



## 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.

<b>ANEMIA PANEL</b>	<b>D64.9</b>	<b>ARTHRTIS PANEL</b>	<b>M06.9</b>	<b>MALE PANEL</b>		<b>COMMON TOXICOLOGY CODES</b>	<b>Z79.891</b>	<b>FATIGUE PANEL</b>	<b>R53.82</b>
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		
<b>ABNORMAL LIVER PANEL</b>	<b>R74.0</b>	<b>PRE-OP PANEL</b>	<b>M06.9</b>	Vit B12/Folate	D64.9	Cannabis Abuse	F12.10	<b>STD TESTING</b>	<b>Z11.3</b>
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	<b>FEMALE PANEL</b>		<b>THYROID PANEL</b>	<b>E03.9</b>
IgA, Serum		<b>ALLERGY PANEL</b>	<b>M06.9</b>	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		<b>GENERAL ADULT EXAMINATION</b>				Chem 24		Diabetic Panel	Z13.1/ E11.9
		CBC W/Diff				Ferritin	D64.9		
<b>URINE TESTING URINE</b>	<b>R82.8</b>	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		
<b>VITAMIN D PANEL</b>	<b>E55.9</b>	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.

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### 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

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