

Title: REQUISITION COMPLETION FOR ANCILLARY SERVICES WITH UMC(LAB, RADIOLOGY, EKG, REHAB. Etc.)	Policy Number: EP 3.7
Regulation Reference:	Effective Date: 5/2013

#### **Policy Statement:**

It is the policy of Paul L. Foster School of Medicine Clinics to provide correct and complete documentation on all patient requisitions sent to other service providers.

### **Scope and Distribution:**

This policy involves the active participation of all Paul L. Foster School of Medicine faculty, staff, students and visiting faculty, staff and students.

#### Procedure:

- 1. Current forms for ordering ancillary procedures from University Medical Center (Laboratory tests, Radiology procedures, etc.) will be secured by Department Administrator, Head Nurse or designee.
- 2. Forms for ordering lab tests, radiology procedures and other ancillary services will be placed in an area(s) easily accessible to providers who may be ordering for patients.
- MD faculty, Residents, PA's, APN's (MLP's) or anyone else who may order patient testing is responsible to ensure that they understand how the forms are to be correctly completed. Residents and MLP's will include the supervising faculty NAME (Not Signature) on all outpatient orders. Billing can only be done under faculty names.
- 4. All ancillary requisitions will be completed by the provider. Although the clinic staff may assist by checking requisitions given to patients before they leave the clinic, it is the ultimate responsibility of the provider to assure that the requisition is completely and correctly filled out and <u>legible</u>.

All forms are to be completed with all required information.

Please see the attached sample forms for Laboratory and Radiology and note the required information.

a. <u>Patient Name:</u> Complete name (as registered) and DOB <u>must</u> be placed on all requisitions. Some requisitions require last name first.



#### b. Clearly mark or state which exam or test is ordered:

On laboratory requisitions – use the "check off" lists for all tests listed - write in test, in "other", only when test not included on the checklist. If check box at column heading is checked, all tests in that column will be done.

On radiology requisitions – Complete the space – "Exam requested."

### c. Clinical Information/ ICD-9 Code/ Diagnosis:

The reason for the exam or test <u>must</u> be included on the requisition.

**For X-Ray requests** – the provider must enter clinical information in a narrative style on the middle of the form. Diagnosis and any pertinent clinical history that will assist the Radiologist must be included.

**For lab requests** – at the upper 1/3 of the form on the right, there is a space for Diagnosis/ICD 9 Code. If the patient has only one diagnosis, enter this one diagnosis. If the patient has more than one diagnosis for which tests are being ordered enter all diagnosis or ICD-9 Codes.

d. "Special instructions": should be entered on either form.

On Radiology requests – "special instructions" is an area near the bottom. Include whether the patient must present with a full bladder, fasting, etc. If "STAT" and Call Physician" is required enter this information here and include a phone number and person to call.

**On Lab requests** – enter Clinic location in box at upper (R) - for collection Date and Time and Fasting/Non-Fasting complete box at bottom right of form.

- e. **For both Lab and Radiology** it is very important to note the <u>clinic location</u> in case more information must be obtained from the clinic and so that results can be forwarded to the appropriate clinic.
- f. **On Radiology requisitions** for tests that require precertification, please enter precertification number in the "comments" area. (Just above printed name of the physician.)
- g. The <u>Physician ordering</u> the tests <u>must sign</u> the requisition. Space for printing the Physician name is provided so that should Radiology or the Lab need to contact the person ordering they can <u>read the name</u>. When Residents order <u>any</u> OP testing they must enter the NAME of the faculty/supervising faculty not the signature of the faculty.



- 5. Special Laboratory instructions:
  - a. If a specimen is being sent to the lab, instead of sending the patient, send a copy of the patient's <u>current insurance card</u> and face sheet with insurance information along with the specimen and requisition.
- 6. Clinic staff may assist the provider in completing requisitions as appropriate, e.g.: completing patient information portions of requisitions with patient assistance, making appointments for tests/procedures, obtaining precertification, etc.
- 7. Clinic staff will assist patients in any way practical with understanding directions for tests or procedures, explaining procedures or tests, directing to testing sites, noting dates and times for tests or procedures, following up with providers on orders written, etc.
- 8. Laboratory specimens will be properly labeled, packaged for safe handling, and transported to the lab. Patient's <u>current insurance information</u> will be stapled to the requisition. An <u>updated face sheet should contain this information</u>.
- 9. When lab testing is complete results are available online and hardcopies are sent to clinics. Stat lab results and critical values are to be called to clinics.
- 10. Medical Director and Nurse Manager of clinics are responsible to develop a process for review of all returned lab and ancillary department results before they are placed in the medical record.

Policy Number: EP 3.7	Original Approval Date: 10/2000				
Version Number: 5	Effective Date: 5/2013				
Signatory approval on file by:					
Michael J. Romano, M.I	Michael J. Romano, M.D.				
	Clinic Operations Committee Chair, Paul L. Foster School of Medicine, El Paso Associate Dean of Clinical Affairs, Paul L. Foster School of Medicine, El Paso				



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Responsible Party	-	Relationship	Phone			
	arly ma	rk which exam(s) is/are			UNIVERSITY	
LABORATORY (	GENF	RAL ORDER FOR	M		MEDICAL CENTER	R
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rimary Physician (g) Supervising faculty		SNOSIS / ICD\9 ason for the exam	_	(e) Clinical department		
Basic Metabolic Panel	/	B M P (calcium ionized)	80047	THERAPEUTIC DRUGS	4815 ALAMEDA AVENUE (915) 521-7788	
BUN	80048 84520	BUN	84520	Carbamazepine	FAX (915) 521-7853	
Calcium Creatinine	82310 82565	Calcium Creatinine	82330 82565	Digoxin Dilantin	CLIA # 45D0667465 CAP # 21737-01	
Glucose	82947	Glucose	82947	Phenytoin, total		
Electrolytes	80051	Electrolytes CHEMISTRY	80051	Theophylline		
Hepatic Function Panel Albumin	80076 82040	Amylase	82150	Valproic Acid Vancomycin, Peak		
Alkaline Phosphatase	84075	Ammonia	82140	Vancomycin, trough		
ALT (SGPT) AST (SGOT)	84460 84450	Glucose Iron	82947 86540			
Bilirubin, Total	82247	Transferrin	84466	CBC/ w/o diff	4.5	
Bilirubin, direct Protein, total	82248 84155	Magnesium Phosphorus	83735 84100		IMMUNOLOGY / SEROLOGY	
Comp. Metabolic Panel	80053	Uric Acid	84550		_ H. pylori	86677
Albumin	82040	Serum Protein Electro	84165		_ ANA	86038
Alkaline Phosphatase ALT (SGPT)	84075 84460	URINE CHEMISTRY  Protein, total	84156	URINALYSIS UA w/ microscopic	ASO CRP	86063 86140
AST (SGOT)	84450	Microalbumin	82043	UA dipstick only	Mono screen	86308
Bilirubin, Total Protein, total	82247 84155	<ul> <li>Creatinine, random</li> <li>Uric Acid</li> </ul>	82570 84560		RPR HIV screen	86592 86701
BUN	84520	CARDIAC CHEMISTRIES			RA	86430
Calcium Creatinine	82310 82565	CK-MB Troponin I	82553 84484	MICROBIOLOGY Culture, Blood	Hep Bs antibody	86706
Glucose	82947	BNP	83880	Culture, Urine	BLOOD BANK	
Electrolytes	80051	SPECIAL CHEMISTRY	00405	Culture, stool	ABO blood type	86900 86901
Lipid Panel Cholesterol, serum	80061 82465	— A.F.P. CEA	82105 82378		Rh blood type Antibody screen	86850
HDL direct	83718	Cortisol	82533	Culture, other		
Triglycerdies Hepatitis panel	84478 80074	Ferritin FSH	82728 83001	Ova & Parasites	OTHER TESTS	
Hepatitis A Ab IgM	86709	Free T4	84439	C. difficile toxin	1	
Hep B core AB	86705	Folic Acid	82607	_ RSV .		
Hep B surface Atgn     HCV	87340 86803	Vitamin B12 HGB A1C	82607 83036	Rotovirus Occult blood	2	
Renal Function Panel	80069	LH	83002	Gram stain	3	
Albumin BUN	82040 84520	PSA total Prolactin	84153 84146			
BUN Calcium	82310	Prolactin TSH	84146		-	
Creatinine	82565	COAGULATION			5	
Electrolytes Glucose	80051 82947	APTT PT/ IINR	85730 85610		6	
Phosphorous, Inorganic	84100	Fibrinogen	85384		-	
		D-Dimer Quant	85379		7	
Physician Signature / NPI #		Date		PHONE OR FAX	8	
(g) Ordering physician sig	nature				(d) Enter special instructions	
					Collection Date & Time	
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UNIVERSITY MEDICAL CENTER  OF EL PASO								
DIAGNOSTIC IMAGING DEPARTMENT SCHEDULING (915)521-2255 – FAX (915)521-7108								
Today's Date:	(b) Clearly mark which exam(s) is being ordered							
□ст			RI*		AGNOSTIC R	ADIOLOGY		
☐ MAMMOGRAPHY		□ U	LTRASOUND		JCLEAR MED	ICINE		
□CARDIAC CATH			ITERVENTION	IAL				
NAME: (a) Print pat	ient name	SSN:		DOB:				
ADDRESS:	STREET	APT.		CITY	STATE	ZIP CODE		
EXAM REQUESTED:								
DIAGNOSIS & HISTORY (PER	TIMENT OF INIC	AL INFORM	IATION)					
IMPORTANT: EXAM WILL NO	T BE PERFOR	MED WITHO	OUT PERTINENT	CLINICAL IN	FORMATION			
(c) Reason for the exam must be inc	(c) Reason for the exam must be included in this area							
(d) Any special instructions should	be noted here							
SPECIAL INSTRUCTIONS: *	DOES PAT	IENT REQ	JIRE ANESTHE	SIA FOR P	ROCEDURE:	YES/NO		
IF YES, PLEASE INFORM U	MC WHEN SO	CHEDULIN	G PROCEDURE		The Assessment	a marinear in		
COMMENTS: PRE-CERTIFICA	TION # (IF NE	CESSARY):						
(f) Please enter pre-certification nu	mber here							
PLEASE CONTACT THE NORTHEAST IMAGING DEPARTMENT AT (915)231-2301 IF YOU HAVE ANY QUESTIONS.								
(g) Print ordering physician name								
PHYSICIAN ORDERING (PLEA	SE PRINT)			APPOIN	TMENT INFORM	IATION		
X (g) Signature of ordering physicial PHYSICIAN SIGNATURE	n							
(g) Printed name of supervising fa	culty		DATE/T	IME	SCI CONTAC	CT		
ATTENDING SIGNATURE								
(e) Enter clinic location/info here PRINT OR STAMP REFERRING	CLINIC	_	PT TELI	EPHONE#	CLINIC CONT	TACT		



PATIENT INFORMATION Last name	First	MI	1	DOB	1		
(a) Print patient's first and last name					L.I.S. Labels		
Sex         SS #         Texas Tech MR #					1	Lab Re	
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NEUROLOG	Y CLIN	IC				UNIVERSITY	
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	arıy ma	ark wnich ex	am(s) is/are	being ordered		OF EL PASO	
Primary Physician	ina <b>f</b> aa	ulfur names	Diagnosi		7	*	
(g) Print supervis	ing tac	uity name	(c) F	Reason for exam			
Basic Metabolic Panel	80048	URINE CHEMI	ATD V			UNIVERSITY MEDICAL CENTER OF EL PASO	
BUN	84520	Protein, total	84156	THERAPEUTIC DRUGS  Carbamazepine	80156	REGIONAL LABORATORIES 4625 ALBERTA AVENUE	
Calcium	82310	Microalbumin	82043	Digoxin	80162		
Creatinine Glucose	82565	Creatinine, rando		Dilantin	80185	(915) 521-7788	
Electrolytes	82947 80051	Uric Acid	84560	Phenytoin, total	80185		
Hepatic Function Panel	80076	CHEMISTRY		Vancomycin, Peak Vancomycin, trough	80202 80202		
Albumin	82040	Amylase	82150	vancomycin, trough	80202	CAP # 21737-01	
Alkaline Phosphatase	84075	Ammonia	82140	HEMATOLOGY		IMMUNOLOGY / SEROLOGY	000000
ALT (SGPT) AST (SGOT)	84460 84450	Glucose Iron	82947	CBC/auto diff	85025		A STATE OF THE PERSON NAMED
Bilirubin, Total	82247	Iron Transferrin	86540 84466	CBC/ w/o diff ESR, westergren	85027	HIV screen	86701
Bilirubin, direct	82248	Magnesium	83735	Platelet count only	85651 85049	RA Hep Bs antibody	86430
Protein, total	84155	Phosphorus	84100	Retic count	85045	SPINAL FLUID TESTING	86706
Comp. Metabolic Panel	80053	Uric Acid	84550	_		Culture, CSF	87070
Albumin Alkaline Phosphatase	82040	Serum Protein Ele	ectro 84165	ENGINEER AND ADDRESS OF THE PARTY OF THE PAR		Oligocional Banding	83916
Alt (SGPT)	84075 84460	CARDIAC CHEMIS	TDIEC	URINALYSIS		Total Protein, CSF	84157
AST (SGOT)	84450	CK-MB	82553	UA w/ microscopic UA dipstick only	81001 81003	Glucose, CSF	82945
Bilirubin, Total	82247	Troponin I	84484	IF UA POSITIVE THEN	01003	Cell Count, CSF	85032
Protein, total	84155	BNP	83880	ORDER URINE C & S	87088		
BUN Calcium	84520 82310	Myoglobin	83874				
Creatinine	82565	SPECIAL CHEM A.F.P.	82105	MICROBIOLOGY  Culture, Blood	87040	OTHER TESTS	
Glucose	82947	CEA	82378	Culture, Urine	87088		
Electrolytes	80051	Cortisol	82533	Culture, stool	87046		- 1
Lipid Panel	80061	Ferritin	82728	Culture, other	87071		
Cholesterol, serum	82465	Free T4	84439	Culture, Sputum	87075		-
HDL direct Triglycerdies	83718 84478	Folic Acid	82607	Culture, other	87070		
Hepatitis panel	80074	Vitamin B12 HGB A1C	82607 83036	Ova & Parasites	0747-		
Hepatitis A Ab IgM	86709	LH	83002	C. difficile toxin	87177 87324		•
Hep B core AB	86705	PSA total	84153	RSV	87420		
Hep B surface Atgn	87340	PSA free	84154	Rotovirus	87425	· ·	
_ HCV	86803	Prolactin	84146	_ Occult blood	82270		
Renal Function Panel Albumin	80069 82040	TSH	84443	Gram stain	87205		
BUN	84520	COAGULATION		IMMUNOLOGY / SEROLOGY	25.20		
Calcium	82310	Prothrombin time	85610	H. pylori	86677		
Creatinine	82565	APTT	85730	_ ANA	86038		•
Electrolytes	80051	PT/ IINR	85610	ASO	86063		
Glucose Phosphorous, Inorganic	82947 84100	Fibrinogen D-Dimer Quant	85384	_ CRP	86140	Location / Room number	
opo.oo, morganio	2.100	o-omei Quant	85379	Mono screen RPR	86308 86592	(e) Clinic location	
Physician Signature		Date		PHONE OR FAX	Г	Fasting	-
(g) Ordering phys	ician si			170		. sound	
(3) 61130		3					
	NAME OF TAXABLE PARTY.					Collection Date & Time	
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