

GRAND RIVER MEDICAL GROUP, P.C.

1515 Delhi . Dubuque, IA 52001

REQUISITION FORM

for orders from health care professionals from outside
of Grand River medical Group, P.C.

Ordering Physician's name: _____

Organization name: _____

Patient's name _____ Call results? **yes** Ph# _____

DOB or SSN _____ Fax results? **yes** Fax # _____

List tests desired below or preferably,
place # of diagnosis in front of test desired

Example: Diagnosis #1 is hyperlipidemia;
place the #1 in the box in front of the "lipid panel"

Diagnoses

1.	5	
2.	6	
3.	7	
4.	8	

MD signature _____

Dx #	CPT	DESCRIPTION	Diagnosis #	CPT	DESCRIPTION	Dx #	CPT	DESCRIPTION
		HEMATOLOGY			PANELS			TUMOR MARKERS
	85025	CBC (RBC,H/H, WBC, std indices-MCV, MCH, MCHC automated diff, plt count)				86304.90		CANCER ANTIGEN 125
	G0306	As above except no plt count		80053	COMPREHENSIVE METABOLIC PAN. includes Na, K, CO2,Cl, BUN, Cr, Glu, t. prot, alb, tot bil, alk phos, AST, ALT, calcium	82378		CEA
	85027	CBC-without DIFFERENTIAL RBC, H/H, WBC, platelet count				84153		PSA
	G0307	As above except no plt count		80048	BASIC METABOLIC PANEL includes Na, K, Cl, CO2, BUN,Cr, Glu, Total Calcium	84154.90		PSA, FREE
	85018	HEMOGLOBIN						MISCELLANEOUS TESTS
	85014	HEMATOCRIT		80048	BASIC METABOLIC PANEL includes Na, K, Cl, CO2, BUN,Cr, Glu, Total Calcium	82947		GLUCOSE
		OFFICE CALL		80051	ELECTROLYTE PANEL includes Na, K, Cl, CO2	84443		TSH
	87880	STREP SCREEN				84439		FREE T4
	86308	MONO TEST		80061	LIPID PANEL includes Tot chol, HDL chol, Trig, (calc LDL)	83001.90		FSH
	85652	SED RATE				83002.90		LH
		URINE TESTING		80076	HEPATIC FUNCTION PANEL includes t prot, alb, alk phos, bili (tot and dir),ALT,AST	84146.90		PROLACTIN
	81001	URINALYSIS, W/ MICRO						OFFICE USE ONLY
	81003	URINALYSIS, W/O MICRO		80069	RENAL FUNCTION PANEL includes alb, ca, CO2, Cl, Cr, Glu, PO4, K, Na, BUN	36415		VENIPUNCTURE
	81025	URINE PREGNANCY TEST						TESTS NOT LISTED (WRITE HERE)
		URINE CULTURE		85610	PROTHROMBIN TIME Date/time of last dose _____			

Revised 7/19/16

Advanced Beneficiary Notice

Medicare does not cover all lab tests. Medicare only pays for laboratory studies that they deem as "medically necessary". In general, you must have signs and symptoms of an illness for the services to be covered. Therefore, most screening lab tests are not covered. Even if you have signs and symptoms of an illness, Medicare may disagree with your physician about the "medical necessity" of a certain test. Medicare requires us by law to have you sign an Advanced Beneficiary Notice if Medicare is likely to deny payment for a specific service.

I believe Medicare is likely to deny payment for

TEST

ICD-9 code (if known)

Diagnosis

for the following reasons:

- Medicare does not pay for this test with the provided diagnosis
- Medicare usually does not pay for this test
- Medicare does not pay for routine laboratory tests
- Medicare has a limit on the frequency this test is performed

Patient signature _____

Today's date _____