
COMPLETING A CMC LABORATORY REQUISITION

It is imperative that information supplied on the requisition be legible, current and complete to insure proper patient identification, physician reporting and billing compliance.

If submitting a specimen, it is imperative to include all current patient information to include patient demographics and insurance criteria.

While a provider's signature is not required for lab requests, clarification of the "requesting provider" on the requisitions is necessary to ensure reporting. The provider's first name must be included in the event there is more than one provider by that last name.

Test Clarification at the time of order if more than one choice exists eliminates delays in the patient process and interruption to your office.

The lab will call to clarify test orders that are not specific if more than one test exists for the request. Example: CBC, should it be "with a differential" or "without a differential"?

Providing appropriate ICD 9 codes (signs and symptoms) for tests requests will reduce the need to bill your patient and support patient compliance with your test requests.

The lab requires that tests requests be supported by an ICD9 code that shows signs or symptoms and is medically necessary. It is important to record the code to the highest decimal place. The lab will supply a Limited Coverage Book that lists national and local limited coverage tests and their supporting codes to assist with this process.

The lab will attempt to have the patient sign an Advanced Beneficiary Notice when the diagnosis provided does not support the test requested. On completion of the notice the lab may bill the patient if Medicare denies the charge based on the diagnosis submitted.

On occasion this results in the patient's refusal to have the test performed.

Required areas are shaded and the Limited Coverage tests are bolded on the requisition for your convenience. This criteria also applies to electronic orders.

REQUIRED INFORMATION ON THE REQUISITION

FOR A PATIENT VISIT TO THE LABORATORY

- 1. Complete the name and date of birth of the patient**
- 2. Record the ordering providers complete name and any copy information for other providers**
- 3. List the tests (clearly defined) with supporting clinical information**
- 4. List signs and symptoms (ICD9 codes) to support medically necessary testing.**
- 5. The laboratory will gather the current patient demographics and insurance information at the visit.**

SUBMITTING A SPECIMEN TO THE LABORATORY (NO PATIENT SEEN IN THE LAB)

- 1. Complete the patient demographic information, to include the address and phone number, DOB and gender.**
- 2. Supply a "face sheet" with the patient insurance information or record the billing information in the space provided on the requisition.**
- 3. Record the ordering providers complete name and any copy information for other providers**
- 4. List the tests (clearly defined). List the source if it is a culture. List the tests with supporting clinical information for Surgical Pathology and Cytology submissions.**
- 5. List signs and symptoms (ICD9 codes) to support medically necessary testing**
- 6. Complete the collection information, date, time and initials of the collector. 2-10**