



**OUTPATIENT/SPECIMEN LABORATORY
ORDER FORM – B**

- Bill Patient or Insurance
- Bill Client Account
- Bill Medicare

PHYSICIAN OFFICE: Call Centralized Scheduling
 (217) 757-6565 or send signed form with patient or
 FAX to (217) 757-6874. To contact the lab call
 (217) 544-6464, ext. 44120 or FAX to (217) 535-3775.

HHS
 Tech. Code: _____

PLEASE PRINT

Shaded tests may require ABN signed by Medicare patients.

Patient last name		First name		Middle initial	
Date of birth	Sex	Employer			
Medical record number	Social Security #	Collection date	Collection time		
Telephone (home)	Physician	Consulting physician			
Patient address		City	State	Zip	
Guarantor name	Address	City	State	Zip	
Carrier	Carrier address	City	State	Zip	
Name of insured	Policy number	Group number			
Medicare number	Medicaid number	Year of retirement			

Test Description	CPT Code	ICD10 Diagnosis	Test Description	CPT Code	ICD10 Diagnosis
* <input type="checkbox"/> Acute Hepatitis Panel	80074	_____	<input type="checkbox"/> Prenatal strep B screen	87081	_____
* <input type="checkbox"/> Hepatitis B surface antigen (HBsAG)	87340	_____	<input type="checkbox"/> Fecal leukocytes	89055	_____
* <input type="checkbox"/> Hepatitis B core antibody (HBcAB-IgM)	86705	_____	<input type="checkbox"/> Herpes cultures	87252	_____
* <input type="checkbox"/> Hepatitis a antibody (HAAb-IgM)	86709	_____			
* <input type="checkbox"/> Hepatitis C antibody	86803	_____			
MICROBIOLOGY/VIROLOGY			INDIVIDUAL TESTS		
* <input type="checkbox"/> Culture, Urine	87086	_____	<input type="checkbox"/> Amylase	82150	_____
* <input type="checkbox"/> Culture, Feces	87045	_____	<input type="checkbox"/> CA 125	86304	_____
* <input type="checkbox"/> Culture, Wound	87070	_____	<input type="checkbox"/> CA27.29	86136	_____
* <input type="checkbox"/> Culture, _____		_____	<input type="checkbox"/> Carbamazepine (Tegretol)	80156	_____
* <input type="checkbox"/> Throat culture (all organisms)	87070	_____	<input type="checkbox"/> CEA	82378	_____
<input type="checkbox"/> Throat culture (no beta strep screen)	87081	_____	<input type="checkbox"/> Cortisol	82533	_____
* <input type="checkbox"/> Throat culture (w/beta strep screen)	87081	_____	<input type="checkbox"/> CK	82550	_____
<input type="checkbox"/> GI PCR Panel, Stool	87507	_____	<input type="checkbox"/> CK-MB	82553	_____
<input type="checkbox"/> Ova & parasites (GI PCR Panel)	87177	_____	<input type="checkbox"/> Depakane (Valproic Acid)	80164	_____
<input type="checkbox"/> Clostridium Diff Toxin	87324	_____	<input type="checkbox"/> Digoxin	80162	_____
<input type="checkbox"/> PCR for Chlamydia & GC	87591 & 87491	_____	<input type="checkbox"/> Dilantin (Phenytoin)	80185	_____
<input type="checkbox"/> PCR for Chlamydia only	87491	_____	<input type="checkbox"/> Estradiol	82670	_____
<input type="checkbox"/> PCR for N gonorrhoeae only	87591	_____	<input type="checkbox"/> FSH	83001	_____
<input type="checkbox"/> Pinworm direct exam	87172	_____	<input type="checkbox"/> Fungal serology	86329	_____
<input type="checkbox"/> Vaginitis Screen	87480 87510 87660	_____	<input type="checkbox"/> Glucose (Fasting)	82947	_____
<input type="checkbox"/> Gram stain (bacteria, clue cells or BV, yeast)	87205	_____	<input type="checkbox"/> Glycosylated hemoglobin	83036	_____
<input type="checkbox"/> KOH prep (only skin, hair & nails)	87220	_____	<input type="checkbox"/> IgE	82785	_____
			<input type="checkbox"/> Imipramine (Fractionated)	80174	_____
			<input type="checkbox"/> Immunoglobulin (IgG, IgM, IgA – each)	86784	_____
			<input type="checkbox"/> Lead (include state lead form)	83655	_____
			<input type="checkbox"/> LH	83002	_____

*** Denotes tests which may reflex to additional tests. Refer to Laboratory Protocol Order Document.**

When ordering laboratory testing for which Medicare reimbursement will be sought, physicians (or other authorized individuals) should order only those tests that are considered medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. Any physician who orders a test which may be determined to be medically unnecessary by the government may be subject to civil penalties as determined by that government agency. Appropriate ICD-9 diagnosis coding must be provided to document the necessity of laboratory testing requested.

Dx/symptom ICD10-CM Code 1 _____ 2 _____ 3 _____ 4 _____

Call results YES NO Date/Time _____ Physician Signature _____ M.D. (required)

A7489-B
 Rev. 12/15/15
 3-15-2018 6:30:12 PM



800 E. Carpenter Street · Springfield, Illinois 62769 JZ

Call results YES NO Date/Time: _____ M.D.



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Test Description	CPT Code	ICD10 Diagnosis	Test Description	CPT Code	ICD10 Diagnosis
<input type="checkbox"/> Lithium	80178	_____	TRANSFUSION SERVICE		
<input type="checkbox"/> Lipase	83690	_____	<input type="checkbox"/> ABO and RH	86900	_____
<input checked="" type="checkbox"/> Magnesium	83735	_____	* <input type="checkbox"/> Antibody screen	86850	_____
<input type="checkbox"/> Measles (IgG)	86765	_____	* <input type="checkbox"/> Rh Immune globulin	86999	_____
<input type="checkbox"/> Microalbumin	82043	_____	<input type="checkbox"/> Antibody titer	86886	_____
<input type="checkbox"/> Phenobarbitol	80184	_____	<input type="checkbox"/> Fetal-maternal hemorrhage quantitation	85461	_____
<input type="checkbox"/> Phosphorus	84100	_____	<input type="checkbox"/> Type and screen only		_____
<input type="checkbox"/> Progesterone	84144	_____	* <input type="checkbox"/> Type & crossmatch for _____ units		_____
<input type="checkbox"/> Prolactin	84146	_____	To be given ____/____/____		
<input type="checkbox"/> Protein Electrophoresis	84165	_____	For surgery on ____/____/____		
* <input type="checkbox"/> PSA Diagnostic	84153	_____	Component type: _____		
<input type="checkbox"/> PSA Screen	G0103	_____	<input type="checkbox"/> Transfuse _____ units of platelets		_____
<input type="checkbox"/> PTH intact molecule	83970	_____	<input type="checkbox"/> Random donor or <input type="checkbox"/> selected donor		
<input type="checkbox"/> Rubella screen IgG)	86762	_____	<input type="checkbox"/> Leuko-poor platelets		
<input type="checkbox"/> Testosterone	84403	_____	<input type="checkbox"/> Leuko-poor irradiated platelets		
<input type="checkbox"/> Theophylline	80198	_____	<input type="checkbox"/> Other		_____
<input type="checkbox"/> Tricyclic Antidepressant (Total)	80229	_____	<input type="checkbox"/> Other		_____
<input type="checkbox"/> Troponin T	84484	_____	<input type="checkbox"/> Other		_____
<input type="checkbox"/> Vancomycin	80202	_____	<input type="checkbox"/> Other		_____
			<input type="checkbox"/> Other		_____
			<input type="checkbox"/> Other		_____
			<input type="checkbox"/> Other		_____
			<input type="checkbox"/> Other		_____
			<input type="checkbox"/> Other		_____
			<input type="checkbox"/> Other		_____

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Call results YES NO Date/Time: _____ _____ M.D.

PHYSICIAN SIGNATURE REQUIRED