



Lab Management Quick Reference Guide

Health Plan Member Information

- Health Plan name
- Member ID
- Member Name
- Gender
- Member Date of Birth
- Address & Phone Number
- Email (if available)

Ordering Physician Information

- Physician Name
- Physician Address
- Physician NPI
- Physician Phone & Fax number
- Email (if available)
- Contact Name

Test Information

- Specimen Collected? Y/N If yes, date
- Test performance date (if known)
- Test name (if known)
- CPT codes(s) and units
- ICD codes(s) relevant to requested test
- Test indication (Personal history of condition being tested, age at initial diagnosis, relevant signs and symptoms if applicable)
- Relevant past test results
- Member's or Patient's ethnicity
- Relevant family history if applicable (Maternal or paternal relationship, medical history including ages at diagnosis, genetic testing)
- Is there a known familial mutation? If yes, what is the specific mutation?
- How will the test results be used in the member's or patient's care?
- Submit any pertinent clinical documentation that will support the test request.