

COMPLETING THE REQUISITION

Valid Lab Requisition Requirements:

FOR LAB USE ONLY:
MR# _____
ACCT.# _____

 **Ascension
Sacred Heart**
Pensacola
5151 N. 9th Ave. • Pensacola, FL 32504 • Ph: 850-416-7796

Test Requisition

PLEASE PRINT

Scheduling:

Phone: 416-6800, Option 1
Hours: M - F, 7:00 a.m. - 5:30 p.m.
Lab Order Fax Server: 416-7337

PATIENT'S NAME:

Last First MI

ADDRESS: _____

PHONE: _____

SEX: _____ RACE: _____ DOB: ____/____/____ SSN: ____-____-____

Home Health Care Agency: _____

Insurance Carrier: _____

Guarantor: _____

Subscriber's Name: _____ Relationship: _____

Policy #: _____ Group #: _____ Plan #: _____

Insurance Authorization #: _____ Exp. Date: _____

PHYSICIAN'S NAME: (Print first/last)

PHYSICIAN'S SIGNATURE:

Copy to Physician: _____

Physician's (Print first/last)
Phone Number: _____

Order Date: _____

☐ FAX Report To:

☐ Telephone Report

Fax #:

Phone #:

Form Completed By: _____

Date Collected: _____

Time Collected: _____ AM PM

Collected By: _____ Initials

☐ **Diagnostic Center Main Hospital**
5151 N. 9th Ave.
Ph: 416-7796

☐ **Children's Hospital Main Hospital**
1 Bubba Watson Dr.
Ph: 416-2826

☐ **Diagnostic Center Airport Medical Park**
1549 Airport Blvd.
Ph: 416-7796

☐ **Medical Park at Milestone**
2156 W 9 Mile Rd., Ste C
Ph: 416-4090

☐ **Medical Park at Perdido**
13137 Sorrento Road
Ph: 416-7906

☐ **Gulf Breeze Tiger Point**
4033 Gulf Breeze Pkwy.
Ph: 416-1281

☐ **Pace Medical Park**
3754 U.S. 90
Ph: 416-5940

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. In the event that Sacred Heart Hospital Lab cannot perform a test ordered, a Reference Lab will be utilized. The Reference Lab will bill directly for tests performed.

TEST NAME

DIAGNOSIS CODE

☐ Routine ☐ Stat ☐ Fasting CPT CODE

<input type="checkbox"/> Alkaline Phosphatase	84075
<input type="checkbox"/> Alanine Aminotransferase (ALT)	84460
<input type="checkbox"/> Aspartate Aminotransferase (AST)	84450
<input type="checkbox"/> Bilirubin Direct (DBIL)	82248
<input type="checkbox"/> Bilirubin Total (TBIL)	82247
<input type="checkbox"/> Calcium Level Total	82310
<input type="checkbox"/> Complete Blood Count with Differential	85025
<input type="checkbox"/> CBC Hemogram	85027
<input type="checkbox"/> Cholesterol Total	82465
<input type="checkbox"/> C Reactive Protein (CRP Quant)	86140
<input type="checkbox"/> Creatinine Level	82540
<input type="checkbox"/> Digoxin Level	80162
<input type="checkbox"/> Phenytoin Level Total (Dilantin)	80185
<input type="checkbox"/> Thyroxine Free (Free T4)	84439
<input type="checkbox"/> Gamma Glutamyl Transferase (GGT)	82977
<input type="checkbox"/> Glucose Level	82947
<input type="checkbox"/> Hemoglobin A1c	83036
<input type="checkbox"/> Cholesterol High Density Lipid	83718
<input type="checkbox"/> LDL Direct	83721
<input type="checkbox"/> Magnesium Level	83735
<input type="checkbox"/> Microalbumin Creatinine Ratio	82043
<input type="checkbox"/> Potassium Level	84132
<input type="checkbox"/> Prothrombin Time (PT with INR)	85610
<input type="checkbox"/> Prostate Specific Antigen	84153
<input type="checkbox"/> PSA Screen (Medicare)	G0103
<input type="checkbox"/> Partial Thromboplastin Time (PTT)	85730
<input type="checkbox"/> Sedimentation Rate	85651
<input type="checkbox"/> Sodium Level	84295
<input type="checkbox"/> T4 Total	84436
<input type="checkbox"/> Theophylline Level	80198
<input type="checkbox"/> Triglycerides	84478
<input type="checkbox"/> Thyroid Stimulating Hormone (TSH)	84443, 84439
Reflex will occur when TSH result is outside established normal range	
<input type="checkbox"/> TSH with Reflex free T4	84443
<input type="checkbox"/> Urinalysis with Microscopic	81001
Urine Type: <input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath <input type="checkbox"/> In/Out	
<input type="checkbox"/> Do Urinalysis w/ Culture, if indicated	87086
<input type="checkbox"/> Other	

MICROBIOLOGY CULTURES

CPT CODE

DIAGNOSIS CODE

Specimen Description:

<input type="checkbox"/> Acid Fast Bacilli Culture with AFB Smear	87116 / 87206 / 87015
<input type="checkbox"/> Bronchoscopy Culture w/Smear	87070 / 87015 / 87205
<input type="checkbox"/> Ear Culture w/ Smear Aerobic	87070 / 87205
<input type="checkbox"/> Eye Culture w/Smear Aerobic	87070 / 87205
<input type="checkbox"/> Fluid Culture w/Anaerobes and Smear	87070 / 87205 / 87015 / 87075
<input type="checkbox"/> Fungus Culture with Smear	87102 / 87205
<input type="checkbox"/> Genital Culture with Smear	87070 / 87205
<input type="checkbox"/> Respiratory Culture with Smear	87070 / 87205
<input type="checkbox"/> Skin Culture w/ Smear	87070 / 87205
<input type="checkbox"/> Stool Culture	87045 / 87046
<input type="checkbox"/> Throat Culture	87070
<input type="checkbox"/> Tissue Culture w/ Anaerobes and Smear	87070 / 87176 / 87205 / 87075
<input type="checkbox"/> Urine Culture <input type="checkbox"/> Clean catch <input type="checkbox"/> In/Out Cath <input type="checkbox"/> Foley	87086
<input type="checkbox"/> Wound Culture w/ Smear	87075 / 87070 / 87205
<input type="checkbox"/> Wound Culture w/ Anaerobes and Smear	87075 / 87070 / 87205

MICROBIOLOGY OTHER

<input type="checkbox"/> Group A Streptococcus by NAAT (Throat)	87651
<input type="checkbox"/> Group B Streptococcus by NAAT (Vaginal/Rectal)	87653
<input type="checkbox"/> Fecal blood test by IC	82274
<input type="checkbox"/> Cryptococcal Ag CSF	86403, 87899
<input type="checkbox"/> HSV 1 & 2 by NAAT	87529
<input type="checkbox"/> Clostridioides difficile by NAAT	87493
<input type="checkbox"/> Neisseria gonorrhoeae by NAAT	87591
<input type="checkbox"/> Chlamydia trachomatis by NAAT	87491
<input type="checkbox"/> Trichomonas vaginalis by NAAT	87661

☐ Other: _____

<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL (CMP)	• 80053 110
Sodium, Potassium, Chloride, CO ₂ , BUN, Glucose, Creatinine, Total Protein, Calcium, Albumin, Bili Total, AST, Alk Phos, ALT, AG Ratio, Osmolality, AGAP, Bun/Creat Ratio	
<input type="checkbox"/> BASIC METABOLIC PANEL (BMP)	• 80048
Sodium, Potassium, Chloride, CO ₂ , BUN, Glucose, Creatinine, Calcium, Osmolality, AGAP, Bun/Creat Ratio	
<input type="checkbox"/> HEPATIC FUNCTION PANEL (HFP)	• 80076
Total Protein, Albumin, Bili Total, AST, Alk Phos, Bili Direct, ALT, Bili Indirect, AG Ratio	
<input type="checkbox"/> RENAL FUNCTION PANEL	• 80069
Sodium, Potassium, Chloride, CO ₂ , BUN, Glucose, Creatinine, Calcium, Albumin, Phosphorus, Osmolality, AGAP, Bun/Creat Ratio	
<input type="checkbox"/> ELECTROLYTE PANEL	Sodium, Potassium, Chloride, CO ₂ , AGAP • 80051
<input type="checkbox"/> LIPID PANEL	• 80061
Trig, Chol, HDL C, LDL C Calc, Chol/HDL, Non-HDL Chol, VLDL Chol	
<input type="checkbox"/> HEPATITIS PANEL	• 80074
Hep A IgM, Hep B Core Ab, Hep B Core IgM, Hep Bs Ag, Hep C Ab	
<input type="checkbox"/> Other	

For a complete listing see the Sacred Heart Health System Directory of Clinical Laboratory Services

Total Tests Ordered:

1 Patient First and Last Name & Date of Birth

This must be Printed and Legible. Patient's Legal Name as identified on a government ID must be used. The DOB must be written as MM/DD/YYYY.

2 Ordering Provider First and Last Name

This must be Printed and Legible. Providers' full name must be printed for the lab to properly select the ordering provider linked to this encounter. "Dr. Smith": does not distinguish from the numerous practicing doctor Smith's. This may result in a doctor not receiving their patient's lab results or the lab result going to the wrong doctor. If NPI is known you may provide.

Physician's Signature is required on all lab orders. Unsigned physician orders or unsigned requisitions alone do not support physician intent to order.

- Physicians should sign all orders for diagnostic services to avoid potential denials
- An unsigned order or requisition listing of specific tests is only acceptable if it is accompanied by an authenticated medical record supporting the physician's intent to order the tests.

3 Diagnosis Codes

Also known as International Classification of Diseases (ICD), Code Requirements are mandatory for Billing Processing. Providers should provide as many applicable diagnosis codes as possible to adequately cover Lab Diagnostic Testing.

4. Billing Information or Insurance

ASHP Laboratories can provide the convenience of third party billing for all clients. We will attempt to bill every insurance, however, for specific participation information, the patient must contact their member services.

In Addition to the other requirements highlighted on this document, the following is **required for the below Billing Options.**

Option 1: Insurance Billing

For third party billing - a copy of both sides of the insurance card or the following information must be provided:

- Patient's full address
- Patient's current area code and telephone number
- Subscriber's Name and Relationship (if different from patient)
- Insurance Carrier's complete name
- Insured policy number/Insurance ID Number
- Insured Group Number

Option 2: Medicare Billing

If the patient is covered by Medicare, please also supply the following information:

- Medicare HIC number which includes 9-digit number AND alpha prefix

Option 3: Patient Billing

In lieu of the third-party billing option, clients may choose to have their patients billed directly for lab services We require the following information:

- Patient's Full Address
- Patient's current area code and telephone number
- Guarantor and Relationship to Patient (if patient is a Minor)

****Note if the patient does not have insurance coverage, the patient will be billed directly. We accept all major credit cards, personal checks, and money orders

Option 4: Client Account Billing

Client Accounts of Ascension Sacred Heart will have an assigned Client Account Name. If not using your Customized Requisition the following needs to be completed.

- Guarantor: *Client Account, Client Account Name* (as it appears on your billing statement)

****Note: In order to select this billing option, prior arrangements must be made with our Outreach Client Services department to establish credit and set up an account

5 Order Date

Enter order date.

6 Date and Time of Specimen Collection

This is important to assess specimen viability for testing, and is in addition to properly labeling the specimens.

7 Select Lab Tests

Check the box to order a test or profile. For insurance, clearly provide the diagnosis codes for each component ordered.