

## General Tips on Ordering Lab Tests

- Please sign the lab requisition.
- Please provide a diagnosis; either in narrative format or as ICD-9 code(s).
- Document signs and symptoms as well as a diagnosis.
- Rule-out, Suspicious-of and Probable diagnoses are **not** acceptable. Please list the signs and symptoms of the 'suspicious' dx.
- For monitoring long-term medication side effects, list the medication and diagnosis; i.e.:
  - Lithium - personality disorder
  - Methotrexate – arthritis
- Pre-Op lab tests – The diagnosis should indicate the reason or medical condition that warrants the surgical procedure, along with any other signs/symptoms the patient is expressing.

## Common Signs And Symptoms Fulfilling Medical Necessity

*The following list is provided as a tool. When ordering lab tests, please include the appropriate diagnosis or signs and symptoms only when present and as documented in the patient's chart.*

- **Amylase** – abdominal pain, vomiting, nausea, transplant – specify organ, cirrhosis, pancreatitis, pancreatic disease, hepatitis, long-term meds.
- **Glucose** – diabetes mellitus, hyper/hypoglycemia, hyper/hypopotassemia, electrolyte disorders NOS, abnormal loss of weight, malnutrition, fatigue, hyper/hypocholesterolemia.
- **H. Pylori** – epigastric pain, RUQ or LUQ pain, gastritis, GI ulcers, GI bleed, blood in stool.
- **HBA1c** – diabetes mellitus, abnormal glucose, or hyper/hypoglycemia, glucose intolerance, long-term use of meds (insulin).
- **Ionized Calcium** – hyper/hypothyroidism, hyper/hypocalcemia, chronic renal failure, chronic renal disease, cardiac arrest, CHF, osteoporosis (unspecified, senile, idiopathic, disuse, other).
- **Iron** – anemia, extracorporeal or peritoneal dialysis, thalassemia, hemochromatosis, chronic renal failure, iron deficiency anemia, sickle cell anemia, abnormal blood iron chemistry.
- **Lipid Panel and any component of the lipid panel** – hyperlipidemia, hypercholesterolemia, liver disease, hepatitis, HTN, CVA, CAD, CHF, diabetes mellitus, obesity, long-term meds.
- **Magnesium** – diabetes mellitus, hyper/hypoparathyroidism, hyper/hypopotassemia, hyper/hypocholesterolemia, hyper/hypolipidemia, fatigue, chemotherapy, long term use of high-risk medications, MI, PE, Afib, heart failure, renal failure.
- **PT** – on anti-coagulation, DVT, Afib, reason for DVT prophylaxis (stroke, fracture)
- **PSA** – previous elevated PSA, history of prostate cancer, screening PSA, urinary incontinence, hematuria, urinary frequency, BPH with or without urinary obstruction, prostate cancer.
- **Parathyroid Hormone (PTH)** – disorders of parathyroid gland, osteomalacia, chronic renal failure, Paget's disease, osteoporosis, tetany, organ transplant (specify organ), hyper/hypocalcemia.
- **Phosphorus** – chronic renal disease, transplant – specify organ, hyperparathyroid, vitamin D deficiency, dehydration, multiple myeloma.
- **Thyroid tests including TSH, T3, Thyroxine** – fatigue, goiter, muscle cramps, obesity, palpitations, Afib, CHF, hyper/hypothyroidism, anemia, hyperlipidemia, dementia, depression, weight loss, weight gain, long-term meds.
- **Tumor Markers (such as AFP, CEA, CA-125)** – past or present history of malignant neoplasm; indicate site of neoplasm.
- **Urinalysis** – dysuria, urine retention, incontinence, increased frequency, polyuria, BPH, CHF, chronic renal failure, fatigue, backache, UTI, HTN, edema and urethral discharge.
- **Urine Cultures** – septicemia, urethral discharge, bacteremia, cells and casts in urine, FUO, dysuria, proteinuria, urinary frequency, oliguria and anuria, fatigue, backache, UTI.