
KPGA Network News: E-Edition

Kaiser Permanente of Georgia Earns 5 Star Medicare Rating



Kaiser Permanente once again is among the nation's stars when it comes to providing high-quality, seamless care and outstanding service for Medicare members. For the 4th year in a row, the Georgia Region has received the highest possible overall Medicare Star Quality Rating—5 out of 5 stars!

Kaiser Permanente Medicare health plans in California, Colorado, Georgia, Hawaii, and the mid-Atlantic states (Maryland, Virginia, and Washington, D.C.) received 5 out of 5 stars, the highest rating possible, in the Centers for Medicare & Medicaid Services annual Medicare Star Quality Ratings for 2023.

The CMS Medicare Part C (health plan) and Part D (drug plan) 5-Star Quality Rating system is designed to help people compare health and drug plans based on quality and performance. Plans that receive 5 out of 5 stars in the annual ratings are recognized as excellent. Plans that receive 4 out of 5 stars are above average.

“These ratings affirm our standing as one of the best health care organizations in the country when it comes to care and service,” said Andrew Bindman, MD, executive vice president and chief medical officer for Kaiser Permanente. “From the moment our members choose Kaiser Permanente for their care and coverage, we’re dedicated to giving them an exceptional quality experience and helping them live full, active lives.”

This is the 13th consecutive year that all Kaiser Permanente Medicare health plans have been rated 4.0 stars or higher. Kaiser Permanente provides care to more than 1.8 million Medicare members in 8 states and the District of Columbia.

“Year after year, Kaiser Permanente is proud to deliver safe, effective care and exceptional service to our Medicare health plan members,” said Nancy Gin, MD, executive vice president and chief quality officer for The Permanente Federation. “These high star ratings reflect the unwavering commitment of our physicians, care teams, and staff to keeping all of our patients healthy.”

Every year, CMS rates all Medicare Advantage Prescription Drug plans by looking at multiple facets of care and service, including chronic condition management, health maintenance, patient experience, customer service, and pharmacy services. Kaiser Permanente’s star ratings show the value of our integrated health care organization, which brings these services seamlessly together — in many cases all under one roof — and puts our patients at the center of care.

Referrals and Authorizations

- For all services that require a referral or authorization you must have a valid referral/authorization **prior** to providing services.
- If a referral/authorization is not received prior to rendering services, your claim will be denied, and the member will be held harmless.
- **Kaiser Permanente will not provide retro referrals/authorizations. Please refer to the provider manual for additional information.**

New Medicare Plans for 2023!

Kaiser Permanente Senior Advantage Liberty Plan HMO

Kaiser Permanente is pleased to announce a new Medicare product coming in January 2023. Kaiser Permanente Senior Advantage Liberty Plan HMO is a Medicare Advantage plan without Part D that offers members who already have pharmacy coverage through another source to keep their existing pharmacy coverage. This plan is popular amongst our Military retiree population and allows them to continue to use their other medical and pharmacy benefits.

KP Providers and Senior Advantage Providers: There are no changes to established process and procedures for Medicare members for this product.

Non-Network Providers: There are no changes to established procedures for Medicare members of this product and members will continue to provide both KP primary and secondary coverage

KAISER PERMANENTE. PERMANENTE MEDICAL GROUP
 APPOINTMENTS: 404-365-0966 TTY: 711
 Georgia Region Senior Advantage (HMO)
 MEMBER NAME
 HEALTH RECORD NUMBER
 80840
 Issuer
 08590-100
 GROUP NUMBER CMS - H1170-802

Kaiser Permanente Senior Advantage Care Plus (HMO-POS)

Kaiser Permanente is pleased to announce a new Medicare product coming in January 2023. Kaiser Permanente Senior Advantage Care Plus HMO-POS offers members access to affordable, high-quality care within our integrated care delivery system – PLUS coverage up to a \$1,500 dollar annual allowance for certain physician visits or outpatient medical services with out-of-network providers both inside and outside of the service area.

KP Providers and Senior Advantage Providers: There are no changes to established process and procedures for Medicare members for this product.

Non-Network Providers: Care Plus members can use their out-of-network dollar allowance to access any other Medicare provider in the nation without a referral.

KAISER PERMANENTE. PERMANENTE MEDICAL GROUP
 APPOINTMENTS: 404-365-0966 TTY: 711
 Georgia Region Senior Advantage Care Plus (HMO-POS)
 MEMBER NAME
 HEALTH RECORD NUMBER
 80840
 Issuer

	In-Network	Out-Of-Network	RxBin	011222
Office Visit	\$10	\$25	RxPCN	GACMS
Specialist Office Visit	\$35	\$50	RxGRP	GA
Preferred Generic Drugs	\$0	NA		

Limited access to out-of-network outpatient services apply to coverage.
 07580-101
 GROUP NUMBER CMS - H1170-013



Reminder: Please use Online Affiliate for claims, appeals, disputes, inquiries, EOPs, responding to requests for information (RFI), and uploading claims supporting documents. Please do not use faxes for provider appeals/disputes.

Ordering Labs & Radiology
 You should refer members back to Kaiser Permanente facilities for labs and radiology. Copies of the order forms are attached for your convenience and can be downloaded from <http://kp.org/providers/ga>

Targeted Review List (QRM) Updates

All procedures on the Target Review List must be authorized prior to rendering services, or the procedure will not be covered. Please see <http://providers.kp.org/ga> for more information regarding the Target Review List.

Medications Requiring Prior Authorization

Kaiser Permanente periodically updates the QRM List of Medications following P&T meetings which occur on the even months (i.e. February, April, etc.) of the year. Please be sure to review the list carefully.

The QRM List of Medications (Targeted Review List) is on our Provider Website at <http://kp.org/providers/ga>. As a reminder, failure to obtain authorization prior to providing the medications listed will result in a denial of coverage. Please note affected members will be notified of this change.

New QRM medications effective 1.1.2023

- Adderall XR (dextroamphetamine-amphetamine)
- Concerta (methylphenidate)
- Jornay PM (methylphenidate)
- Mydayis (amphetamine-dextroamphetamine)
- Quillichew ER (methylphenidate)
- Saphnelo (anifrolumab)

New QRM medications effective 11.9.2022

- Cabenuva (cabotegravir and rilpivirine)
- Carvykti (ciltacabtagene autoleucel)
- Cibinco (abrocitinib)
- InPen Smart Insulin Pen
- Kimmtrak (tebentafusp)
- Leqvio (inclisiran)
- Livtencity (maribavir)
- Myfembree (relugolix-E2-NETA)
- Omnipod 5 System
- Opdualag (nivolumab-relatlimab)
- Saphnelo (anifrolumab)
- Vocabria (cabotegravir)

QRM criteria updates effective 11.9.2022

- Auvi-Q (epinephrine)
- Benlysta (belimumab)
- Botulinum Toxins
- Cimzia (certolizumab)
- Corticotropin
- Cosentyx (secukinumab)
- Crysvida (burosumab)
- Enbrel (etanercept)
- Humira/Humira Citrate Free (adalimumab)
- Imbruvica (ibrutinib)
- Infliximab Products
- Interleukin Antagonists
- Nurtec (rimegepant)
- Omnipod DASH System
- Orgovyx (relugolix)
- Qulipta (atogepant)
- Rinvoq (upadacitinib)
- Rituximab Products
- Simponi (golimumab)
- VMAT2 Inhibitors
- Zeposia (ozanimod)

QRM criteria removals effective 11.9.2022

- Auvi-Q (epinephrine) 0.1 mg
- Xenazine (tetrabenazine)

New QRM medications effective 1.11.2023

- Camzyos (mavacamten)
- Mounjaro (tirzepatide)
- Viberzi (eluxadoline)

QRM criteria updates effective 1.11.2023

- Botulinum Toxins
- Cabenuva (cabotegravir and rilpivirine)/Vocabria (cabotegravir)
- Crysvida (burosumab-twza)
- Dupixent (dupilumab)
- Enbrel (etanercept)
- Humira (adalimumab)
- Modestly Effective Disease Modifying Therapies (DMTs) for Multiple Sclerosis
 - Aubagio (teriflunomide)
 - Copaxone (glatiramer acetate)
 - Dimethyl fumarate (generic Tecfidera)
 - Interferon Beta-1a medications
- Nucala (mepolizumab)
- Orgovyx (relugolix)
- Orkambi (lumacaftor and ivacaftor)
- Poly (ADP-ribose) polymerase inhibitors (PARPis)
 - Lynparza (olaparib)
 - Rubraca (rucaparib)
 - Zejula (niraparib)
- RET Inhibitors
 - Gavreto (pralsetinib)
 - Retevmo (selpercatinib)
- Rinvoq (upadacitinib)
- Xolair (omalizumab)

QRM criteria removals effective 1.11.2023

- Imatinib (generic Gleevec)
- Qelbree (viloxazine)

Provider Manual Changes For 2023

Please refer to the Provider Manual posted on Online Affiliate, accessible from kp.org/providers/ga, to review all changes and determine impact to your practice.

Throughout:

- New website URL: kp.org/providers/ga
- Self-Funded now also has Level Funded

Sections 1 & 2

- 1.4.3 Kaiser Permanente Medical Offices
- 1.4.12 Kaiser Permanente of Georgia Advanced Care at Home
- 1.5 Self-Funded / Level Funded: Kaiser Permanente Insurance Company (KPIC)
- 2.1 Fully Funded: Key Contacts
- 2.2 Self-Funded / Level Funded: Key Contacts
- 2.3 Self-Funded / Level Funded: Customer Service IVR System
- 2.4 Self-Funded / Level Funded: Website
- 2.5 Self-Funded / Level Funded: Glossary

Section 3

- 3.1 Member's Eligibility and Covered Benefit Verifications
 - 3.1.1 Fully Funded Benefits and Eligibility Verifications
 - 3.1.2 Self-Funded / Level Funded Member Benefits and Eligibility Verifications
- 3.4.1 Self-Funded / Level Funded Benefit Exclusions and Limitations
- 3.6 Fully Funded Products and ID Cards
- 3.7 Self-Funded / Level Funded Products
 - 3.10.1 Kaiser Permanente Formulary
 - 3.10.2 Where to send prescriptions:
 - 3.10.3 Self-Funded / Level Funded Pharmacy Benefits
 - 3.10.4 Pharmacy Summary
 - 3.10.5 Criteria Restricted Prior Authorization Medications

Section 4

- 4.5.1 Services Not Requiring Referrals
- 4.7.2 Emergency Services
- 4.14 Hospital and Behavioral Health Facility Admission, Discharge and Transfer Policy
- 4.16.3 Prior Authorization Medications
- 4.17 Grievances, Appeals and Claim Disputes
 - 4.17.2 Adverse benefit determinations:
 - 4.17.3 Provider Appeal Process
 - 4.17.4 Claims Disputes:
- 4.18 Self-Funded / Level Funded Grievances and Appeals
 - 4.18.1 Self-Funded / Level Funded Member Appeals
 - 4.19.1 Self-Funded / Level Funded Expedited Appeals

Section 5

- 5.1 Fully-Funded: Contact Information
- 5.2 Self-Funded / Level Funded: Contact Information
- 5.3 Methods of Claims Filing
 - 5.3.1 Paper Claim Forms
- 5.14 Supporting Documentation
- 5.16 Self-Funded / Level Funded: Paper Claims
- 5.17 Electronic Data Interchange (EDI)
 - 5.17.2 Fully-Funded: EDI Submissions
 - 5.17.3 Self-Funded / Level Funded EDI
- 5.18 EDI Submission Process
 - 5.18.1 Self-Funded / Level Funded: Exclusions to TPA submission
 - 5.19.2 EDI Claim Forms: 837I (Institutional) Guidelines

- 5.20 Fully-Funded: Supporting Documentation for EDI Claims
- 5.21 Self-Funded / Level Funded: Supporting Documentation for EDI Claims
- 5.22 Rejected Claims Due to EDI Claims Error
- 5.23 Electronic Funds Transfer (EFT) Payment
 - 5.23.1 Fully-Funded: Electronic Funds Transfer (EFT) Payment
 - 5.23.2 Self-Funded / Level Funded: Electronic Funds Transfer (EFT) Payment
- 5.25 Clean Claims
- 5.31 Self-Funded / Level Funded: Claim Adjustments/Corrections (Retrospective or Otherwise)
- 5.33 Self-Funded / Level Funded: Incorrect Claims Payments
- 5.35 Sequestration
- 5.36 Member Cost Share
- 5.37 Member Claims Inquiries
- 5.38 Visiting Members
- 5.41 Modifiers in CPT and HCPCS
- 5.43 Fully Funded: Coding & Billing Validation
- 5.44 Self-Funded / Level Funded: Coding & Billing Validation
- 5.46 Self-Funded / Level Funded: Coding Edit Rules
- 5.48 Clinical Review
- 5.50-Deleted
- 5.51 First Party Liability
 - 5.51.2 Workers' Compensation
- 5.53.1 Fully-Funded Claims Disputes
- 5.53.2 Self-Funded / Level Funded Claims Disputes
- 5.59 Coordination of Benefits (COB)
 - 5.59.1 How to Determine the Primary Payor
 - 5.59.4 Members Enrolled in Two Kaiser Permanente Plans
 - 5.59.5 COB Claims Submission Timeframes

Section 6

- Provider Rights and Responsibilities
 - 6.1.2 Changing Primary Care Providers
- 6.10 Fully Funded: Claims Dispute Process
- 6.11 Self-Funded / Level Funded: Claims Reconsideration Process
- 6.12 Complaints/Grievances Between Members and Providers
- 6.13 Provider Complaint and Grievance Process
- 6.14-Deleted

Section 7

- 7.1 Member Rights and Responsibilities
- 7.5 Self-Funded / Level Funded: Member Complaint, Grievance and Appeal Process
 - 7.5.1 Self-Funded / Level Funded: Member Appeals
 - 7.5.2 Self-Funded / Level Funded: Expedited Appeals

Section 8

- 8.2 Unusual Occurrences/Adverse Events
- 8.3 Do Not Bill Events
- 8.4 Participating Practitioner Credentialing
 - 8.4.1 Credentialing and Re-credentialing Processes

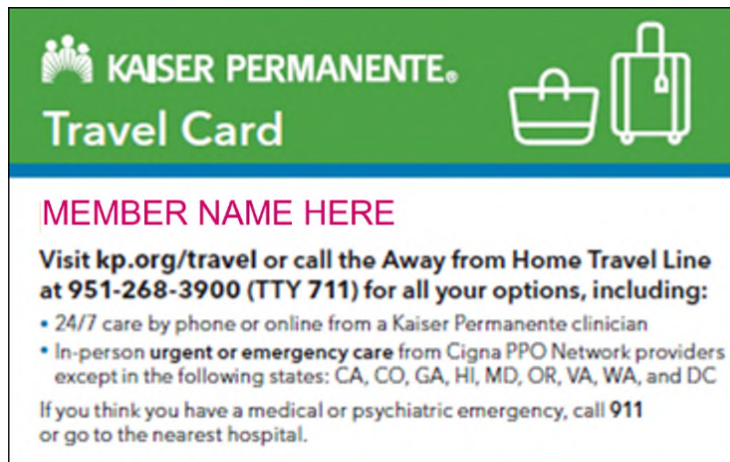
Section 9

- No changes

Fee Schedule Updates

It is the policy of Kaiser Permanente of Georgia's Provider Contracting and Network Management Department (PC&NM) to review and update the fee schedules annually. The 2023 RBRVS updates to the will be effective 45 days from the release of the CMS fee schedule components. Updates to the Kaiser Permanente Market Fee Schedule will be effective April 1st. A copy of the updated KPMFS schedule will be posted on Online Affiliate, which you can access from kp.org/providers/ga

Member ID Travel Cards



Starting January 1st, 2023, Kaiser Permanente members traveling outside of their home state will have access to the Cigna network for access to urgent or emergency care from the Cigna PPO Network. Resources for members include:

- **Digital ID card** – Members need to download the Kaiser Permanente app and sign in with their kp.org account so they can start using their digital ID card.
- **kp.org/travel** — Members can get information and answers to questions that may come up about getting care before, during, or after their trip.
- **Away from Home Travel Line** — Members can call **951-268-3900** to find out more about getting care away from home anytime, anywhere.



Keep in Touch

We are required to verify your directory information at least every 90 days. Please let us know as soon as possible if your address, phone number, participating providers, etc. may be changing.

Please respond to emails and outreach from your network managers.

Please contact us at with any demographic changes as soon as possible: ga.provider-relations@kp.org.

ga.provider-relations@kp.org

(404)-364-4934



KAISER PERMANENTE®

Diagnostic Imaging Services

Scheduling: 770-677-5821

Monday – Friday 8am – 7pm

STAT: 770-677-5864

CDIP: 770-677-5819

Expedite: 770-677-5821

CDIP FAX: 770-677-7302

- STAT Procedure
- Call Report
- Send films with patient
- Comparison of previous study required. Obtain from: _____

Patient's Name: _____
Last First

Date of Birth: _____

Health Record Number: _____ **Telephone:** (____) _____

Secondary: (____) _____

ICD-9 Code: _____ **Clinical Information/Signs/Symptoms:** _____

Special Instructions: _____

Physicians Name & Signature: _____ **Provider Number:** _____

Physician's Telephone: _____ **Physician's Fax:** _____

REQUESTED TESTS (Please check and specify side/site)

ABDOMEN & CHEST	<input type="checkbox"/> Elbow R L	<input type="checkbox"/> Renal	<input type="checkbox"/> Cervical Spine
<input type="checkbox"/> Abd 1 View (KUB)	<input type="checkbox"/> Finger(s) R L	<input type="checkbox"/> Scrotum	<input type="checkbox"/> Lumbar Spine
<input type="checkbox"/> Abd Series	<input type="checkbox"/> Forearm R L	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Thoracic Spine
<input type="checkbox"/> Chest 1 View	<input type="checkbox"/> Hand R L	BONE DENSITY	<input type="checkbox"/> Stroke Panel
<input type="checkbox"/> Chest 2 Views (PA & LAT)	<input type="checkbox"/> Humerus R L	<input type="checkbox"/> DEXA Scan	ARTHROGRAM
<input type="checkbox"/> Chest 2 Views Apical lordotic	<input type="checkbox"/> Scapula R L	<input type="checkbox"/> DEXA – Weight over limit	<input type="checkbox"/> Knee R L
<input type="checkbox"/> Chest – Lateral Decubitus	<input type="checkbox"/> Shoulder R L	<input type="checkbox"/> DEXA – Vertebral Fracture	<input type="checkbox"/> Shoulder R L
<input type="checkbox"/> Chest 2 Views with Oblique	<input type="checkbox"/> Wrist R L	CT SCANS	<input type="checkbox"/> Wrist R L
<input type="checkbox"/> Ribs – Bilateral	<input type="checkbox"/> Bone Age	w/o w/wo with	NUCLEAR MEDICINE
<input type="checkbox"/> Ribs – Unilateral R L	<input type="checkbox"/> Bone Length	<input type="checkbox"/> Radiologist's discretion	To schedule Nuclear Medicine studies, please call: 770-677-5824
<input type="checkbox"/> Sternoclavicular Joint	<input type="checkbox"/> Skeletal Survey	<input type="checkbox"/> Head	<input type="checkbox"/> Renal Function Study
<input type="checkbox"/> Sternum	FLUORO	<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Renal w/Pharm
FOREIGN BODY	<input type="checkbox"/> Barium Enema Air Contrast	<input type="checkbox"/> Orbits	<input type="checkbox"/> Muga Scan
<input type="checkbox"/> Foreign Body Pediatric	<input type="checkbox"/> Barium Enema – Colostomy	<input type="checkbox"/> Sinus	<input type="checkbox"/> Thyroid Scan & Uptake 4-24 hours
HEAD	<input type="checkbox"/> Barium Enema – Single Contrast	<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> I 131 Total Body Scan
<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Barium Enema – Gastrograffin	<input type="checkbox"/> Temporal Bones	<input type="checkbox"/> I 131 Thyroid Therapy
<input type="checkbox"/> Mandible	<input type="checkbox"/> Barium Swallow	<input type="checkbox"/> Lower Extremity	<input type="checkbox"/> Limited Bone Scan
<input type="checkbox"/> Nasal Bones	<input type="checkbox"/> Chest Fluoro	specify _____ R L	<input type="checkbox"/> Sestamibi Parathyroid Scan
<input type="checkbox"/> Orbits	<input type="checkbox"/> Fluoro Time	<input type="checkbox"/> Upper Extremity	<input type="checkbox"/> Total Bone Scan
<input type="checkbox"/> Sinuses Complete	<input type="checkbox"/> Foreign Body Localization	specify _____ R L	<input type="checkbox"/> 3 Phase Bone Scan
<input type="checkbox"/> Sinus – Water's View	<input type="checkbox"/> Gastro Tube Placement	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Bone Spect
<input type="checkbox"/> Skull	<input type="checkbox"/> Small Bowel Series	<input type="checkbox"/> Abdomen/Pelvis	<input type="checkbox"/> Liver – Spleen Scan
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> UGI	<input type="checkbox"/> Chest	<input type="checkbox"/> Hida Scan
LOWER EXTREMITIES	<input type="checkbox"/> UGI w/Small Bowel follow through	<input type="checkbox"/> Chest/Abdomen – Aorta Angio	<input type="checkbox"/> GB w – CCK
<input type="checkbox"/> Ankle	<input type="checkbox"/> UGI w/Gastrograffin	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Gastric Empty Study
<input type="checkbox"/> Child Lower Extremity	SPECIAL PROCEDURES	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Perfusion Aerosol Lung - VQ
<input type="checkbox"/> Femur R L	<input type="checkbox"/> HSG – Hysterosalpingogram	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Liver Spect w/ flow - Hemangioma
<input type="checkbox"/> Foot R L	<input type="checkbox"/> Sialogram – Bilateral	<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Thyroid imaging only – no uptake
<input type="checkbox"/> Foot – Standing R L	UROGRAPHY	<input type="checkbox"/> Hematuria Panel	<input type="checkbox"/> Tumor Whole Body Single
<input type="checkbox"/> Heel R L	<input type="checkbox"/> IVP	<input type="checkbox"/> Kidney Stone Panel	<input type="checkbox"/> Pulmonary Quant Diff Function
<input type="checkbox"/> Knee R L	<input type="checkbox"/> Cystogram	MRI	<input type="checkbox"/> Infection Local
<input type="checkbox"/> Knee – Bilateral Standing	MAMMOGRAPHY	w/o w/wo with	<input type="checkbox"/> Sestamibi Breast
<input type="checkbox"/> Knee 4 Views w/ Patella R L	<input type="checkbox"/> Mammo Screening Bilateral	<input type="checkbox"/> Radiologist's discretion	OTHER
<input type="checkbox"/> Tib/Fib R L	<input type="checkbox"/> Mammo Screening Unilateral R L	<input type="checkbox"/> Brain	_____
<input type="checkbox"/> Toe(s) R L	<input type="checkbox"/> Mammo Diagnostic Bilateral	<input type="checkbox"/> MRA Brain w/o	_____
SPINE & PELVIS	<input type="checkbox"/> Mammo Diagnostic Unilateral R L	<input type="checkbox"/> MRA Carotids	_____
<input type="checkbox"/> Cervical Spine – Limited	ULTRASOUND	<input type="checkbox"/> Orbits	_____
<input type="checkbox"/> Cervical Spine – Complete	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Face/Sinus	_____
<input type="checkbox"/> Hip – Bilateral	<input type="checkbox"/> Aorta	<input type="checkbox"/> IAC's	_____
<input type="checkbox"/> Hip – Unilateral R L	<input type="checkbox"/> Breast – Bilateral	<input type="checkbox"/> Pituitary	_____
<input type="checkbox"/> Lumbar Spine – Limited	<input type="checkbox"/> Breast – Unilateral R L	<input type="checkbox"/> Soft Tissue Neck	_____
<input type="checkbox"/> Lumbar Spine – Routine	<input type="checkbox"/> DVT R L	<input type="checkbox"/> TMJ	_____
<input type="checkbox"/> Pelvis	<input type="checkbox"/> Extremity R L	<input type="checkbox"/> Lower Extremity	_____
<input type="checkbox"/> Sacroiliac joints	<input type="checkbox"/> Gallbladder	specify _____ R L	_____
<input type="checkbox"/> Sacrum & Coccyx	<input type="checkbox"/> OB >14 weeks Twins	<input type="checkbox"/> Upper Extremity	_____
<input type="checkbox"/> Scoliosis Spine	<input type="checkbox"/> OB <14 weeks Twins	specify _____ R L	_____
<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> OB follow-up	<input type="checkbox"/> Soft Tissue Lower Extremity	_____
<input type="checkbox"/> Thoracic– Lumbar Spine	<input type="checkbox"/> Pelvic – to include transvag	specify _____ R L	_____
UPPER EXTREMITIES	<input type="checkbox"/> Pelvic – without transvag	<input type="checkbox"/> Soft Tissue Upper Extremity	_____
<input type="checkbox"/> AC Joints	<input type="checkbox"/> Pelvic follow-up	Specify _____ R L	_____
<input type="checkbox"/> Child Upper Extremity R L		<input type="checkbox"/> Abdomen	_____
<input type="checkbox"/> Clavicle R L		<input type="checkbox"/> MRA Abdomen	_____
		<input type="checkbox"/> Pelvis	_____

****BUN & CREATININE LEVELS ARE REQUIRED FOR EXAMS REQUIRING CONTRAST – PLEASE ORDER APPROPRIATE LABS****

Laboratory Requisition

For any patient of any payor (including Medicare and Medicaid) that has a medical necessity requirement, you should only order those tests which are medically necessary for diagnosis and treatment.

Patient Name:	Medical Record #:	Date:	
Provider Name & Signature :	Phone #:	Fax #	
Provider Address:			
Culture Source:	Standing Order Frequency:	Duration:	

Please Print. Address required for HIV results. ICD-10 codes are required.

Medicare does not generally cover routine tests.

Check Test	Test	Stat ✓	ICD-10 Code	Check Test	Test	Stat ✓	ICD-10 Code	Check Test	Test	Stat ✓	ICD-10 Code	List Other Tests
Chemistry				Immunology				Hematology				Test:
	Alk Phosphatase				ABO/RH				CBC w/ Diff			
	ALT				B12				CBC (Reflex Diff)			ICD-10 Code:
	Amylase				HCG Quant Serum				HH (Hgb & Hct)			Test:
	AST				Cortisol, Random				Platelet Count			
	Bilirubin, Total				Estradiol				Reticulocyte Count			ICD-10 Code:
	BUN				Estrogen				Sed Rate			Test:
				Coagulation								
	Calcium, Total				Folate				Bleeding Time			ICD-10 Code:
	CEA				FSH							Test:
	Chloride				IgE				D-Dimer Quant			
	Cholesterol, Total				IgG				Fibrinogen			ICD-10 Code:
	CO2				LH				PT			Test:
	CPK				Progesterone				PTT			
	Creatinine											
	CRP				Prolactin				Microbiology			
	CRP, hs				PSA							
				Culture:								
	Glucose, Fast				T3, Total				Beta A			
	Glucose, Random				T4				Blood Adult/Ped			ICD-10 Code:
	HDL, Total				Testosterone				Fungal			
	HgA1C				TSH				Genital			
	Insulin				T3-Uptake (T-Up)				Respiratory			Miscellaneous
	Iron				Serology							
	LDH				ANA w/ Reflex Titer				Beta B			Glucose Tolerance
	Lipase				HAV-IgG				Urine			Other # _____ Hours
	Magnesium				HAV IGM				Wound			ICD-10 Code:
	Microalbumin Urine				HBc-IgM				Other:			
	Phosphorus				HBc-Total				C Diff A/B DNA			Glucose Tolerance
	Potassium				HBeAb				Fecal Occult Blood			OB 1 Hour
	Protein, Total				HCV Ab				Fecal WBC			ICD-10 Code:
	Sodium				Hep b RNA				GC/CT Probe			
	Troponin								H. pylori Ab (Serum)			Urinalysis w/reflex
	Triglyceride				Hep C RNA				Routine O&P Giardia/Crypto EIA			
Therapeutic Drugs												
					HIV 5th Gen w/reflex				HPV CoTest			
					HIV 1 RNA				Enteric Bacterial Panel Stool, PCR			ICD-10 Code:
	Digoxin				Mono				Organ or Disease-Oriented Panels			
	Dilantin (Phenytoin)				RF				Basic Metabolic			Semen Analysis,
	Lithium				Syphilis Screening				Comprehensive Metabolic			Complete
	Phenobarbital				Rubella IGG				Electrolyte			
	Tegretol				Rubeola IGG				Hepatic Function			
	Theophylline				HepBSAB				Lipid Fast/ NonFast			ICD-10 Code
	Valproic Acid				Quantiferon							
	Vancomycin											

CPT CODES FOR REFERENCE ONLY. DO NOT USE THIS PAGE AS A REQUISITION.

CPT		CPT		CPT			
Chemistry		Immunology		Hematology			
84075	Alk Phosphatase	86900,86901	ABO/RH	85025	CBC w/ Diff		
84460	ALT	82607	B12	85027	CBC (Reflex Diff)		
82150	Amylase	84702	HCG Quant Serum	85018	HH (Hgb & Hct)		
84450	AST	82533	Cortisol, Random	85049	Platelet Count		
82247	Bilirubin, Total	82670	Estradiol	85045	Reticulocyte Count		
84520	BUN	82672	Estrogen	85651	Sed Rate		
82310	Calcium, Total	82746	Folate	Coagulation			
82378	CEA	83001	FSH	85002	Bleeding Time		
82435	Chloride	82785	IgE	85378	D-Dimer Screen		
82465	Cholesterol, Total	82784	IgG	85379	D-Dimer Quant		
82374	CO2	83002	LH	85384	Fibrinogen		
82550	CPK	84114	Progesterone	85610	PT		
86140	CRP	84146	Prolactin	85730	PTT		
82565	Creatinine	84153	PSA	Microbiology			
82947	Glucose, Fast	84480	T3, Total	Culture:			
82947	Glucose, Random	84436	T4, Total	87081	Beta A		
83718	HDL, Total	84403	Testosterone	87040	Blood Adult/Ped		
83036	HgA1C	84443	TSH	87101	Fungal		CPT
83525	Insulin	84479	T3-Uptake (T-Up)	87070	Genital		Miscellaneous
83540	Iron Level	Serology		87070	Respiratory		
83615	LDH	86038	ANA w/ Reflex Titer	86403	Beta B	82951	Glucose Tolerance
83690	Lipase	86078	HAV-IgG	87086	Urine	82952	Other # ___ Hours
83735	Magnesium	86709	HAV IGM	87070	Wound		
82043	Microalbumin Urine	86705	HBc-IgM	Other:			
84100	Phosphorus	86704	HBc-Total	87493	C Diff A/B DNA	82950	Glucose Tolerance
84132	Potassium	86707	HBeAb	82274	Fecal Occult Blood		OB 1 Hour
84155	Protein, Total	87350	HBeAg	83630	Fecal WBC		
84295	Sodium	86803	HCV Ab	87491,87591	GC/CT Probe		
84478	Triglyceride	83898	Hepatitis C Genotype	86677	H. pylori Ab (Serum)	81003	Urinalysis
84484	Troponin						
Therapeutic Drugs		87522	Hep C RNA bDNA	87328,87329	Routine O&P Giardia/Crypto EIA		w/ Reflex Microscopic
				88142, 87624	HPV CoTest		
80162	Digoxin	87389	HIV 5th Gen w/reflex	87505	Enteric Bacterial Panel Stool, PCR		
80185	Dilantin (Phenytoin)	87536	HIV 1 RNA bDNA	Organ or Disease-Oriented Panels			
80178	Lithium	83608	Mono	80048	Basic Metabolic	89320	Semen Analysis, Complete
80184	Phenobarbital	86431	RF	80051	Electrolyte		
80156	Tegretol	86592	RPR	80053	Comprehensive Metabolic		
80198	Theophylline	86762	Rubella IGG	80061	Lipid, Fasting		
80164	Valproic Acid	86765	Rubeola IGG	80076	Hepatic Function		
80202	Vancomycin	86705	HepBSAB				
		86480	Quantiferon				
		86735	Mumps IGG				
		86787	Varicella IGG				

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