

AMA APPROVED PANELS

5000 ELECTROLYTES PANEL
 Na-Sodium
 K-Potassium
 Cl-Chloride
 CO2-Bicarbonate

5002 BASIC METABOLIC PANEL
 Na-Sodium Glu-Glucose
 K-Potassium BUN-Urea
 Cl-Chloride Cr-Creatinine
 CO2-Bicarbonate Ca-Calcium

5001 COMPREHENSIVE METABOLIC PANEL
 Na-Sodium TBil-Total Bilirubin
 K-Potassium TP-Total Protein
 Cl-Chloride Alb-Albumin
 CO2-Bicarbonate ALP-Alkaline Phosphatase
 Glu-Glucose AST-SGOT
 BUN-Urea ALT-SGPT
 Cr-Creatinine Globulin Calculate
 Ca-Calcium

5003 HEPATIC FUNCTION PANEL
 Alb-Albumin
 TBil-Total Bilirubin
 Dbil-Direct Bilirubin
 ALP-Alkaline Phosphatase
 AST-SGOT
 TP-Total Protein
 ALT-SGPT

5004 LIPID PANEL
 Trig-Triglyceride
 Chol-Cholesterol
 HDL-High Density lipoprotein
 LDL-Low Density lipoprotein
 VLDL,Cholesterol calculated
 LDL-Low Density lipoprotein, calculation

5021 ACUTE HEPATITIS PANEL
 HepA IgM-Hepatitis A Ab
 HBsAg-Hepatitis B Surf Ag
 HBsAb-Hepatitis B Core Ab
 HCVAb-Hepatitis C Virus Ab

OTHER COMPREHENSIVE PANELS

5029 THYROID COMPREHENSIVE PANEL
 TU-T3,Uptake
 T3-T3, Total
 T4-T4, Total
 FT3-T3, Free
 FT4-T4, Free
 TSH

5010 ANEMIA PANEL
 CBC-CBC/w Differential
 Retic-Reticulocyte Count
 Iron
 TIBC
 Ferritin
 B12- VitB12
 Fol- Folate

5023 IRON DEFICIENCY PANEL
 Fe-Iron Ferritin
 TIBC UIBC
 Sat%- Transferrin

5030 B12 + FOLATE DEFICIENCY PANEL
 B12- VitB12
 Fol- Folate

5066 HEPATITIS COMPREHENSIVE PANEL
 HAV Ab-
 HAV IgM
HBsAg-Hepatitis B Surf Ag
 HBs Ab-Hepatitis B Surf Ab
 HBc Ab- Hepatitis B core Antibody IgM
 HCV Ab

5069 STD PANEL(Female)
 Chlamydia Trachomatis
 Hepatitis B Surface AB
 Hepatitis C Ab, EIA
 HIV AG/AB 4th Gen
 Mycoplasma Culture
 N. Gonorrhea
 Trichomonas Vaginalis

5015 DIABETIC PANEL
 Glu-Glucose
 HgBA1C-Hemoglobin A1c

5037 PSA PANEL
 PSA FREE AND TOTAL

1184 QUANTIFERON PANEL
 TB QuantIFE ON®-Gold

5070 - STD PANEL (Male)
 Chlamydia Trachomatis
 Hepatitis B Surface AB
 Hepatitis C Ab, EIA
 HIV AG/AB 4th Gen
 Mycoplasma Culture
 N. Gonorrhea
 Trichomonas Vaginalis
 Ureal/Plasma Culture

5011 ARTHRITIS PANEL
 CBC-CBC/w Differential
 ANA-
 ASO
 CRP-HS
 RF-Rheumatoid Factor
 ESR-Sed Rate
 UA-Uric Acid

5020 EBV VIRUS PANEL
 EBV Capsid Antigen Ab (IgG)
 EBV Capsid Antigen Ab (IgM)
 EBV Nuclear Antigen, Ab(IgG)
 EBV Early Antigen, Ab

COMMONLY USED ICD 10 CODES

The below codes are CMS approved coding for outpatient services (<https://www.cms.gov/Medicare/Coding/.../ICD-10-IOCE-Code-Lists.pdf>). Please select all applicable diagnosis in relation to the laboratory services ordered. Please use the bottom "Other" Section to add any unmentioned ICD-10 or diagnosis descriptions. Please verify that the ordered test have the necessary appropriate diagnosis code.

ANEMIA PANEL	D64.9	ARTHRTIS PANEL	M06.9	MALE PANEL		COMMON TOXICOLOGY CODES	Z79.891	FATIGUE PANEL	R53.82
Iron Deficiency	D50.8	Joint pain	M25.5	Lipid Panel	E78.5	Long-term (current) Opiate	Z79.891	Thyroid Panel	E03.9
Vitamin B12 Def	D51.1	CRP	E72.2	CBC W/Diff		Other Long-term Drug Therapy	Z79.899	TSH	E03.9
LDH	R74.0	Lyme Disease ab	R53.82	Chem 24	I10	Therap Drug Monitoring Level	Z51.81	T3	E03.9
				Ferritin	D64.9	Alcohol Abuse, Uncomplicated	F10.10	T4	E03.9
				Hemoglobin A1C	E11.9	Oicoid Abuse, Uncomp	F11.10	CBC W/Diff	D64.9
				Homocysteine		Opioid Dependency, Uncomp	F11.20		
ABNORMAL LIVER PANEL	R74.0	PRE-OP PANEL	M06.9	Vit B12/Folate	D64.9	Cannabis Abuse	F12.10	STD TESTING	Z11.3
Anti Endomyial		CBC W/ Diff	M25.5	Vit D1,2,5, Dihydroxy	E55.9	Cannabis Dependency	F12.20	Chlamydia/Gonorrhea	
Anti Liver/Kideny		CMP	E72.2	Vit D,25-Hydroxy	E55.9	Other Psych Substance Abuse	F19.10	HIV	
Anti Mitochondrial Ab		PT	R53.82	Microlab, Urine Random		Nicotine Dependency	F17.200	RPR	
Anti Smooth Muscle		PTT		PSA Total	N40.0	Pain, UNS	R52	Herpes	
Ceruloplasmin		Urinalysis (UA)		Testosterone					
Ferritin	D64.9			Thyroid Comprehensive	E03.9	FEMALE PANEL		THYROID PANEL	E03.9
IgA, Serum		ALLERGY PANEL	M06.9	Urinalysis (UA)		Lipid Panel	E78.5	Lipid Panel	Z13.220
IRON + TIBC	D64.9			Iron & TIBC	D64.9	CBC W/Diff		Hepatitis Panel	B19.9
Tranclolutaminase		GENERAL ADULT EXAMINATION				Chem 24		Diabetic Panel	Z13.1/ E11.9
		CBC W/Diff				Ferritin	D64.9		
URINE TESTING URINE	R82.8	Ferritin	D64.9			Hemoglobin A1C	E11.9		
Culture	N39.0	Iron + TIBC	D64.8			Homocysteine Serum			
Urinalysis		Thyroid Comprehensive	E03.9			Iron + TIBC	D64.9		
Urine Cytology	N39.0	Vitamin D	E55.9			TSH	E03.9		
		Lipid Panel	E78.5			Hormone Panel	R53.83		
VITAMIN D PANEL	E55.9	Urinalysis	N39.0			LH			
25oh	N39.0	GLYCO Hgb A1c	E11.9			Prolastin	N92.6		
		RPR	Z11.3			Estradiol	N92.6		
						Progesterone	N92.6		

PLEASE NOTE: This resource is provided for informational purposes only and does not guarantee that billing codes will be appropriate or that coverage and reimbursement will result. Providers should consult with their payers for all relevant coverage coding and reimbursement requirements. It is the sole responsibility of the provider to select proper codes. This resource is not intended as legal advice or a substitute for a provider's independent professional judgment.

Clarity Laboratories, LLC, assumes no liability for the results or consequences associated with the use of this quick reference guide and makes no representation, warranty, or guarantee as to the accuracy or validity of any of the information contained herein. For comprehensive coding guidance see the complete ICD-10-CM code set and Official Coding Guidelines, 2017 edition.

Informed Consent to Perform HIV Testing:

I agree to testing for HIV infection. If I am found to have HIV, I agree to additional testing which may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time.

For pregnant women only:

In addition to the testing described above, I authorize my health care professional to repeat HIV diagnostic testing later in this pregnancy. I understand that my health care provider will discuss this testing with me before the test is repeated and will provide me with the test results. The consent to repeat diagnostic testing is limited to the course of my current pregnancy and can be withdrawn at any time.

Signature: _____ Date: _____
 (Test subject or legally authorized representative)

If legal representative, indicate relationship to subject: _____

Printed Name _____

ADVANCE BENEFICIARY NOTICE (ABN)

To the Beneficiary: Your physician may sometimes order laboratory testing that he or she believes to be necessary for your care, but which does not qualify for coverage under Medicare's standards. Medicare will only pay for services that it determines to be "reasonable and necessary" based upon the diagnosis information furnished to CLARITY LABS by your physician. If, *under Medicare's standards*, your diagnosis does not support the testing ordered, Medicare will deny coverage. In those cases where Medicare denies coverage, the billing will be forwarded to you, and you will be responsible for the cost of the laboratory tests. Beneficiary Agreement: I have been notified by my physician/supplier that he or she believes that, in my case, Medicare may deny payment for the services above. If Medicare denies payment, I agree to be personally and fully responsible for payment.

Specimen Collection Key Code

L = Lavender Top	R = Red Top	GY = Grey Top	LB = Light Blue Top
GR - Green Top	Y = Yellow Top	RB = Royal Blue	ES = E-Swab
SV = Swab-Viral Culturette	O&P = Ova and Parasite Kit	BLD, CUL = Blood Culture	CUP = Random Urine
W = PPT	S = Serum Separator Top	T = Tan Top	P = Pink Top
U = Urine Tube Timed Urine	BOR = Boricuit	FOBT = FOBT Kit	24 = 24 Hour Urine
Aptima = Aptima Swab	ES = E-Swab		