

CARE NETWORK CLINICAL LABORATORY REQUISITION

STAT **CALL RESULTS** **FAX RESULTS** ***RED TEXT REQUIRED FIELDS**

Patient's Legal Name (Last, First, MI) AND CHLA MRN # (if applicable)			Physician Name (Last, First, MI) / Practice Name		
Date of Birth (Mo/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number	Physician Address		
Address			City	State	Zip
City			State	Zip	
Race/Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Other					
Bill To: <input type="checkbox"/> INSURANCE <input type="checkbox"/> CONTRACT		Insurance Co. Name & Network Info (HMO NOT ACCEPTED)		Requesting Physician Name: _____ Diagnosis Code(s): List all	
Responsible Party Name (Last, First)			Uninsured <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insured/Subscriber Name- HMO NOT ACCEPTED		Date of Birth (Mo/Day/Year)		Anti-SARS-CoV-2 Antibody IgG Testing: Viral Symptoms: Yes, No, Unknown If YES, Date of Onset of symptoms: (MM/DD/YYYY) _____	
Member/Policy/ID#	Group #	Authorization #		Physician Signature	
INDICATE REQUESTED TESTS WITH ✓			Tube color: L-lavender G-green R-red LB-light blue U-urine RB-royal blue Y-yellow ACD NPW-NP wash only		
NPS-NP swab in UTM O-Other GLD-Gold MG-mint green ES-E-Swab			* - alternate specimen types acceptable, please call 877.543.9522 for details		
Panels (see back)		CPT	Immunology (cont.)		CPT
<input type="checkbox"/>	GLD Electrolyte Panel	80051	<input type="checkbox"/>	R Mononucleosis Screen	86308
<input type="checkbox"/>	GLD Basic Metabolic Panel	80048	<input type="checkbox"/>	R Prealbumin	84134
<input type="checkbox"/>	GLD Comprehensive Metabolic Panel	80053	Chemistry		
<input type="checkbox"/>	GLD Lipid Panel	80061	<input type="checkbox"/>	GLD Albumin	82040
<input type="checkbox"/>	GLD Hepatic Function Panel	80076	<input type="checkbox"/>	GLD Alkaline Phos	84075
<input type="checkbox"/>	R Celiac Diagnostic Panel	8284(x1), 83516(x4)	<input type="checkbox"/>	GLD ALT (SGPT)	84460
<input type="checkbox"/>	R Celiac Screening Panel	8284, 83516(x1)	<input type="checkbox"/>	GLD AST (SGOT)	84450
<input type="checkbox"/>	O Respiratory Viral Panel 1 – PCR	87631	<input type="checkbox"/>	GLD Amylase	82150
<input type="checkbox"/>	O HSV1/2 and VZV PCR*	8798, 8829(x3)	<input type="checkbox"/>	GLD Bilirubin, Fractionated	82248
Hematology			<input type="checkbox"/>	GLD Bilirubin, Neonate	82251
<input type="checkbox"/>	L Hemoglobin	85018	<input type="checkbox"/>	GLD Bilirubin, Total	82247
<input type="checkbox"/>	L Hematocrit	85014	<input type="checkbox"/>	GLD BUN	84520
<input type="checkbox"/>	L CBC	85027	<input type="checkbox"/>	GLD LH (Luteinizing hormone)	83002
<input type="checkbox"/>	L CBC with Auto	85027, 85029	<input type="checkbox"/>	GLD Calcium, Total	82310
<input type="checkbox"/>	L Sed Rate (auto)	85652	<input type="checkbox"/>	GLD Cholesterol, Total	82465
<input type="checkbox"/>	L Reticulocyte Count	85045	<input type="checkbox"/>	GLD C-Reactive Protein (CRP)	86140
<input type="checkbox"/>	Sickle Screen	85660	<input type="checkbox"/>	GLD Creatinine	82565
Coagulation			<input type="checkbox"/>	GLD Ferritin	82728
<input type="checkbox"/>	LB PT (INR)	85610	<input type="checkbox"/>	GLD FSH	83001
<input type="checkbox"/>	LB PTT	85730	<input type="checkbox"/>	GLD Glucose	82947
Urinalysis			<input type="checkbox"/>	GLD Iron	83540
<input type="checkbox"/>	U Urinalysis, Routine (w/reflex)	81003	<input type="checkbox"/>	GLD TIBC (Iron Included)	83550
<input type="checkbox"/>	U Urine, Microscopic	81015	<input type="checkbox"/>	GLD LDH	83615
Immunology			<input type="checkbox"/>	RB Lead	83655
<input type="checkbox"/>	R ANA	86039	<input type="checkbox"/>	GLD Magnesium	83735
<input type="checkbox"/>	R ASO	86060	<input type="checkbox"/>	GLD Phosphorus	84100
<input type="checkbox"/>	GLD Hep B Surface Ab	86706	<input type="checkbox"/>	GLD Potassium	84132
<input type="checkbox"/>	GLD Hep B Surface Ag	87340	<input type="checkbox"/>	U Pregnancy Test (HCG) Qual Urine	84703
<input type="checkbox"/>	R Hepatitis A Ab Total reflex HAVAB IgM	86708	<input type="checkbox"/>	R Pregnancy Test (HCG) Quant Blood	84703
<input type="checkbox"/>	R Hepatitis C Ab	86803	<input type="checkbox"/>	GLD TSH	84443
<input type="checkbox"/>	L Hgb A1C	83036	<input type="checkbox"/>	GLD Total Protein	84155
<input type="checkbox"/>	L Hgb Electrophoresis	83020	<input type="checkbox"/>	GLD Triglyceride	84478
<input type="checkbox"/>	L & R HIV 1/2 Antibodies and Antigen (w/reflex)	87389	<input type="checkbox"/>	R Triiodothyronine (T3) Total	84480
<input type="checkbox"/>	R IgA	82784	<input type="checkbox"/>	GLD Uric Acid	84550
<input type="checkbox"/>	R IgE	82785	<input type="checkbox"/>	U VMA (urine)	84585
<input type="checkbox"/>	R IgG	82784	<input type="checkbox"/>	U HVA (urine)	83150
<input type="checkbox"/>	R IgM	82784	<input type="checkbox"/>	U 5-HIAA (urine)	83497
<input type="checkbox"/>	O Calprotectin	83993 (x1)	<input type="checkbox"/>	GLD T4, Free	84439
Source			Collected Date		
Collected Time			Collector's Name		
Drug Monitor			Other Tests:		
<input type="checkbox"/>	U Toxicology Drug Screen Urine	80101			
<input type="checkbox"/>	MG Valproic Acid	80164			

PANEL DEFINITIONS

ANY COMPONENTS OF LISTED PANELS MAY BE ORDERED INDIVIDUALLY

<u>Comprehensive Metabolic Panel</u>		<u>Basic Metabolic Panel</u>		<u>Electrolyte Panel</u>	<u>Hepatic Function Panel (Liver Panel)</u>	<u>Stool Bacterial Molecular Panel</u>	<u>Stool Parasite Molecular Panel</u>
Sodium	Albumin	Sodium	BUN	Sodium	Alk Phos	<i>Salmonella</i> spp.	<i>Giardia lamblia</i>
Potassium	Total Protein	Potassium	Creatinine	Potassium	AST (SGOT)	<i>Campylobacter jejuni/coli</i>	<i>Cryptosporidium hominis/C. parvum</i>
Chloride	Total Bilirubin	Chloride	Calcium	Chloride	ALT (SGPT)	<i>Shigella</i> spp./Enteroinvasive <i>E. coli</i> (EIEC)	<i>Entamoeba histolytica</i>
CO2	AST (SGOT)	CO2		CO2	Total Bilirubin	Shiga toxin 1 (stx 1)/Shiga toxin(stx2)	
BUN	ALT (SGPT)	Glucose			Fractionated Bilirubin		
Creatinine	Glucose				Total Protein		
Calcium	ALKP				Albumin		
<u>Lipid Panel</u>		<u>Celiac Diagnostic Panel</u>		<u>Celiac Screening Panel</u>		<u>Epstein Barr Virus Panel</u>	<u>Hepatitis Panel, Acute (Hepatitis A, B, C Panel)</u>
Cholesterol	Total Serum IgA	Total Serum IgA		Total Serum IgA		EBV VCA IgM	Hep A Virus Antibody, (Total Reflex IgM)
Triglyceride	Tissue Transglutaminase IgA	Tissue Transglutaminase IgA		Tissue Transglutaminase IgA		EBV VCA IgG	Hep B Surface Antigen (HBsAg)
HDL Cholesterol	Tissue Transglutaminase	Deamidated Gliadin Peptide IgA		Deamidated Gliadin Peptide IgA		EBV EBNA-1 IgG	Hep B Core Antibody, IgM (Anti-HBc, IgM)
	Deamidated Gliadin Peptide IgA	Deamidated Gliadin Peptide IgG					Hep C Virus Antibody (Anti-HCV)
							Hep B Surface Antibody (HBsAB)
<u>Film Array Respiratory Panel</u>							
Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, Human Metapneumovirus, Influenza A, Influenza B, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Parainfluenza 4, Respiratory Syncytial Virus and Rhinovirus/Enterovirus							

REFLEX/CONFIRMATORY TESTING NOTICE

The Laboratory of Children's Hospital Los Angeles will perform reflex or confirmatory tests on certain tests due to clinical reasons. It is important to note that the subsequent tests may generate additional charges. If one desires, the tests that are not required are available without reflex/confirmation. Please specify if you do not want reflex/confirmatory testing.

Test Name	CPT Code	Test Desc/Notes	Reflex CPT Code
Hep A Antibody Total	86708	If positive, reflex: Hep A Antibody IgM	86709
HIV-1 Antigen with HIV-1 and HIV-2 Antibodies	87389	If positive for Antigen reflex If positive for Antibody reflex HIV-1 RNA HIV - 1/2 Antibody differentiation	87535 86701/86702
RPR:	86592	If positive, reflex RPR Titer Fluorescent Treponemal Antibody	86593 86780
Urinalysis	81003	If blood, protein, leukocyte, or nitrate positive reflex Urine Microscopic Exam	81001
Urine Drug of Abuse Screen	80300	If positive for Cocaine reflex If positive for PCP reflex Cocaine (confirmation) PCP (confirmation)	80353 83992

MEDICARE INFORMATION

NATIONAL COVERAGE DETERMINATION (NCD) FOR PHYSICIANS

Medicare has issued Frequency Limitations for many of the NCD policies. The Frequency Limitations state that Medicare will cover the cost of certain tests under specific conditions at specific intervals. An ABN should be collected for Frequency Limitation tests since it is difficult to determine when and if a specific test was performed in the past. The Frequency Limitation tests are listed below.

FREQUENCY LIMITATIONS

Alpha-fetoprotein	HCG, Qual (Preg)	HGB	PT (Prothrombin Time)
Carcinembryonic antigen	HCG Quant	HIV Testing	PTT
CBC w/Platelets + Diff	HDL Cholesterol	Lipid Panel	T4, Free
Collagen crosslinks (any method)	Hemoglobin A1C	Iron	TSH
Digoxin	Hemogram	TIBC	Tumor Antigen by immunoassay/ CA125
Fecal occult blood	Hemogram w/Platelets (ABC)	LDL, Direct	Tumor Antigen by immunoassay/ CA 15-3/CA 27.29
Gamma glytamyl transferase	Hematocrit	PSA, Free & Total	Tumor Antigen by immunoassay/ CA 19-9
Glucose fasting	Hep B Surface Antigen	PSA, total (diagnostic)	Urine Culture
Glucose random	Hepatitis Panel A, B, C Acute	PSA, Reflexive	

Medicare will only reimburse tests that are deemed to be medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes. ICD-10 diagnosis code (s) must be provided for each test ordered. Attach separate ABN form when ordering any investigational tests on Medicare patients. For more information and a complete list of investigation/experimental tests please visit the CMS website: www.CMS.gov

Children's Connect-Laboratory is a physician portal providing 24/7 access to laboratory test results.
For more information on the Children's Connect or other laboratory services, please visit
<http://www.chla.org/family-lab> or contact us at (877) 543-9522