Qual. (HCG)	84703	Prothrombin Time (PT)	85610	VMA, 24. hr.	84585
APTT	85730	HCG Quan. (HCGQ)	84702	RAF (Rheumatoid Factor Screen)	86430	BLOOD BANK	
AST (SGOT)	84450	HDL (HDL/Cholesterol)	83718	Reticulocyte Count	85044	Group & Rh	86900/86901
Bilirubin - Total	82247	Hematocrit	85014	RPR (Rapid Plasma Reagin)	86592	Direct Coombs	86880
Bilirubin - Direct	82248	Hemoglobin	85018	Rubella Antibody IgG	86762	Indirect Coombs	86850
Bleeding Time	85002	Hemoglobin A1C	83036	Sed Rate	85651	Antibody Screen	86850
BUN (Urea Nitrogen)	84520	Hemogram (WBC, RBC, Hgb, Hct, Indices, Plat)	85027	5HIAA, 24 hr	83497	Antibody ID	86870
Calcium	82310	Hep B. Sur. Antigen (HBSAG)	87340	Stool Occult Blood	82270	OTHER 24 HR URINE TESTS	
CBC, (WBC, RBC, Hgb, Hct, Indices, Plat Autodiff.) If flag Man Diff at no charge.	85025	Hep B. Sur. Antibody (HBSAB)	86706	STZM (Streptozyme)	86063		
Cholesterol	82465	HIV 1.2 Antibody, If reactive, confirmation performed at additional charge		Testosterone, Total	84403		
Clostridium Difficile	87324	□ PT Counseled	86703/86689	Testosterone, Free & Tot.	84402		
CPK	82550	Iron	83540	T3, Free	84481		
CRP	86140	Iron + Iron Binding	83540 83550	T4, Free	84439		
Creatinine	82565			Total Protein	84155		
				T3 Total	84480		

OTHER BLOOD TESTS + DIAGNOSIS ID (#1, 2, 3, 4 OR 5) FOR EACH TEST _____

* **FASTING TESTS** ** **SHOULD BE ORDERED WITH A T4**
 + List Dosage & Time of Last Dose _____

Medicine Given:
 IV _____ IM _____ Oral _____

See reverse side for collection sites.

BILLING COPY

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HCFA APPROVED PANELS (See back for panel components)		Creatinine Clearance 82575		LDH 83615		T3, Uptake ** 84479	
Basic Metabolic 80048	Requires Ht. Wt.	Leads 83655	LDH 83615	T4 (Thyroxine) 84436	Triglyceride 84478		
Comprehensive Metabolic 80053	Digoxin + 80162	Lipase 83690	Lipase 83690	TSH 84443	UA Routine - Automated w/Microscopy 81001		
Electrolytes 80051	Epstein Bar Virus IGG 86665	Lyme Disease ATB 86618	Lyme Disease ATB 86618	UA Automated Dipstick w/out Micro 81003	UA Microscopic Only 81015		
Lipid Panel * 80061	Epstein Bar Virus IGM 86665	Magnesium 83735	Magnesium 83735	Urine Culture 87086	Urine Culture Catheterized 87086		
Liver Panel 80076	Estradiol 82670	Manual Diff 85007	Manual Diff 85007	Cath insertion date: _____	Uric Acid 84550		
Renal Panel 80069	Ferritin 82728	Mumps 86735	Mumps 86735	Urine Albumin 82043	Valproic Acid (Depakene) + 80164		
Acute Hepatitis Panel 80074	Folate (Folic Acid) 82746	Phenytoin (Dilantin) + 80185	Phenytoin (Dilantin) + 80185	Vitamin B12 82607	Vitamin D 25-Hydroxy 82306		
Torch Antibody Panel 80090	FSH 83001	Phosphorus 84100	Phosphorus 84100	VMA, 24. hr. 84585			
GENERAL LABORATORY		GGT 82977	Potassium 84132	BLOOD BANK			
Albumin 82040	Gestational Diab. Scr (1 Hr) 82950	PSA Screen 80103	PSA Screen 80103	Group & Rh 86900/86901	Direct Coombs 86880		
ALT (SGPT) 84460	Gestational Glucose Tol (3 Hr) * 82947	PSA 84153	PSA 84153	Indirect Coombs 86850	Antibody Screen 86850		
Alk Phos 84075	Glucose Fasting * 82947	Protein Electrophoresis 84165	Protein Electrophoresis 84165	Antibody ID 86870			
Amylase 82150	Glucose PP ___ hr. 82947	Protein, 24 hr 84156	Protein, 24 hr 84156	OTHER 24 HR URINE TESTS			
ANA 86038	Glucose Tolerance * ___ Hrs. * 82947	Protein Electrophoresis, 24 hr 84165	Protein Electrophoresis, 24 hr 84165	STZM (Streptozyme) 86063			
APTT 85730	HCG Qual. (HCG) 84703	Prothrombin Time (PT) 85610	Prothrombin Time (PT) 85610	Testosterone, Total 84403			
AST (SGOT) 84450	HCG Quan. (HCGQ) 84702	RAF (Rheumatoid Factor Screen) 86430	RAF (Rheumatoid Factor Screen) 86430	Testosterone, Free & Tot. 84402			
Bilirubin - Total 82247	HDL (HDL/Cholesterol) 83718	Reticulocyte Count 85044	Reticulocyte Count 85044	T3, Free 84481			
Bilirubin - Direct 82248	Hematocrit 85014	RPR (Rapid Plasma Reagin) 86592	RPR (Rapid Plasma Reagin) 86592	T4, Free 84439			
Bleeding Time 85002	Hemoglobin 85018	Rubella Antibody IgG 86762	Rubella Antibody IgG 86762	Total Protein 84155			
BUN (Urea Nitrogen) 84520	Hemoglobin A1C 83036	Sed Rate 85651	Sed Rate 85651	T3 Total 84480			
Calcium 82310	Hemogram (WBC, RBC, Hgb, Hct, Indices, Plat) 85027	5HIAA, 24 hr 83497	5HIAA, 24 hr 83497				
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Cholesterol 82465	Hep B. Sur. Antibody (HBSAB) 86706	STZM (Streptozyme) 86063	STZM (Streptozyme) 86063				
Clostridium Difficile 87324	HIV 1.2 Antibody, If reactive, confirmation performed at additional charge	Testosterone, Total 84403	Testosterone, Total 84403				
CPK 82550	□ PT Counseled 86703/86689	Testosterone, Free & Tot. 84402	Testosterone, Free & Tot. 84402				
CRP 86140	Iron 83540	T3, Free 84481	T3, Free 84481				
Creatinine 82565	Iron + Iron Binding 83540 83550	T4, Free 84439	T4, Free 84439				

OTHER BLOOD TESTS + DIAGNOSIS ID (#1, 2, 3, 4 OR 5) FOR EACH TEST

*** FASTING TESTS ** SHOULD BE ORDERED WITH A T4**
 + List Dosage & Time of Last Dose

Medicine Given:
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See reverse side for collection sites.

OFFICE COPY

PANELS	CPT	INDIVIDUAL TESTS PERFORMED
ELECTROLYTE PANEL	80051	NA, K, CL, CO2
BASIC METABOLIC PANEL	80048	NA, K, CL, CO2, BUN, GLUCOSE, CREATININE, CALCIUM
COMPREHENSIVE METABOLIC PANEL	80053	NA, K, CL, CO2, BUN, GLUCOSE, CREATININE, TOT PROT, ALBUMIN, T BILI CA, ALK PHOS, AST, ALT
HEPATIC FUNCTION PANEL (LIVER)	80076	T BILI, D BILI, ALBUMIN, ALK PHOS, AST, ALT, TOT PROT
RENAL FUNCTION PANEL	80069	ALB, CA, LYLES, CREATININE, GLUCOSE, BUN, PHOSPHORUS
LIPID PANEL	80061	Cholesterol, Triglycerides, HDL Cholesterol, Calculated LDL
OBSTETRIC PANEL (PRENATAL)	80055	CBC, Hepatitis B Surface Antigen, Rubella, RPR, Group & Rh, Antibody Screen
ACUTE HEPATITIS PANEL	80074	Hepatitis B Surface Antigen (HbsAg) Hepatitis B core Ab (H CAV, IgM ATB) Hepatitis A Ab (Haab, IgM ATB), Hepatitis C Antibody
TORCH PANEL	80090	CMV, Herpes simplex Ab, Rubella Ab, Toxoplasmosis Ab

Reflex or Confirmatory Testing	CPT Code	Reflex or Confirmatory Testing	CPT Code
RAF (Rheumatoid factor Screen) if positive reflexes to:	86430	RAFT (Rheumatoid Factor Titer)	86431
STZM (Streptozyme) if positive reflexes to:	86063	STREPT (Streptozyme Titer)	86063
HIV-1 or HIV-1, 2 EIA: if positive sent to reference lab for:	86703	Western Blot	86689
Hepatitis B Surface Antigen: if positive sent to reference lab for:	87340	Neutralization Test	87341

Medicare Defined Frequency Limits:

Screening PSA: A screening PSA is covered once every 12 months for men who have attained the age 50 or if at least 11 months have passed following the month in which the last Medicare covered screening PSA test was performed. HCPCS code is G0103 and an **ABN** is required.

Screening Fecal Occult Blood: A fecal-occult blood test (guaiac-based or immunoassay-based) is covered for Medicare beneficiaries age 50 and over once each year if at least 11 months have passed following the month in which the last Medicare covered screening fecal occult blood test was performed.

HCPCS code is 82270 (Guaiac-based fecal-occult blood test) performed at WMHS Lab and an **ABN** is required.

Cardiovascular Disease Screening Tests: The following tests may be used to report clinical laboratory tests to detect early risk of cardiovascular disease:

82465 Cholesterol; 83718 HDL Cholesterol; 84478 Triglyceride and 80061 Lipid Panel. The tests may be ordered individually or as a lipid panel. Frequency is limited to one of each individual test or one lipid panel every 5 years. The National Coverage Determination will accept special screening codes for these tests and an **ABN** is required.

Diabetes Screening Tests: Medicare covers two screening tests per calendar year for individuals diagnosed with pre-diabetes. Medicare covers one screening test per calendar year for individuals previously tested who were not diagnosed with prediabetes, or who never tested before.

The following codes are covered if all other conditions are met: 82947 Glucose; 82950 Glucose, post glucose and 82951 Glucose Tolerance Test - 3 specimens.

ICD-9 code of V77.1 (special screening for diabetes mellitus) is used to indicate the test is for diabetes screening and an **ABN** is required.

WESTERN MARYLAND HEALTH SYSTEM OUT-PATIENT DRAWING STATIONS

★ **JOHNSON HGTS MEDICAL BUILDING**

625 Kent Avenue
Cumberland, MD 21502
Mon.-Th. 7:00 a.m. - 5:30 p.m.
Fri. 7:00 a.m. - 3:30 p.m.
Phone: 240-964-4205
Fax: 240-964-4206

★ **FROSTBURG DIAGNOSTIC CENTER**

Frostburg Plaza
Frostburg, MD
Mon.-Fri. 7:00 a.m. - 4:00 p.m.
Sat. 7:00 a.m. - 12:00 p.m.
Phone: 301-689-3971

★ **WESTERN MARYLAND OUTPATIENT
DIAGNOSTIC CENTER (WMODC)**

12400 Willowbrook Road
Cumberland, MD 21501-0539
Mon.-Fri. 7:00 a.m. - 5:00 p.m.
Sat. 7:00 a.m. - 12:30 p.m.

★ **REGIONAL MEDICAL CENTER
DIAGNOSTIC IMAGING (RMCDI)**

12500 Willowbrook Road
PO Box 539
Cumberland, MD 21501-0539
Mon.-Fri. 6:30 a.m. - 5:00 p.m.
Sat. 7:00 a.m. - 12:00 p.m.