

# General Laboratory Ordering Information

## Outpatients

Outpatient orders may be requested by phone, fax, written on a Pathology Laboratory requisition or written on a physician prescription blank. All phoned in orders must be followed by written orders within 14 days. At the time of registration, provider orders, diagnosis, insurance, and patient demographic information must be provided.

## Referred Specimens

Referred Specimens must be accompanied by a written request. The provider orders, diagnosis, insurance, and patient demographic information must be provided.

## Add-On Orders

Additional orders to specimens already collected must have a written order faxed or sent to the laboratory.

## Required Information for Paper Requisitions

1. **Patient's Full Name:** Include first and last name with middle initial. Do not use nicknames.
2. **Patient Location:** This should be the outpatient location, physician office, or sending facility. This information is used to send reports back.
3. **Patient Date of Birth and Sex:** Reference ranges are age and sex dependent. Date of birth also is used as a unique identifier.
4. **Patient Identification number:** Referral specimens may use social security number, date of birth and/or requisition number as a unique identifier.
5. **Ordering Physician:** The physician ordering the test is provided with the report.
6. **Date, Time, and Collector of the Specimen:** The date and time are used to validate certain results.
7. **Tests Requested:** Tests that are ordered should be checked, circled or clearly handwritten.
8. **Diagnosis Codes (ICD-10-CM) :** Diagnosis codes must be included to bill all third party payers and to validate medical necessity for certain laboratory orders.
9. **Signed ABN (if indicated):** If there is reason to believe Medicare will not pay for a test, the patient must be informed. The patient must sign an Advanced Beneficiary Notice (ABN) to indicate that the patient is responsible for the cost of the test. This signed ABN must accompany the requisition.

## Turnaround Times by Priority and Delays

Testing priorities and turnaround expectations include:

- a. STAT - Sixty (60) minutes from receipt in the laboratory to completion of tests with an analytical time of less than one (1) hour.
- b. Timed - Sixty (60) minutes from receipt in the laboratory to completion of tests with an analytical time of less than one (1) hour or next schedule test run/same day turnaround.
- c. Routine - Same day turnaround or next scheduled test run.
- d. Many tests can be performed quickly while others may not technically be performed in the time frames above. Tests expected turnaround time is included in the Laboratory Testing Guide located at [www.pathologylab.org](http://www.pathologylab.org)

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If unexpected and extended delays are encountered, the laboratory will notify the requesting location as to the delay and expected actions and the timeframe of the delay.

## Unlisted Tests

New tests and procedures are added throughout the year; therefore, some tests may not be included in the Laboratory Testing Guide. If you need a test that is not listed, please call Pathology Laboratory for more information.

## Ordering Guidelines for Medicare

When ordering tests for federally funded programs such as Medicare/Medicaid, the following requirements may apply.

1. Only tests that are medically necessary for the diagnosis or treatment of patients should be ordered. Medicare does not pay for screening tests except for certain specifically approved procedures.
2. If there is reason to believe Medicare will not pay for a test, the patient should be informed. The patient should sign an Advanced Beneficiary Notice (ABN) to indicate that the patient is responsible for the cost of the test.
3. The ordering physician must supply an ICD diagnosis code.
4. An organ or disease oriented panel should be ordered only when all the components of the panel are medically necessary
5. Medicare National Limitation Amounts for CPT (Current Procedure Terminology) are available through Centers for Medicare and Medicaid Services (CMS) or its intermediaries. Questions concerning utilization of CPT codes should be addressed with the Medicare Administrative Contractor or MAC.

## Testing Methodology

Testing methodologies are listed in the Laboratory Testing Guide at [www.pathologylab.org](http://www.pathologylab.org) and specific procedural information is available upon request by clients or clinicians.

## Laboratory Testing Guide

The information in the Laboratory Testing Guide is current; however, changes to specimen requirements can occur periodically with changes in methodology. Please contact Pathology Laboratory if there are questions.

## Cancellation of Tests

Cancellations received prior to test set-up will be honored at no charge. Requests received after test set-up cannot be honored. Reports and charges will be issued to the client.