

Date: _____



DEPARTMENT OF LABORATORIES
St. Louis, Missouri 63110

PHONE: (314) 362-1470
FAX: (314) 362-5735

ACCOUNT INFORMATION
NAME
ADDRESS
CITY STATE ZIP
PHONE

PATIENT
PATIENT'S NAME (LAST) (FIRST) (MI) SEX DATE OF BIRTH (MO DAY YR) PATIENT'S SS #
RACE (SEE BACK) ETHNICITY (SEE BACK) DIAGNOSIS CODE
PATIENT'S ADDRESS CITY STATE ZIP PHONE

ORDERING PHYSICIAN
BILL TO:
 ACCOUNT PATIENT/INSURANCE ALTERNATE

PATIENT'S RELATIONSHIP TO RESPONSIBLE PARTY
NAME OF RESPONSIBLE PARTY (IF DIFFERENT FROM PATIENT) SOCIAL SECURITY (INSURED SS#):
ADDRESS OF RESPONSIBLE PARTY APT # CITY STATE ZIP
DATE OF BIRTH (MO DAY YR)
MEDICAID # STATE MEDICARE # (INCLUDE PREFIX/SUFFIX) PRIMARY SECONDARY
MEDICARE RETIREMENT OR DISABILITY DATE:

STAT CALL RESULTS TO: _____ COMPLETE AND ATTACH STAT FLYER
(# _____)
 FAX REPORT TO: _____
COLLECTION TIME: AM/PM FASTING YES/NO COLLECTION DATE (MO DAY YR) URINE hrs/vol
BJH REGISTRATION #

RESP. PARTY
INSURANCE COMPANY NAME PLAN CARRIER CODE
SUBSCRIBER / MEMBER # LOCATION GROUP #
INSURANCE ADDRESS PHYSICIAN'S PROVIDER #
CITY STATE ZIP
EMPLOYER'S NAME OR NUMBER WORKER'S COMP YES NO

REGISTERED BY

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, for instance, Medicare does not cover routine screening, testing that is "investigative" or research use only, testing with quantity limits. 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.

ORGAN OR DISEASE PANELS			ALPHABETICAL TESTS CONT'			ALPHABETICAL TESTS CONT'			ALPHABETICAL TESTS CONT'		
DX CODE	(See Reverse for Components)		DX CODE			DX CODE			DX CODE		
	Electrolyte Panel	80051 (PLS)		ESTRADIOL	82670 (PLS)		POTASSIUM	84132 (PLS)			
	Basic Metabolic Panel + Glucose	80048 (PLS/GRY)		FERRITIN	82728 (PLS)		PROGESTERONE	84144 (PLS)	<input type="checkbox"/> PEAK	<input type="checkbox"/> TROUGH	<input type="checkbox"/> RANDOM
	Comprehensive Metabolic Panel + Glucose	80053 (PLS/GRY)		FOLATE	82746 (GRN)		PROLACTIN	84146 (PLS)			CARBAMAZEPINE 80156 (PLS)
	Hepatic Function Panel	80076 (PLS)		FSH, BLOOD	83001 (GRN)		PROSTATE SPECIFIC AG SCREEN	G0103 (GRN)			CYCLOSPORINE 80158 (LAV)
	Renal Function Panel	80069 (PLS/GRY)		GAMMA-GT	82977 (PLS)		PROSTATE SPECIFIC AG DIAGNOSTIC	84153 (GRN)			DIGOXIN 80162 (PLS)
	Acute Hepatitis Panel	80074 (PLS)		GLUCOSE	82947 (GRY)		PROTEIN ELECTRO, Reflex, Serum	see back (RED)			LITHIUM 80178 (RED)
	Lipid Panel (*)	80061 (PLS)		GLUCOSE TOL 50G-SCREEN	82950 (GRY)		PROTEIN, TOTAL	84155 (PLS)			PHENOBARBITAL 80184 (PLS)
	Obstetric Panel	80055 (PLAV/2RED/1PLS)		GLUCOSE TOL 100G-DIAGNOSTIC	82950 (GRY)		PT (PROTIME)	85610 (BLU)			PHENYTOIN (DILANTIN) 80186 (PLS)
	Obstetric Panel w/ HIV	80081 (2PLAV/2RED/PINK/1PLS)		GLUCOSE TOL 75G-NONPREGNANT	82951 (GRY)		PIT	85730 (BLU)			TACROLIMUS 80197 (LAV)
				GLUCOSE PREDIABETES (Dx: V77.1)			RHEUMATOID FACTOR, QUANTITATIVE	86431 (PLS)			THEOPHYLLINE 80198 (PLS)
				GLUCOSE			RPR (*)	86592 (RED)			VALPROIC ACID 80164 (PLS)
				GLUCOSE FASTING () RANDOM ()			RUBELLA IGG	86762 (PLS)			VANCOMYCIN 80202 (PLS)
				GLUCOSE TOL 50G-SCREEN			SODIUM	84295 (PLS)			
				GLUCOSE TOL 100G-DIAGNOSTIC			T3, FREE	84481 (PLS)			OTHER DRUG
				GLUCOSE TOL 75G-NONPREGNANT			TESTOSTERONE	84403 (RED)			24 HOUR URINE (+)
	ACID PHOSPHATASE, PROSTATIC	84066 (EST/ICE)		HCG-QUALITATIVE, SERUM	84703 (RED)		TESTOSTERONE, FREE	84402 (RED)			START DATE / TIME
	ALBUMIN	82040 (PLS)		HCG-QUALITATIVE, URINE	81025 (URN)		THYROID FUNCTION CASCADE (*)	84443 (PLS)			END DATE / TIME
	ALKALINE PHOSPHATASE	84075 (PLS)		HCG-QUANT., BETA	84702 (PLS)		TRIGLYCERIDE, FASTING	84478 (PLS)			
	ALPHA FETOPROTEIN (AFP) (Tumor Marker)	82105 (GRN)		HDL CHOLESTEROL	83718 (PLS)		TSH (THYROTROPIN)	84443 (PLS)			CREATININE 24 HR BATTER 82570 (24U)
	ALT (SGPT)	84460 (PLS)		HEPATOBLASTOMA ANTIBODY, IgG	86677 (PLS)		THYROID (T4), FREE	84439 (PLS)			CREATININE CLEARANCE (NEED BLOOD & URINE) 82575 (PLS/24U)
	AMYLASE	82150 (PLS)		HEMOGLOBIN A1C	83036 (LAV)		TOTAL HEMOLYTIC COMP (THC) (CH50)	86162 (RED)			PROTEIN 24 HR BATTERY 84156 (24U)
	ANA Reflex (Antinuclear Ab)*	see back (RED)		HEPATITIS A ANTIBODY (IGM)	86709 (PLS)		TYPE & SCREEN (*)	see back (PRK)			OTHER TIMED URINE (SPECIFY):
	ANA Qualitative (Antinuclear Ab)	see back (RED)		HEPATITIS B SURFACE AB	86706 (PLS)		UA REFLEX W/CULTURE	see back (URN)			
	ANTI-DS-DNA ANTIBODY	86225 (RED)		HEPATITIS B SURFACE ANTIGEN (*)	87340 (PLS)		UA REFLEX W/O CULTURE	see back (URN)			
	AST (SGOT)	84450 (PLS)		HEPATITIS B CORE IgM	86705 (PLS)		UA MACROSCOPIC	81003 (URN)			MICROBIOLOGY
	BILIRUBIN, DIRECT	82248 (PLS)		HEPATITIS C ANTIBODY	86803 (PLS)		UA MICROSCOPIC	81015 (URN)			SPECIMEN/SITE:
	BILIRUBIN, TOTAL	82247 (PLS)		HIV AG/AB COMBO	see back (PRK)		URIC ACID	84550 (PLS)			LOOK FOR:
	BUN	84520 (PLS)		IMMUNOFIX ELECTRO, SERUM	86334 (RED)		VITAMIN D 25-OH	82306 (RED)			
	C3, COMPLEMENT	86160 (PLS)		INTACT PTH	83970 (LAV)						TEST
	C4, COMPLEMENT	86160 (PLS)		IONIZED CALCIUM	82330 (PLS)						CULTURE, AEROBE (ROUTINE) ONLY** SEE BACK
	CALCIUM	82310 (PLS)		IRON, TOTAL	83540 (PLS)						STAIN, GRAM 87205
	CARCINOEMBRYONIC ANTIGEN (CEA)	82378 (GRN)		LDH	83615 (PLS)						CULTURE, FUNGAL (MYCOLOGY) 87102
	CBC with diff (see back)	85025 (LAV)		LIPASE	83690 (PLS)						CULTURE, MYCOBACTERIA (AFB) 87116
	CBC without diff (see back)	85027 (LAV)		MAGNESIUM	83735 (PLS)						HERPES PCR 87529
	CHLORIDE	82435 (PLS)		MEASLES (RUBEOLA)	83765 (RED)						OVA & PARASITES (O&P) SCREEN SEE BACK STOOL
	CHOLESTEROL	82465 (PLS)		MONO LATEX TEST	86308 (RED)						C. DIFFICILE ASSAY 87324 STOOL
	CK (CPK) TOTAL	82550 (PLS)		MUMPS-IgG SCREEN	86735 (RED)						CULTURE, BETA STREP 87081 CERVIX
	CMV, IgG	86644 (RED)		OCCULT BLOOD, NEOPLASM SCREEN	82770						CULTURE, BETA STREP 87081 VAG/RECTAL
	CORTISOL	82533 (PLS)		OCCULT BLOOD, NON NEOPLASM SCREEN	82772						CHLAMYDIA/GC AMPLIFIED PROBE SEE BACK ENDOCX/URETHRAL
	C-PEPTIDE	84681 (RED)		PHOSPHATE	84100 (PLS)						CHLAMYDIA/GC AMPLIFIED PROBE SEE BACK URINE
	CREATININE	82565 (PLS)									** SUSCEPTIBILITIES PERFORMED AUTOMATICALLY AS NEEDED
	DRUG ABUSE SCREEN UR	see back (URN)									
	ENA SCREEN (*)	86235 (RED)									
	ESR (SEDIMENTATION RATE)	85652 (LAV)									

FORM NO. 1211-1 (2/17/17)

SST	RED	LAVENDER	PHK	BLU	GRY	GRN	RYB	YEL	PLS	URN	24 U	FL	OT	BACT	O & P	PROBE	URN	CUL	STERIL	FECAL	VIRAL
SPUN	RED	LAVENDER	10ML/EDTA	LT. BLUE	GREY	DK. GREEN	RYL. BLU	ACC	MMT GRN	URINE	24 HR URINE	FLUID	OTHER	TRANSPT	KIT	TRANSPT	TRANSPT	TRANSPT	TRANSPT	TRANSPT	TRANSPT

CONTAINERS RECEIVED → Collection Time: _____ Initials: _____

CLIA #26D0438670

PATIENT DEMOGRAPHIC INFORMATION:

Race:	American Indian or Alaska Native AI	Ethnicity:	Hispanic or Latino 002
	Asian AS		Non Hispanic or Latino 003
	Black or African American BI		Unknown 004
	Native Hawaiian or other Pacific Islander . . . PI		
	White WH		
	Unknown UN		
	Some other Race SR		

TEST COMBINATION / PANEL POLICY

Barnes Jewish Hospital Department of Lab policy is to provide physicians, in each instance, with the flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/panels does not distance physicians who wish to order a test combination/panel from making deliberate decisions regarding which tests are truly medically necessary. All the tests offered in test combinations/panels may be ordered individually using the request form.

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

The CPT code(s) listed here are in accordance with the 2010 edition of Physicians' Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often 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. CPT codes 80002-80019, previously used for automated multichannel testing, have been eliminated as of January 1, 1998. New organ or disease panel CPT codes will be used instead, as noted below. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc. will be billed in addition to the primary codes when appropriate. Barnes Jewish Hospital will process the specimen for a microbiology test based on source.

ORGAN or DISEASE ORIENTED PANELS

80048 Basic Metabolic Panel	80053 Comprehensive Metabolic Panel	80061 Lipid Panel	80076 Hepatic Function Panel
Carbon Dioxide	Albumin	Cholesterol Total	Albumin
Chloride	Bilirubin, Total	High Density Cholesterol (HDL)	Bilirubin, Total
Creatinine	Calcium	Triglycerides	Alkaline Phosphatase
Potassium	Carbon Dioxide	80069 Renal Function Panel	AST (SGOT)
Sodium	Chloride	Albumin	ALT (SGPT)
Urea Nitrogen	Creatinine	Calcium	Bilirubin Direct
Glucose	Alkaline Phosphatase	Carbon Dioxide	Protein Total
Calcium	Potassium	Chloride	81003 Urine Reflex w/Culture
	Protein, Total	Creatinine	Urine Macroscopic - 81003
80051 Electrolytes Panel	Sodium	Glucose	Urine Microscopic (if indicated) - 81015
Carbon Dioxide	AST (SGOT)	Phosphate	Urine Culture (if indicated) - 87086
Chloride	Urea Nitrogen	Potassium	Urine Reflex w/o Culture
Potassium	Glucose	Sodium	Urine Macroscopic - 81003
Sodium	ALT (SGPT)	Urea Nitrogen	Urine Microscopic (if indicated) - 81015
80055 Obstetric Panel	80081 Obstetric Panel w/HIV	80074 Acute Hepatitis Panel	
Complete Blood Count	ABO/Rh	Hepatitis A AB IGM	
Hepatitis B surface antigen (HBsAg)	Antibody screen	Hepatitis B Core AB IGM	
Rubella Antibody IgG	Hepatitis B Surface Ag	Hepatitis B Surface AG	
RPR	Rubella AB	Hepatitis C AB	
Type and Screen	CBC		
	HIV 1/HIV 2		

Indicates Reflex Testing Refer to Laboratory Test Catalog

ANA REFLEX (ANTINUCLEAR AB)

- ANA Screen - 86038
 - ANA Titer (if appropriate) - 86039
 - ds-DNA (if appropriate) - 86225
- ANILANA QUALITATIVE**
- ANA Screen - 86038
 - ANA Titer (if appropriate) - 86039

CBC WITHOUT DIFF - 85027

(No Automated Differential)

- * Hematocrit
- * Hemoglobin
- * Indices
- * Platelet Count and MPV
- * RBC
- * WBC
- * NRBC

CHLAMYDIA / GC AMPLIFIED PROBE

- Probe Amp C. trachomatis - 87491
- Probe Amp N. gonorrhoeae - 87591

COMPLETE BLOOD COUNT (CBC) - 85025

(With Automated Differential & Platelet Count)

- * Six Part Differential
- * Hematocrit
- * Hemoglobin
- * Indices
- * Platelet Count and MPV
- * RBC
- * WBC
- * NRBC

CULTURE, AEROBE (ROUTINE)

CPT Code is dependent on specimen type.

- Routine stool (enteric) culture look for Salmonella and Shigella - 87045
- Routine stool (enteric) culture look for additional pathogens - 87046
- Routine culture (any source except blood, stool, or urine) - 87070
- Routine urine culture (no growth on culture) - 87086
- Routine urine culture (growth on culture) - 87088

DRUG ABUSE SCREEN, URINE

- Amphetamines Class
- Barbiturates Class
- Benzodiazepines Class
- Cannabinoids
- Cocaine Metabolite
- Methadone
- Opiates Class
- Oxycodone
- Phencyclidine

ENA SCREEN

- ENA screen - 86235
- Antibody ID's (if appropriate) - 86235 x 4

HEPATITIS B SURFACE ANTIGEN

- HBsAg - 87340
- Neutralization (if appropriate) - 83741

HIV/AG COMBO

- HIV 1-2 Antibody - 89389
- HPV-1 Multi spot - 86701
- HIV 2 Multi spot - 86702
- HPV RNA (if appropriate) - 87536

O & P EXAM SCREEN

- Cryptosporidium Antigen - 87328
- Giardia Antigen - 87329
- Request O&P Complete Microscopic if comprehensive exam is needed.

ADDITIONAL CPT CODES

- O&P Smear & Identification - 87177
- Trichrome Stain - 87209

PROTEIN ELECTRO, REFLEX, SERUM

- * Protein Electrophoretic fractionation and quantitation - 84165
- * Immunoglobulin free light chains (if appropriate) - 83883 X2
- * Immunofix electrophoresis (if appropriate) - 86334

THYROID FUNCTION CASCADE

- TSH - 84443
- FREE T4 (if appropriate) - 84439

TYPE AND SCREEN

- ABO Typing - 86900
- Antibody Screen - 86850
- Rh Typing - 86901