

General Tips on Ordering Lab Tests

- Please sign the lab requisition. If signature is illegible, print name below signature.
- 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.

- **Glucose** – diabetes mellitus, hyper/hypoglycemia, hyper/hypopotassemia, electrolyte disorders NOS, abnormal loss of weight, malnutrition, fatigue, hyper/hypocholesterolemia, acidosis, alkalosis.
- **HBA1c** – diabetes mellitus, abnormal glucose or hyper/hypoglycemia, glucose intolerance, long-term use of meds (insulin), hemochromatosis.
- **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, ESRD, iron deficiency anemia, sickle cell anemia, abnormal blood iron chemistry, HTN, obesity, leukemia.
- **Lipid Panel and any component of the lipid panel** – hyperlipidemia, hypercholesterolemia, liver disease, hepatitis, HTN, CVA, CAD, CHF, diabetes mellitus, obesity, long-term meds. *Note: when monitoring serum LDL levels, it is not necessary to obtain a lipid panel and measured LDL unless the triglycerides are greater than 400 mg/dl.*
- **Magnesium** – diabetes mellitus, hyper/hypoparathyroidism, hyper/hypopotassemia, fatigue, chemotherapy, long term use of high-risk medications, MI, PE, Afib, heart failure, renal failure, ESRD, malnutrition, malabsorption.
- **PT** – on anti-coagulation therapy or anti-coagulant, DVT, Afib, reason for DVT prophylaxis (stroke, fracture).
- **PTT** – bleeding disorders, monitor of unfractionated heparin, liver/renal disease, abdominal pain, fracture. *Note: not useful when monitoring Warfarin, Coumadin or low-molecular weight heparin.*
- **PSA** – previous elevated PSA, history of prostate cancer, screening PSA (50+ yrs, annually), urinary incontinence, hematuria, urinary frequency, BPH with or without urinary obstruction, prostate cancer.
- **Parathyroid Hormone (PTH)** – disorders of parathyroid gland, osteomalacia, chronic renal failure, ESRD, Paget's disease, osteoporosis, tetany, organ transplant (specify organ), hyper/hypocalcemia, kidney stones.
- **Thyroid tests (TSH, T3, T4, Free T4)** – fatigue, goiter, muscle cramps, obesity, palpitations, Afib, CHF, hyper/hypothyroidism, anemia, hyperlipidemia, dementia, depression, weight loss, weight gain, long-term meds, diabetes mellitus.
- **Tumor Markers (AFP, CEA, CA-125, CA 15-3/27.29)** – past or present history of malignant neoplasm; indicate site of neoplasm.
- **Urine Culture** – septicemia, urethral discharge, bacteremia, cells and casts in urine, fever of unknown origin, dysuria, proteinuria, urinary frequency, oliguria and anuria, fatigue, backache, UTI.
- **Vitamin D** – hyper/hypoparathyroidism, ESRD, osteoporosis, hyper/hypocalcemia, unspecified vitamin D deficiency.