

**MIM 1135**  
**CLINIC RESOURCE CODE** \_\_\_\_\_

**Attending MD:** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
**Ordering Provider:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

Stamp UNC ID Card in space provided above (NAME, DATE OF BIRTH, MR#, GENDER are required)

\_\_\_\_\_ One Time. Testing must be done within \_\_\_\_\_ days (≤ 30 days).  
 \_\_\_\_\_ Testing should occur every \_\_\_\_\_ months for up to 12 months.  
 \_\_\_\_\_ Testing should occur every \_\_\_\_\_ weeks for up to 12 months.  
 \_\_\_\_\_ Test prior to annual physical. Testing must be done within 13 months.

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.

Routine			STAT					
<b>CHEMISTRY</b>			<b>CHEMISTRY</b>			<b>HEMATOLOGY / COAG</b>		
SODIUM	LIS	CPT	B12	LIS	CPT	CBC	LIS	CPT
POTASSIUM	1	84295	TSH	852	82607	CBC/DIFF	2010	85027
CHLORIDE	2	84132	T3, TOTAL	1791	84443	RETIC COUNT	2000	85025
CO2	3	82435	T3, FREE	1707	84480	SED RATE	2280	85046
BUN	4	82374	T4, TOTAL	M801	84481	HEMOGLOBIN A1C	2175	85651
CREATININE	5	84520	T4, FREE	1705	84436	PT (INR)	7454	83036
GLUCOSE	6	82565	ALCOHOL SCREEN	706	84436	PTT (APTT)	3008	85610
CALCIUM	9	82947	FOLATE	1078	82055	TCT	3020	85730
PHOSPHORUS	20	82310	LIPID PANEL, FASTING	853	82746	D-DIMER	3030	85670
MAGNESIUM	22	84100	CHOLESTEROL	1064	80061	PT + INR (POC FINGERSTICK)	3460	85379
TOTAL PROTEIN	23	83735	TRIGLYCERIDES	61	82465	HEMOGLOBIN A1C (POC FINGERSTICK)	**	85610
ALBUMIN	24	84155	HDL	65	84478	OTHER:	**	83036
URIC ACID	25	82040	LDL, DIRECT	63	83718			
LDH	40	84550	IRON PROFILE	62	83721			
AST	196	83615	IRON, TOTAL	1147	83540, 84466			
ALT	33	84450	FERRITIN	71	83540	<b>IMMUNOLOGY</b>	LIS	CPT
ALP	34	84460	BETA HCG (QUANT)	1769	82728	ANTI-HAV, TOTAL AB	8300	86708
GGT	37	84075	PSA, SCREENING	713	84702	ANTI-HAV IgM	8302	86709
BILIRUBIN, TOTAL	38	82977	PSA, DIAGNOSTIC	714	84153	ANTI-HBc IgM	8305	86704
BILIRUBIN, DIRECT	68	82247	ALPHA-FETOPROTEIN NON-MATERNAL	715	84153	HBSAB	8315	86706
AMYLASE	67	82248	OTHER:	7507	88342	HBSAG	8320	87340
LIPASE	49	82150				ANTI-HCV	8325	86903
OTHER:	48	83690				MONONUCLEOSIS SCREEN	8011	86308
			<b>MICRO / MOLECULAR MICRO</b>	LIS	CPT	ANTI-NUCLEAR ANTIBODIES (ANA)	9057	86038
			URINE CULTURE : Clean Catch / Cath	9520	87086	RHEUMATOID FACTOR	286	86431
			RAPID GRP A STREP	9560	87880	HIV ANTIBODIES (1&2)	8033	86703
			GROUP B STREP CULTURE Site:	9551	87081	RMSF SEROLOGY	4777	86000, 86757
			SPUTUM CULTURE - ROUTINE	9517	87070	LYME SEROLOGY	6850	86618
			AFB CULTURE Site:		87117	OTHER:		
<b>URINE CHEMISTRY</b>	LIS	CPT	FUNGUS CULTURE Site:	9787	87102			
URINALYSIS	2600	81001	WOUND CULTURE Site:	9532	87070	<b>TRANSFUSION MEDICINE</b>	LIS	CPT
URINAL PREGNANCY TEST	743	84703	STOOL CULTURE	9522	87045	TYPE & SCREEN	5040	86900, 86850, 86901
NA (RANDOM)	301	84300	PARASITE SCREEN	9807	87272, 87269	TYPE	5050	86900
K (RANDOM)	302	84133	BLOOD CULTURE Site:	9500	87040	OTHER:		
PROTEIN/CREATININE RATIO	1326	84155, 82570	CHLAMYDIA TRACHOMATIS Site:	9187	87491			
24 HR CREATININE	5306	82570	NEISSERIA GONORRHOEA Site:	9190	87591	<b>THERAPEUTIC DRUGS</b>	LIS	CPT
24 HR PROTEIN	1825	84156	HIV VIRAL LOAD (RNA PCR)	8784	87536	DIGOXIN	150	80162
TOX SCREEN	1204	80101 x 8	HCV PCR	8623	87522	PHENYTOIN	103	80185
MICROALBUMIN/CREATININE	1327	82570, 82043	CMV QUANTITATIVE PCR-BLOOD	1591	87497	THEOPHYLLINE	189	80198
OTHER:			OTHER:			VALPROIC ACID	112	80164
						LITHIUM	82	80178
						OTHER:		
<b>COMMON DX (Reason for test)</b>	<b>ICD-9</b>	<b>COMMON DX (Reason for test)</b>	<b>ICD-9</b>	<b>COMMON DX (Reason for test)</b>	<b>ICD-9</b>			
ABDOMINAL PAIN, GENERALIZED	789.07	ENCOUNTER OTHER DIALYSIS	V56.8	POSTSURGICAL STATUS OTHER	V45.89			
ABDOMINAL TENDERNESS, GENERALIZED	789.67	ESOPHAGEAL REFLUX	530.81	RHEUMATOID ARTHRITIS	714.0			
ABNORMAL BLOOD CHEMISTRY	790.6	EXTRAVASATION OF URINE	788.8	SCREENING FOR DIABETES MELLITUS	V77.1			
ABNORMAL GLUCOSE	790.29	FEVER	780.60	SCRN MALG NEOP- PROSTATE	V76.44			
ABNORMAL WEIGHT GAIN	783.1	GENERALIZED PAIN	780.96	SICKLE-CELL DISEASE	282.60			
ACUTE PANCREATITIS	577.0	GLYCOSURIA	791.5	STRAINING ON URINATION	788.65			
ALTERED MENTAL STATUS	780.97	HEADACHE	784.0	SYSTEMIC LUPUS ERYTHEMATOSUS	710.0			
ATRIAL FIBRILLATION	427.31	HYPERTHYROIDISM	252.08	THROAT PAIN	784.1			
BIPOLAR DISORDER UNSPECIFIED	296.80	IDIOPATHIC OSTEOPOROSIS	733.02	UNSPECIFIED ANEMIA	285.9			
CARDIAC COMPLICATIONS NEC	997.1	IMPAIRED FASTING GLUCOSE	790.21	UNSPECIFIED CHEST PAIN	786.50			
CHRONIC FATIGUE SYNDROME	780.71	LACK OF COORDINATION	781.3	UNSPECIFIED NUTRITIONAL DEFICIENCY	269.9			
CHRONIC KIDNEY DISEASE UNSPECIFIED	585.9	LONG-TERM USE OTH MED	V58.69	UNSPECIFIED OSTEOPOROSIS	733.00			
CRAMP OF LIMB	729.82	LOSS OF WEIGHT	783.21	URINARY FREQUENCY	788.41			
DB W/O COMP TYPE I TYPE UNCNTRL	250.03	MALNUTRITION OF MILD DEGREE	263.1	VIRAL HEP B W/O COMA	070.30			
DB W/O COMP TYPE II	250.00	NAUSEA ALONE	787.02	VIRAL HEP C W/O COMA	070.70			
DB W/O COMP TYPE II/UNS NOT UNCNTRL	250.02	NERVOUSNESS	799.2	OTHER:				
DIARRHEA	787.91	NONSPECIFIC FINDING EXAM URINE	791.9					
ELEVATED WHITE BLOOD CELL COUNT	288.60	PERSONAL HISTORY OF UTI	V13.02					
ENCOUNTER LONG-TERM USE ANTICOAG	V58.61	OTHER MALAISE AND FATIGUE	780.79					

\*\* LIS test code will depend on the location performing the testing

I certify that these diagnosis codes support the test ordered and are medically necessary.

**Ordering provider Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_ **Chart Location: Provider Orders**