Physician Order

Finley Hospital Lab
Fax: (563) 589-2693
Phone: (563) 589-2431

UnityPoint Health
Finley Hospital

(PRINT) PATIENT'S NAME (Last, First, Middle Initial)	D.O.B.	SEX: ☐ Male ☐ Female	Collection Date ___/___/___ Time _____
Patient Address	Patient Phone Number		Phleb:
Ordering Provider (PRINT)	**Provider's Signature**	**Date:**	DXCODE(S) (ICD-10)
☐ STAT ☐ Call To:	☐ Fax To:		**Insurance Info: Attach a copy of the insurance card & guarantor information**
Patient Instruction: ☐ Do this test (Date)	☐ Fasting - 12 hours with nothing to eat ordrink except water (according to thirst)		☐ Non-Fasting - may eat and drink (your normal diet)

X	PANELS	CPT Code
	Basic Metabolic - LAB15 Na, K, Cl, CO_2, Ca, glucose, BUN, Creat	80048
	Comprehensive Metabolic - LAB17 Basic Met, TP, Alb, Tblli, ALT,AST,ALKP	80053
	Electrolyte - LAB16 (Na, K, Cl, CO_2)	80051
	Hepatitis* - LAB551 (HBsAg, HBcAb IgM, HAVAb IgM,HCVAb)	80074
	Lipid* - LAB18 (Chol, HDL,Trig, Calc LDL)	80061
	Liver Function - LAB20 (TP, Alb, T bili, D bili, ALT, AST, ALKP)	80076
	Renal - LAB19 (Basic Met, Alb, Phos)	80069
	CHEMISTRY/IMMUNOASSAY	
	Albumin - LAB45	82040
	Alkaline Phosphatase - LAB112	84075
	ALT (SGPT) - LAB132	84460
	ANA - LAB147	86038
	AST (SGOT) - LAB131	84450
	Bilirubin, Direct - LAB52	82248
	Bilirubin, Total - LAB50	82247
	Bilirubin, Fx – LAB168	82247 82248
	BUN - LAB140	84520
	Calcium - LAB53	82310
	Cholesterol* - LAB60	82465
	Creatinine - LAB66	82565
	CRP - LAB 149	86141
	Digoxin* - LAB23	80162
	Ferritin* - LAB68	82728
	Folate, Serum - LAB69	82746
	Glucose* - LAB2474	82947
	Hemoglobin A1C - LAB90	83036
	HCG, Serum Quant - LAB143	84702
	Hepatitis B Sur Antibody - LAB472	86760
	Hepatitis B Sur Antigen - LAB471	87340
	Hepatitis C Antibody - LAB868	86803
	HIV 4th Gen Screen - LAB5383	87389
	Iron* - LAB94	83540
	Iron & TIBC* - LAB829	83540 83550
	Lactate – LAB95	83605
	LDL, Direct* - LAB102	83721

X	CHEMISTRY/IMMUNOASSAY	CPT Code
	Lipase - LAB99	83690
	Lithium - LAB29	80178
	Magnesium - LAB103	83735
	Mono Test - LAB482	86308
	Parathyroid Hormone(PTH) – LAB108	83970
	Phosphorus - LAB113	84100
	Potassium - LAB114	84132
	Pro-Brain Natriuretic Peptide (PBNP) - LAB2670	83880
	Procalcitonin – LAB2677	84145
	PSA, Screening* - LAB2683	G0103
	PSA, Diagnostic* - LAB116	84153
	Sodium - LAB122	84295
	T4, Free* - LAB127	84439
	T4, Total* - LAB126	84436
	hsTroponin T - LAB7037	84484
	TSH* - LAB129	84443
	Uric Acid - LAB141	84550
	Vancomycin, Random – LAB40	80202
	Vitamin B12 - LAB67	82607
	Vitamin D Total (25 - HydroxyVitamin D)* - LAB535	82306
	URINE SPECIMEN	
	Creatinine Clearance (Serum & Urine Required) – LAB383	82575
	Drugs of Abuse Screen – LAB2898	80307
	HCG, Urine, Qualitative – LAB437	84703
	Urinalysis w/Reflex testing - LAB3914 ☐ CC ☐ Indwell Cath ☐ Simple Cath	81003 or 81001
	Urine 24 HR Protein – LAB441	84156
	Microalbumin/Creatinine Ratio, Random Urine – LAB689	82043
	Microalbumin, Random Urine – LAB2109	82043
	Urine Culture* - LAB239 ☐CC ☐ Indwelling Cath ☐ Simple Cath	87086
	BLOOD BANK	
	ABO/Rh - LAB895	86900 86901
	Antibody Screen - LAB278	86850

X	HEMATOLOGY/COAGULATION	CPT Code
	CBC w/differential* - LAB293	85025
	CBC w/o diff (Hemogram)* - LAB294	85027
	WBC & Differential* - LAB334	85004
	WBC* - LAB299	85048
	Hemoglobin* - LAB291	85018
	Hematocrit* - LAB289	85014
	Platelet Count* - LAB301	85049
	Sedimentation Rate (ESR) - LAB322	85652 85651
	D-Dimer - LAB2810	85379
	Protime & INR* - LAB320	85610
	PTT* - LAB325	85730
	MICROBIOLOGY/VIROLOGY/MOLECULAR	
	Culture Source:	
	Anaerobic Culture LAB233	87075
	Blood Culture – LAB462 ☐ 1 Set ☐ 2 Sets	87040
	Body Fluid Culture - LAB269	87070 87205 87075
	C-difficile toxin by PCR - LAB2162	87493
	Chlamydia/GC by PCR - LAB7526	87491 87591
	Fecal Occult Blood, Screen* - LAB4079	82274
	Fecal Occult Blood, Diagnostic* - LAB4080	82274
	Herpes Simplex Virus, PCR (non-blood) – LAB917	87529x2
	Herpes/Varicella PCR – LAB6320	87529x2
	Influenza A/B - LAB4192	87804
	MRSA Nasal PCR LAB2202	87641
	Respiratory Culture - LAB2194	87070 87205
	RSV PCR - LAB5115	87798
	SARS-CoV w/ Flu A/B, RSV - LAB3208	0241U
	SARS-CoV w/Influenza A/B - LAB3207	0240U
	SARS-CoV2 (COVID-19) – LAB1983	87635
	Standard Infectious Stool PCR Panel - LAB5043	87507 & 87505
	Strep A PCR - LAB6555	87651
	Syphilis Antibody – LAB5650	86780
	Trichomonas, PCR – LAB921 ☐Swab ☐Urine	87661
	Vaginitis Panel – LAB3721	0352U
	Wound Culture - LAB503	87070 87205

Notification to Providers and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will be Sought: Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests for which documentation, including the patient record does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests. **Complete the ABN** for tests that Medicare will not consider "medicallynecessary" for the noted diagnosis. Procedures governed by local or national coverage determination (LCD or NCD) arefound in the Medicare A and Medicare B publications and listed on their respective websites: www.iammedicare.com (Part A) and www.nordian.com (Part B.) [*] Asterisk indicates test is governed by a coverage determination.

OTHER

_____

_____

_____

Outpatient Laboratory Requisition

FH-FORM-0025
Rev. 12/2023