

Label
 4 1/16" from left stuf perf
 5/8" from top

Use with doc id 041670999 Label Area

--	--	--	--

Patient's Name (Last)		(First)	(MI)	Sex	MO	Date of Birth DAY YR		Collection Time : AM PM		MO	Collection Date DAY YR	
Physician's Name				NPI/UPIN		Patient's SS#			Patient ID#			
ICD-9 Code(s) Diagnosis/Sign and Symptoms												
Medicare #				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary		Medicaid #			Eff. Date			
Patient Address					City			State	Zip	Phone		
Responsible Party (If different than Patient)					City			State	Zip	Phone		
Address of Responsible Party					City			State	Zip			
Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			Insurance Company Name			<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Plan		Member #		Group #		
Company Address				Physician ID #		City			State	Zip		
Employer Name					Insured SS#			Workers Comp		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Medicare Advanced Beneficiary Notice (ABN)

Please Submit a separate ABN when ordering tests that do not pass Medical Necessity Screening

: Frequency limited coverage test
 @ : Medicare specific limited coverage
 * : Investigational use per Medicare

Note: Physicians should only order tests which are medically necessary for the treatment of the patient when Medicare or Medicaid are to be billed for services. Components of Organ/Disease Panels shown below can be ordered individually (see reverse side)

STANSET® Standard Register® Third Copy - Client Second Copy - Lab First Copy - Lab

SST	ST	FT	R	P	LAV	BL	GY	DGR	LGR	RYB	YEL	UR	UC	24U	ST	GV	OV	SL	PR	SW	TN	*
GOLD	SER TRANS	FRZ TRANS (S/P)	RED	PINK	LAVENDER	LT BLUE	GRAY	DK GRN	LT GRN	ROY BLUE	YEL ACD	UR TUBE	UR CUL TUBE	24 HR URINE	STERILE CLP	GRN VIAL	ORG VIAL	SLIDE	PROBE	SWAB	TAN	SPEC HAND

LAB USE ONLY

Accesed by: _____ Acc# _____ TIQ _____ CB Code _____ Send Out _____

The Reference Laboratory at the University of Illinois Medical Center's policy is to instruct physicians to choose panels only when each component is deemed medically necessary for the treatment of the patient.

Periodic notices will be sent to our valued clients regarding policy updates, CPT code changes and other information regarding billing for services to Medicare, Medicaid and other third party payers. The CPT codes listed here and on the front of the requisition are in accordance with the 2004 edition of the AMA Current Procedural Terminology. CPT codes are provided as a convenience to our clients, however please refer to your carrier as coding can vary from one carrier to the next.

ORGAN/DISEASE PANELS

	CPT Code	Electro Panel 80051	Basic Metabolic 80048	Comp Metabolic 80053	Hepatic Function 80076	Acute Hepatitis 80074	Renal Panel 80069	Gen Hlth Panel 80055	Lipid Panel 80061
Panel components									
Carbon Dioxide	82374	X	X	X			X	X	
Sodium	84295	X	X	X			X	X	
Potassium	84132	X	X	X			X	X	
Chloride	82435	X	X	X			X	X	
Albumin	82040			X	X		X	X	
Alkaline Phosphatase	84075			X	X			X	
ALT (SGPT)	84460			X	X			X	
AST (SGOT)	84450			X	X			X	
Bilirubin, Direct	82248				X				X
Bilirubin, total	82247			X	X				
BUN	84520		X	X			X	X	
Creatinine	82565		X	X			X	X	
Glucose	82947		X	X			X	X	
Calcium	82310		X	X			X	X	
Cholesterol	82465								X
Phosphorus	84100						X		
Total Protein	84155			X	X			X	
Triglycerides	84478								X
HDL	83718								X
CBC w/diff (or w/o diff)	85027 or 85025							X	
TSH	84443							X	
HAV Antibody,IgM	86709					X			
HBcAb,IgM	86705					X			
HBsAg	87840					X			
HCV Antibody	86803					X			

"The ordering of medically unnecessary testing for Medicare of Medicaid patients may result in significant fines and penalties under the Civil False Claims Act"

SCREENING FOR MEDICAL NECESSITY AND OBTAINING AN ABN (Advanced Beneficiary Notice)

- * Determine your patient's diagnosis and reason for the test(s) you are about to order
- * Translate signs and symptoms into ICD-9 codes to the highest specificity and document on front of requisition.
- * Screen the test (s) ordered and determine if it is/are subject to Local Medical Review by the Medicare carrier in the state where lab services are going to be performed.

NOTE: If a test is considered investigational or for research purposes by Medicare, an ABN should be completed.

COMPLETING THE ABN

To be considered a valid ABN the following criteria must be met:

- * The CMS approved ABN form must be used
- * Document patient's Medicare Part B Identification number and Beneficiary Information.
- * Specify the test/procedure(s) which may be denied along with the appropriate reason.
- * Option 1 or Option 2 must be chosen by patient/beneficiary
- * ABN must be signed and dated by the patient/beneficiary or his/her designee prior to any procedure being performed.

SAME AS 1

SAME AS 1

SAME AS 1

SAME AS 1