

UNIVERSITY OF NEBRASKA MEDICAL CENTER

Regional Pathology Services

Client Guide



One Number for all Your Laboratory Needs

1-800-334-0459

24/7 Client Services



UNIVERSITY OF NEBRASKA MEDICAL CENTERSM
**REGIONAL PATHOLOGY
SERVICES**

PHONE: 402.559.6420
TOLL FREE: 1-800-334-0459
FAX: 402-559-9497

REGULAR BUSINESS HOURS:
Mon. - Fri. | 7 a.m. - 9 p.m.
Sat. - Sun. | 8 a.m. - 3 p.m.

After Hours, Weekends & Holidays
ON-CALL PAGER: 402-888-2086



CONTACTS



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Laboratory Information

Regional Pathology Services
681180 Nebraska Medical Center
Omaha, NE 68198-1180

Lab Phone/Fax Numbers

Client Services: 402-559-6420
Toll Free: 1-800-334-0459
Fax: 402-559-9497

Website

www.reglab.org

Billing

Toll Free: 1-877-560-0009
Phone: 402-559-9480
Fax: 402-559-8359

UNMC Shipping & Receiving Dock

Regional Pathology Services
MSB 3500
University of Nebraska Medical Center
601 South Saddle Creek Road
Omaha, NE 68106-1180

contacts insert blank back



WEBSITE RESOURCES





I. Test Directory

Search for any test by going to www.reglab.org. Here you will find information about patient preparation, test requirements, specimen collection, result interpretation and test turnaround times. We encourage clients to check this often as test requirements may change.



II. Critical Values

Under Client Services tab → Critical Values.
A list of all the critical tests and values where a physician will be called with the results.

III. Lab Alerts

Every attempt is made to continually communicate changes to lab tests to clients. This is communicated by e-mail, fax, phone or coordinator client visit. An archive of all lab alerts sent out will also be posted on the website under Client Services tab → Testing Updates (Lab Alerts)

IV. Ordering Supplies

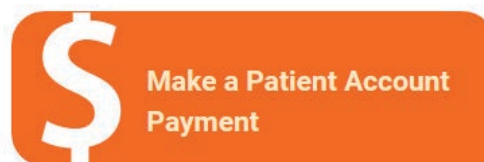
Refer to the Client Supply Ordering Quick Guide in tab “3.”

V. Holiday Schedule

Regional Pathology Services holiday schedule will be posted on the website under Client Services tab → Holiday schedule. The laboratory is open 24/7, but testing is limited. Please call 402-559-6420 with questions regarding specimen stability and turnaround time.

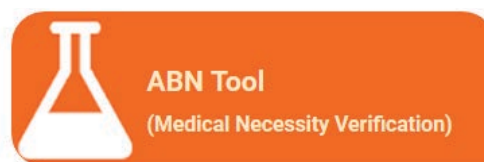
VI. On-Line Payment

Patients may choose to pay their invoices on-line by credit card by clicking on the Make a Payment icon located on the middle-right section of the page. Clients can contact billing to pay by credit card.



VII. ABN Tool

Clients are able to look up diagnosis codes to check for medical necessity.



Updated 08.2019



VIII. Billing Information

Billing policies, ABN forms and Medicare guidelines are posted on our website under Billing/Compliance.

Participating Insurance Plans

Aetna/Coventry Healthcare*

- Aetna (Broad Network)
- Coventry Health Care Iowa
- Coventry Healthcare of Kansas
- Coventry Healthcare of Nebraska
- Coventry National Network
- First Health (except "First Health Professionals Only" as of 1-1-17)
- Meritain Health
- Nebraska Health Network

Blue Cross Blue Shield of Nebraska**

- BCBSNE Federal Plan
- BCBSNE Network Blue
- BSCSNE BlueCard HMO (only with suitcase logo)
- BSCSNE BlueCard PPO
- BSCSNE Select Blue
- BSCSNE Student Blue

Century Health Solutions

- Century Health Solution

HealthNet Veterans Choice

- Veterans Choice Program

Humana

- Humana Choice Care
- Humana One PPO

Medicaid Iowa

- AmeriGroup Iowa
- Iowa Care for Yourself

- Iowa Medicaid
- Iowa Total Care, effect. 7/1/19
- UnitedHealthcare Community Plan (UHC River Valley), term date 6/30/19

Medicaid Kansas

- AmeriGroup Kansas
- Sunflower Health
- UnitedHealthcare Community Plan Kansas

Medicaid Nebraska

- Every Woman Matters
- Nebraska Medicaid
- Nebraska Total Care
- UnitedHealthcare Community Plan Nebraska
- WellCare of Nebraska

Medicare

- Medicare Part A & B

Medicare Advantage***

- BCBSNE Medicare Advantage Core (HMO)
- BCBSNE Medicare Advantage Choice (HMO-POS)
- Coventry Advantra Medicare Advantage (except "Coventry Total Care")
- Humana Gold (HMO) Medicare Advantage
- HumanaChoice (PPO) Medicare Advantage
- UnitedHealthcare Medicare Advantage

Midlands Choice****

- All Plans
- Medica Insure Tier 1, effective 1-1-19
- Medica Elevate Tier 1, effective 1-1-19

MultiPlan

- MultiPlan

Other

- Nebraska Furniture Mart Employee Plan Tier 1

Tricare

- Tricare Active Duty
- Tricare for Life
- Tricare Prime

UnitedHealthcare (UHC)

- Golden Rule
- NexusACO
- Oxford Health
- United Medical Resources (UMR)
- UnitedHealthcare

*Regional Pathology Services does not participate in CHI Aetna Networks



CLIENT SUPPLY ORDERING QUICK GUIDE



CLIENT SUPPLY ORDERING QUICK REFERENCE GUIDE



- I. Go to **www.reglab.org**.
- II. Click on the **Order Lab Supplies** icon on the middle-right of the page.



- III. **Login** with your supplied account number and password. Usually they are both your client code. Call customer service if you forgot your password or you need to reset it.

Contact Us 800-334-0459

UNMC REGIONAL PATHOLOGY SERVICES

Home About Us Client Services Billing/Compliance Consultants Locations Contact Us

Supply Orders

Account Number

Password

- IV. Here you can **View Orders, Place Orders** and **Update** your Account Information.
- V. Click on **Place Orders** to order supplies.
- VI. A contact name is required. Enter quantity for each item.
- VII. Any special requests can be entered in the comment box. Click on **Place Order** to submit your order.

SUPPLY ORDERS

Contact Name: (required)

Product ID	Product	Qty
AIRBILL 1 (each)	FEDEX PREPAID AIRBILL (Order Individually)	<input type="text" value="0"/>
BAG1 (each)	BioBag w/Dry Mop 6x9 (100/pk)	<input type="text" value="0"/>

- VIII. Please allow 5-7 days for your order to be delivered. If supplies are needed STAT please call the customer service line at **402-559-6420** to place the order.
- IX. You can check the status of your order at any time by clicking on **View Orders**.

Updated 01.2018

client supply ordering reference guide insert blank back



ON-LINE RESULT VIEWING QUICK GUIDE & USER AGREEMENT



REGIONAL PATHOLOGY SERVICES

RPS PATHWAY USER AGREEMENT



Regional Pathology Services (RPS), 981180 Nebraska Medical Center, Omaha, NE 68198, offers RPS clients access to its website and RPS Pathway system (and related data) exclusively for the purpose of providing timely services to improve patient care. This agreement includes, but is not limited to, secured access to client's patient information, including test order and result data.

The period of this agreement begins upon delivery of one or more combinations of a username and password to the client's authorized management from RPS. So long as the service is utilized in accordance with RPS specifications and the terms of this agreement, RPS will not charge the client a monthly fee or cancel access.

RPS AGREES TO THE FOLLOWING:

1. Provide Username- and Password-secured access to inquire on the client's own patients, test orders, status of tests, and test results. When a client has multiple client numbers, this Username and Password will access all patients within the defined group of client numbers.
2. Provide accurate and timely test results for the data retention period of a minimum of 60 days from test completion.

CLIENT AGREES TO THE FOLLOWING:

1. Provide all hardware, including phone line (if necessary), software, and Internet access. Minimum browser requirements are Version 6 (six) of Internet Explorer. There are no communication speed requirements.
2. Patient results viewed in result Inquiry may not represent the completed report. This is especially true for microbiology cultures, which are observed daily for growth and may take several days to become positive. Please be certain that all test values are final results before providing copies to your patients.
3. In the course of using RPS Pathway, client will have access to written or electronic media information concerning patients, test orders, test results, client demographics, ordering physicians, and services performed by Nebraska Medicine/University of Nebraska Medical Center. Client will not disclose (verbally, in written form, by electronic or any other means) individual patient health information to which it has access through RPS Pathway to any unauthorized person. Client agrees to comply with security and privacy regulations to which client is subject.
4. The general intent of this access is for use by RPS clients for "referral testing" information provided by RPS. It is the client's sole responsibility to determine, control, and be responsible for those people under their employment who are allowed access.
5. Client will use the access solely for purposes granted. Client agrees to not intentionally disclose RPS's username or password (security codes) to anyone other than client's authorized staff or attempt to learn another client's security code.
6. Client accepts responsibility to maintain password security, and related updates for client's staffing as needed. RPS recommends that passwords be changed on a monthly basis. The username/password allows management of other passwords as determined solely by the client's manager/director. This password must be kept strictly confidential by the authorized manager/director.

Updated 08.2019

REGIONAL PATHOLOGY SERVICES

RPS PATHWAY USER AGREEMENT pg 2



AUTHORIZATION & DOCUMENTATION

1. Appropriate client management must authorize all requests for RPS Pathway and the request must be in writing, signed by an authorized representative, and faxed to RPS before access is granted.
2. The original requests and signed agreements will be retained at RPS in a secure place and will be made available as needed for audits, regulatory requirements, or inspections. RPS recommends that a copy of the signed agreement be kept by the client.
3. If the client does not comply with the terms of this agreement or if the client relationship with RPS is terminated, the Internet access as defined in this agreement will be terminated. This agreement, with its detailed and intended cooperation and responsibilities, is accepted by virtue of the following signatures and remains in effect as long as the client has authorized access to RPS Pathway.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Client Name: _____

RPS Client Number(s): _____

Employee Name: _____ Email: _____

Address: _____ City, State, Zip: _____

Authorized By (Name): _____ Job Title: _____

Signed: _____ Date: _____

Phone Number: _____ Email: _____

If designated administrator is different than name listed above:

Designated Administrator Name: _____ Job Title: _____

Phone Number: _____ Email: _____

EMAIL OR FAX COMPLETED & SIGNED FORM TO:

RPS Interface Support

rpsinterfacesupport@unmc.edu

Phone: 402-559-6420

Fax: 402-204-4487



PATIENT RESULT LOOKUP QUICK REFERENCE GUIDE

RPS Pathway Access

- Go to **www.reglab.org**
- Locate and click on the RPS Pathway – Online Client Results Portal link
- Login with lab provided Username and Password

Results List

- The login screen shows **all unread patient results** for your location which are reported but have not been viewed by the active user
- Once a user views a result it will no longer appear on the login screen

Patient	ID	Order #	Accession #	Collected	Resulted	Reported	New	Lab	Unrequested Tests	Result Sta.
DICK,DAFFY	ASFP0044	00000392974752_24160	09/26/16 07:46	09/26/16 09:42	09/26/16 09:42	X	1	UT		Final
MONDAY,HAELAS	ASFP0040	00000392872151_24160	09/26/16 06:40	09/26/16 09:38	09/26/16 09:38	X	1	UT		Final
DICK,DAFFY	ASFP0044	00000392872151_24160	09/26/16 06:40	09/26/16 09:38	09/26/16 09:38	X	1	UT		Final
DICK,DAFFY	ASFP0044	00000392872151_24160	09/26/16 06:40	09/26/16 09:38	09/26/16 09:38	X	1	UT		Final

View Results

- Highlight the appropriate patient, double click to open their Result List
- The Result List shows all results from the patients' most recent date of service
- Several order numbers may be present due to the type of testing ordered
- Select Return to Reports to return to the login screen
- The patient previously viewed will no longer be displayed

Patient	ID	Order #	Accession #	Collected	Resulted	Reported	New	Lab	Unrequested Tests	Result Sta.
JOHNSON,D	D101158	D1010555	D1010555	09/05/07 13:09	09/05/07 13:11	08/13 11:00	X	1	UT	Final
MILLER,AN	D10100082	D10100082	D10100082	09/01/07 09:03	09/01/07 10:10	11/08/13 11:00	X	1	UT	Final
MILLER,AN	D10100002	200701281209701281	01/28/07 05:01	01/28/07 05:11	08/13 11:00	X	1	UT		Final
LAKES,JIM	000008	D1010000	D1010000	08/22/06 13:11	08/22/06 13:11	08/13 11:00	X	1	UT	Final
DEVIAN-MI	100164	D1010054	K413026	11/22/06 08:11	11/29/06 09:11	08/13 11:00	X	1	UT	Final
DEVIAN-MI	100164	20061226	K413026	11/22/06 08:11	11/29/06 09:11	08/13 11:00	X	1	UT	Final
GARRISON,	000001	D1010000	D1010000	08/03/06 19:08	08/10/06 15:11	08/13 11:00	X	1	UT	Part.
GARRISON,	889292	D1010004	D1010004	11/17/06 12:11	11/17/06 12:11	08/13 11:00	X	1	UT	Final
LAKES,JIM	000008	D1010003	D1010003	11/01/06 11:11	11/01/06 11:11	08/13 11:00	X	1	UT	Final
LAKES,JIM	000008	D1010003	D1010003	10/19/06 12:10	10/19/06 12:11	08/13 11:00	X	1	UT	Final
LAKES,JIM	000008	D1010002	D1010002	10/17/06 14:10	10/17/06 14:11	08/13 11:00	X	1	UT	Final
SMITH,ALB	000006	D1010000	D1010000	09/22/06 11:09	09/22/06 11:09	08/13 11:00	X	1	UT	Final
LAKES,JIM	000008	D1010002	D1010002	09/18/06 16:10	09/18/06 16:11	08/13 11:00	X	1	UT	Final
LAKES,JIM	000008	D1010002	D1010002	09/18/06 16:10	09/18/06 16:11	08/13 11:00	X	1	UT	Final
MTEC,CTES	H00367	10613115	10613115	08/24/06 11:08	08/24/06 12:11	08/13 11:00	X	1	UT	Final
GARRISON,	000001	D1010000	D1010000	08/09/06 08:08	08/10/06 15:11	08/13 11:00	X	1	UT	Final
LAKES,JIM	000008	D1010001	D1010001	08/31/06 08:08	08/31/06 08:11	08/13 11:00	X	1	UT	Final

View & Print Patient Specific Report

- Search Reports
- Select Reports from the Results menu

Search Criteria

Reporting Location: [Dropdown]

Reported Date Range: [From] To [To]

Resulted Date Range: [From] To [To]

Resulted Time Range: [From] To [To]

Report Status: [All]

Source: [Dropdown]

Ordering Account: [Dropdown]

Test Type: [All] [Custom]

RPT Type: [All] [Custom]

Only Display:
 Unread by Me
 Near (60 sec. has read)
 Abnormal
 Finalized

Criteria Physician: [Dropdown]

Contains Unrequested Test: [Dropdown]

Order #: [Text]

Accession #: [Text]

Reports Containing:
 Test Not Performed
 Cancelled test
 Updated result

Sort Reports By: [Report Date]

Forwarded to CS: [Dropdown]

Search [Clear]

- Search for the desired patient in the Patient field on the Search Criteria tab
- Enter other pertinent information about the report in the corresponding fields
- Click Search
- To print Hover over the Reports button
- Select Print Report or View Report

Report

Print Report

View Report

Toggle Default Action (View or Print)

Print To Alternate Printer

Set Default Printer

Remove Link from Bar

Information

Report [Historical] [Mark Report As Read] [Order]

Print All Reports for a Specific Patient

- Use this link to simultaneously print all of the reports contained in the grid, rather than having to print each report individually

Report

Print All Reports

Mark All Reports As Read

Report [Historical] [Mark Report As Read] [Order]

Updated 08.2019

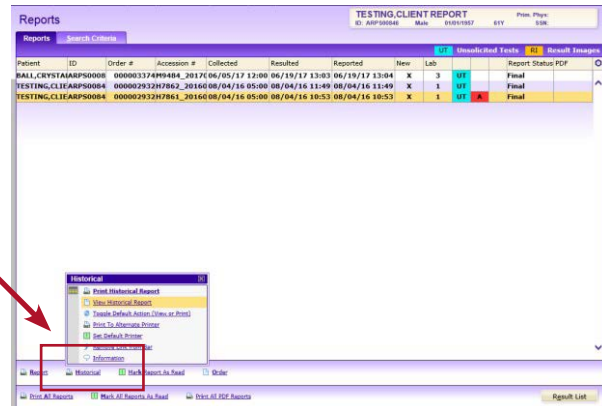
PATIENT RESULT LOOKUP QUICK REFERENCE GUIDE pg 2



Historical Records

Historical results for any related tests can be displayed on the custom results reports

- Select View or Print Historical Report



- Resulting Report **Example**

University of Nebraska Medical Center
Historical Report for Order # 000002644 and related orders
PRINTED ON: 04/29/2010 AT 22:58

Order #	Physician	Date	Reference Range
000002644	PERRUCCELLO, SAMUEL	01/07/2010	
000002663	PERRUCCELLO, SAMUEL	02/22/2010	

TRIGLYCERIDE	* 199 (H)	<150 mg/dL
HDL CHOLESTEROL	* 45 (L)	>49 mg/dL
LDL CHOL CALCULATED	* 116	<130 mg/dL
VLDL CHOL CALCULATED	* 40	
CHOL/HDL RATIO	* 4.5	
LIPASE		
LIPASE	44	15-60 U/L
POTASSIUM		
POTASSIUM	4.0	3.5-5.1 mmol/L

C for Critical, H for High, L for Low
 * Borderline High
 # Borderline High
 * Low
 # Above Reference
 # Reference Range Not Established
 (Units: mg/dL, mg/dL)
 Reference Range Not Established

Graph Results

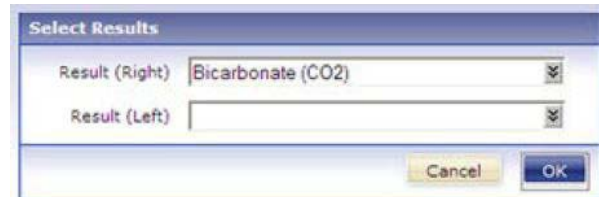
Use this link to view the test results in a graph format. The graph is displayed as a separate report, from which the results may be viewed or printed

This is only for historical results, meaning results that were drawn for standing orders performed over a specific period of time

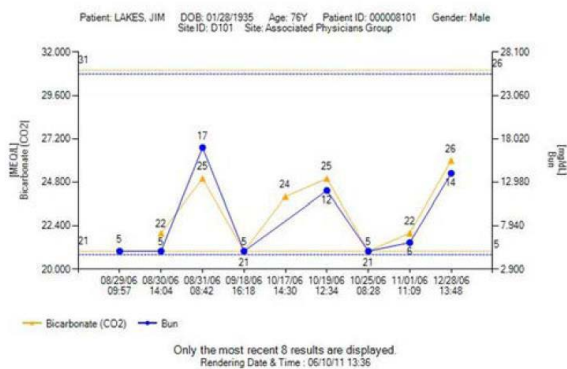
- To create and view a graph, follow these steps:
- Select the result to graph from the "Result List" grid



- Click the Graph Results link
- Select a result to graph on the right axis using the "Result (Right)" lookup. This field is automatically populated with the result that was selected from the "Result List" grid.



- If required, select a result to graph on the left axis using the "Result (Left)" lookup
- Click OK



Alternative Patient Search

- Select Patient Search from the Patients drop down menu



- Enter patient name in the proper field (Last, First)
- Highlight the appropriate patient name
- Via the Patient QuickLinks Menu, top right corner, sorted by collection date
- Select the requested collection date
- All reported results for that date will populate in the Reported Results field
- Report can be printed as previously mentioned

SUBMITTING PATIENT ORDERS QUICK REFERENCE GUIDE



RPS Pathway Access

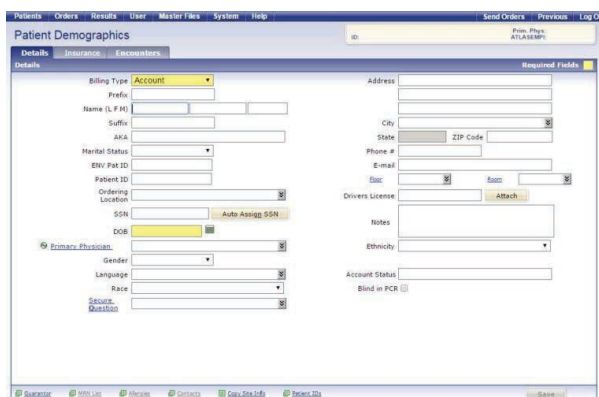
- Go to **www.reglab.org**
- Locate and click on the RPS Pathway – Online Client Results Portal link.
- Login with lab provided Username and Password.

Patient Search

- Select **Patient Search** from the **Patients** menu to open the Patient Search screen.



- Enter the patient's name (Last, First) or the patient ID number in the **Patient** field.
 - » Use the first few letters fo the patient's last name or the first few characters of the patient's ID for a wide-range search or check the **Recently Selected Patients** box.
- Click **Search** to display a list of matching records.
- In you cannot locate the patient's record, see **New Patient Record** section of this guide.
- Select the patient's name from the grid.
- Click **New Order**.



New Patient Record

Before creating a new record, verify the patient does not exist in the system.

- Click **Patient Search** from the **Patients** menu.
- Enter the patient's name (Last, First) in the **Patient** field.

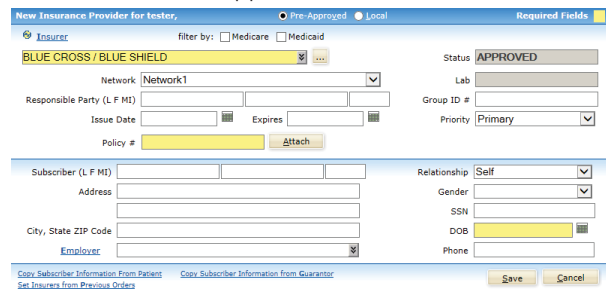
- Click **Search**.
- In a record is not found, click the **New Patient** link to open a blank record.

Enter Patient Details

- Select the **Billing Type** from the drop-down list.
- Enter the required information (highlighted fields) and other pertinent information about the patient.
 - » Required fields will vary depending on billing type.
- If guarantor information is required, click the **Guarantor** link to add the required information.

Patient Insurance Information

- Click the **Insurance** tab.
- When the Insurance Screen opens, select either Pre-Approved or Local providers for display.
- Select a **Primary Insurance** provider from the drop-down.
- Enter the policy number and other required information.
 - » Click **Copy Subscriber Information From Patient** to transfer information if it is the same as the patient's information.
- Click **Save**.
- Enter **Secondary Insurance** provider information, if applicable.



New Order

- Highlight the appropriate patient, double click to open.
- Click **New Order** to open the **Order Info** tab.
 - » Many of the fields on the Order Info tab are automatically populated with date from the patient's record.
- Add or change information as needed. Certain fields will be required depending on the selected billing type.

Updated 08.2019

SUBMITTING PATIENT ORDERS

QUICK REFERENCE GUIDE pg 2



- Click **Continue** to save the data and continue to the **Tests** tab.

Order Tests

- Select a test to add to the order by clicking the check box next to the name of the test in the Short List section.
- If a required test does not appear in the Short List section, you can search for tests.
- Choose a **filter by** option to the right of the **Tests** field.
- Based on the filter option selected, enter the first few characters of the test **Code**, **Name**, or **Mnemonic** in the Test field.
- Open the drop-down list to display tests that match the criteria entered.
- Select the desired test from the list to add it to the order.
- Click **Continue** when test selection is complete.

Ordered Test	Code	Blind	Draw Opt	Comments	Delete
LipidSST (Medical Laboratory)	8056	None	In Office Now		
PTC (Medical Laboratory)	1003	None	In Office Now		
BloodPlatelet count (Medical Laboratory)	BloodPlatelet count	None	In Office Now		

- If Diagnosis Codes and/or Questions are not required for any of the selected tests, the order is automatically saved and the requisition and bar code label printing process begins.
- When the printing process is completed, the order is automatically queued for transmission.

Diagnosis Codes (if applicable)

- The **Diagnosis Codes** tab opens whenever coding is required for at least one of the ordered tests. Select diagnosis codes from the short list to apply them to the selected tests or follow the steps below to search for diagnosis codes.
- Select a test in the Ordered Test row.
- Choose a **filter by** option for the Diagnosis Codes field.
- Based on the filter option selected, enter the first few characters of the **Code**, **Name**, or **Mnemonic** in the search field.
 - Open the drop-down list to display diagnosis codes that match the criteria entered.
- Select the appropriate diagnosis code to apply it to the test.
- Click **Continue**.
- If no other information is required, the order is automatically saved and the requisition and bar code printing process begins.
- When the printing process is completed, the order is automatically queued for transmission.

Test Fails LCD/NCD

- If an applied diagnosis code fails to meet LCD/ NCD (Local Coverage Determinations and National Coverage Determinations) rules, the list of tests will be re-displayed with the word "FAILED" in the LCD/NCD column for each test that failed. The user is prompted to select an option to proceed with or cancel the order.
- If an ABN is needed, it will anatomically print once the order is finalized.

Updated 08.2019



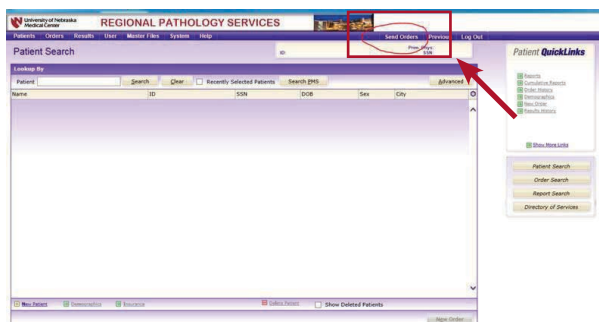
SUBMITTING PATIENT ORDERS QUICK REFERENCE GUIDE pg 3

Questions (if applicable)

- If any selected tests require additional information, the **Questions** tab opens automatically.
- Select options or enter values for any of the questions.
- Click **Continue** to save the order.
- The order will be automatically saved and the requisition and barcode printing process begins.
- When the printing process is completed, the order is automatically queued for transmission.

Print Manifest and Send Orders

- Send orders by clicking **Send Orders** at the top right of the screen.



- A manifest will be created to view and print.

Order #	Lab Order #	Patient Name	Code	Order Test	Container	Temperature	BLAST
1	AZPW00001	90002719	TEST TEST	STABLE HGB-A1C	One 3 mL EDTA (Green)	Refrigerated	
2	AZPW00002	90002719	TEST TEST	H1TB	PTT	One 3 mL Sodium Citrate (L Blue)	Refrigerated
3	AZPW00002	90002719	TEST TEST	NBN	BN	One 3 mL Sodium Citrate (L Blue)	Refrigerated
4	AZPW00002	90002719	TEST TEST	DMT	COMP-NE-TUBULE-PANEL	One 4.5 mL PST (Light Green)	Refrigerated
5	AZPW00003	90002719	TESTING BATCHING	SACB	STABLE HCG-A1C	One 3 mL EDTA (Green)	Refrigerated
6	AZPW00003	90002719	TESTING BATCHING	HGB	HEMOGLOBIN	One 3 mL EDTA (Green)	Refrigerated
7	AZPW00003	90002719	TESTING BATCHING	MD	MAGNESIUM	One 4.5 mL PST (Light Green)	Refrigerated
8	AZPW00003	90002719	TESTING BATCHING	PKC	PHOSPHORUS	One 4.5 mL PST (Light Green)	Refrigerated
9	AZPW00004	90002720	TEST SENTINEL LAB	DA1G	STABLE HGB-A1C	One 3 mL EDTA (Green)	Refrigerated
10	AZPW00004	90002720	TEST SENTINEL LAB	H1TB	PTT	One 3 mL Sodium Citrate (L Blue)	Refrigerated
11	AZPW00004	90002720	TEST SENTINEL LAB	BN	BN	One 3 mL Sodium Citrate (L Blue)	Refrigerated

- Orders should be sent and a new batch created before each courier run, which could occur one time a day or multiple times, all depending on your clinic needs.

Updated 08.2019

submitting patient orders pg 3 insert blank back



LABELING SPECIMENS

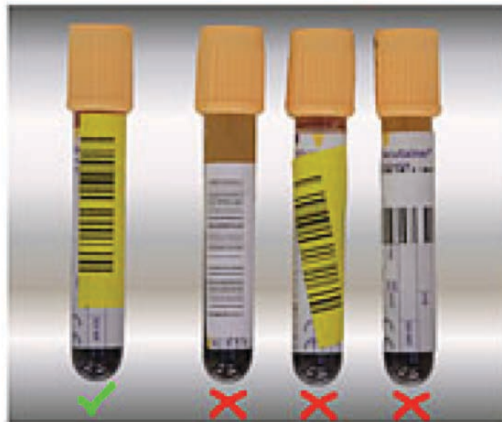
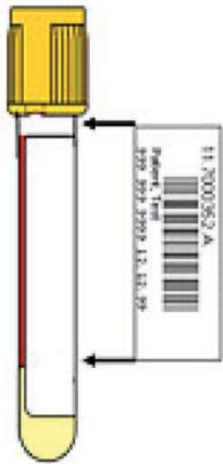


LABELING YOUR SPECIMENS



Labeling your specimens *matters*

I. Placing the label correctly speeds up testing



II. REQUIRED for EVERY specimen

1. Patient First Name and Last Name
2. Patient Date of Birth
3. Date AND Time of Collection
4. Initials of Person Collecting Specimen
5. SOURCE (REQUIRED for biopsies and cultures)

labeling specimens insert blank back



**COMPLIANCE/
BILLING: ABN & INVOICE
AUTHORIZATION FORMS**





NOTICE TO PATIENTS:

Your laboratory tests may be performed at Regional Pathology Services/
Nebraska Medicine Clinical Laboratory.

If your insurance provider requests that your laboratory specimens be submitted to a specific laboratory, or if your insurance requires an authorization for laboratory services, please inform your physician and/or the staff immediately. **Failure to do so will mean that you may be responsible for the entire laboratory bill.**

It is the patient's responsibility to ensure that their insurance provider is in-network with this laboratory to avoid unnecessary charges.

notice to patients insert blank back

BILLING INFORMATION REQUEST



Regional Pathology Services Billing Office
987137 Nebraska Medical Center
Omaha, NE 68198-7137
Phone 402-559-9480 | 800-560-0009
Fax 402-559-8359

Date: _____

Attention: _____

From: _____

Client Account #: _____

Client Fax #: _____

Please verify the requested information below, so we may complete our billing process. Thank you.

Patient Name: _____

Patient DOB: _____

Ordering Provider: _____

Service Date(s): _____

Procedure Name(s): _____

CPT Code(s): _____

Diagnosis Code(s): _____

Information Requested: **Please indicate diagnosis code(s).*

Requested Information:

Sign: _____ **Date:** _____

If you do not receive the correct number of pages transmitted, call 402-559-9480 or 877-560-0009 immediately.

CONFIDENTIALITY STATEMENT

This communication is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If you are not the intended recipient, or the employee or agent responsible for delivering the communication to the intended recipient, you have received this communication in error and are prohibited from reading, printing, or disclosing any of the information contained in it. If you have received this communication in error, please notify the sender immediately by telephone to arrange for the return or destruction of these documents.

client information request insert blank back

REQUEST FOR EMAILED OR FAXED INVOICES



Regional Pathology Services-Billing
981180 Nebraska Medical Center
Omaha, NE 68198-7137
Phone 402-559-9480/800-560-0009
Fax 402-559-8359

Request for Emailed or Faxed Invoices

Regional Pathology Services has the ability to either fax or email your monthly invoice. If you would prefer to receive your monthly invoice in this way, please indicate your preference and provide the information below. Please also take note that by signing the form to receive a faxed copy of your invoice you are indicating the fax number provided is a secure and confidential fax. The Confidential and Private fax statement is available to review below. With this new option all invoices will be delivered by the following business day of month close rather than a week later. We hope this will be a more efficient way for your company as well. Thank you and please call with any questions you may have.

Fax: _____ or Email: _____

Attention Invoice to (please print): _____

Signature/Date _____

Thank you,
Regional Pathology Services
402-559-9480 | Fax 402-559-8359

Statement of Confidential and Private Facsimile Receipt:

In accordance with the Health Insurance Portability and Accountability Act of 1996, Regional Pathology Services requires that clients provide documentation of a private and confidential facsimile receiving location and further documentation of the private and confidential handling of patient information.

I verify that patient information transmitted to the following fax number is not in a public area. If the fax number is in a public area, I verify that appropriate procedures will be followed to ensure transmitted patient information is kept confidential. I understand in order to receive faxed patient information; a signed copy of this form must be on file in the Department of Pathology/Regional Pathology Services located at the University of Nebraska Medical Center.

For Internal Use Only:
Client Code:

requests for invoices insert blank back

MEDICAL NECESSITY/BILLING MEDICARE



RPS Pathway Access

1. Go to **www.reglab.org**
2. Click on the ABN Tool icon found on the main page of the Regional Pathology Services website.



3. Type the patient's test(s) to be collected, use the **Enter** key to bring up the list of possible matches, then highlight and click on the appropriate test. Repeat this process to enter diagnosis code(s).
 - Search by Mnemonic if entering verbiage.
 - Search by Code if entering test code or ICD10.

Code	Test	Diagnosis Codes	Coverage
------	------	-----------------	----------

Updated 08.2019



- The Test Code, Test Name, Diagnosis Code and Coverage will display. Coverage will say "not verified" until "Verify Coverage" is selected.

Code	Test	Diagnosis Codes	Coverage
PTIME	PROTIME	V68.89	not verified

Remove Selected
 Select All
 Delete Diag. Codes

 English

Diagnosis Code: filter by: Code Name Mnemonic

Diagnosis Code Short List display by: Site Specialty

Insurance Provider:

- Once "Verify Coverage" is selected, the Coverage column will display "covered" or "not covered." If "not covered" appears for a test, enter another diagnosis code and repeat the verification process.

Code	Test	Diagnosis Codes	Coverage
PTIME	PROTIME	V68.89	NOT COVERED

Remove Selected
 Select All
 Delete Diag. Codes

 English

- The "View Policy Text" may be selected and will provide a list of covered diagnosis code(s) for the chosen test. If one of these codes applies to the patient, an ABN is not needed.

Code	Test	Diagnosis Codes	Coverage
PTIME	PROTIME	V68.89	NOT COVERED

Remove Selected
 Select All
 Delete Diag. Codes

 English

Diagnosis Code: filter by: Code

Diagnosis Code Short List display by: Site Specialty

Insurance Provider:

Atlas LabWorks ...

LCD/NCD Rules

Select CPT Code: 85610

Covered Diagnoses ICD-10

Policy Text

Eff. Date	Exp. Date	Diagnosis	CM Codes
A01.00	- A02.1		
A02.20	- A02.9		
A18.84			
A41.9			
A91	- A92.0		
A95.0	- A96.1		
A96.8	- A98.2		
A98.5	- A99		
B15.0	- B19.0		
B19.10	- B19.11		
B19.20	- B20		
B25.1	- B25.2		
B27.00	- B27.19		
B27.80	- B27.99		
B28.0			

MEDICAL NECESSITY/BILLING MEDICARE



- If the applicable diagnosis code does not cover the testing, the ABN needs to be printed and completed by the patient. Click on the ABN icon.

Code	Test	Diagnosis Codes	Coverage
PTIME	PROTIME	V68.89	NOT COVERED

Remove Selected
 Select All
 Delete Diag. Codes
 Verify Coverage
 View Policy Text
 English

Diagnosis Code: filter by: Code Name Mnemonic

Diagnosis Code Short List display by: Site Specialty

- A new window opens. Enter the patient's last name, first name and date of birth, then click "OK."

Code	Test	Diagnosis Codes	Coverage
PTIME	PROTIME	V68.89	NOT COVERED

Atlas LabWorks ...

Patient Information for ABN Required Fields

Name (L,F MI) LAST NAME FIRST NA

ID

Medicare Number

DOB 01/01/1940

Sex

OK Cancel

- The ABN form opens in a new window, automatically populated with the patient's name, date of birth, test ordered, reason for denial and estimated cost. Print it by selecting the Print option near the bottom of the page. Explain to the patient which test(s) may not be covered by Medicare and then may need to pay for the test themselves. Have the patient select option 1, 2, or 3, sign and date the form. (If a patient selects option 3, DO NOT draw the test.) Send the ABN with the specimen and requisition; make a copy if the patient would like one for their records.

University of Nebraska Medical Center

Lab Order #: _____

Patient Name: LAST NAME, FIRST NAME Patient DOB: 01/01/1940

Patient ID: _____

Regional Pathology Services

The Nebraska Medical Center

981100 Nebraska Medical Center

Omaha, NE 68198-1180

Patient Sex: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for laboratory test below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the laboratory test below.

Laboratory test:	Reason Medicare May Not Pay:	Estimated Cost:
88430 (PTIME) PROTIME	Medicare does not pay for this test for your condition.	\$14.35

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the laboratory test listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the laboratory test listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the laboratory test listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

OPTION 3. I don't want the laboratory test listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

Additional Information:

Note: Some test results may automatically trigger another test to be performed. This may affect the amount you are required to pay.

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature: _____ Date: _____

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA (Paperwork Reduction Project), Baltimore, Maryland 21244-1801.

Form CMS-R-131 (03/11) Form Approved OMB No. 0938-0566

Medical necessity/billing medicare insert blank back



CUSTOMIZED TESTS & SPECIMEN COLLECTION GUIDELINES





Helping all people
live healthy lives



BD Vacutainer® Venous Blood Collection Tube Guide

For the full array of BD Vacutainer® Blood Collection Tubes, visit www.bd.com/vacutainer.

Many are available in a variety of sizes and draw volumes (for pediatric applications). Refer to our website for full descriptions.

BD Vacutainer® Tubes with BD Hemogard™ Closure	BD Vacutainer® Tubes with Conventional Stopper	Additive	Inversions at Blood Collection*	Laboratory Use	Your Lab's Draw Volume/Remarks
 Gold	 Red/Gray	• Clot activator and gel for serum separation	5	For serum determinations in chemistry. May be used for routine blood donor screening and diagnostic testing of serum for infectious disease.† Tube inversions ensure mixing of clot activator with blood. Blood clotting time: 30 minutes.	
 Light Green	 Green/Gray	• Lithium heparin and gel for plasma separation	8	For plasma determinations in chemistry. Tube inversions ensure mixing of anticoagulant (heparin) with blood to prevent clotting.	
 Red	 Red	• Silicone coated (glass) • Clot activator, Silicone coated (plastic)	0 5	For serum determinations in chemistry. May be used for routine blood donor screening and diagnostic testing of serum for infectious disease.† Tube inversions ensure mixing of clot activator with blood. Blood clotting time: 60 minutes.	
 Orange		• Thrombin-based clot activator with gel for serum separation	5 to 6	For stat serum determinations in chemistry. Tube inversions ensure mixing of clot activator with blood. Blood clotting time: 5 minutes.	
 Orange		• Thrombin-based clot activator	8	For stat serum determinations in chemistry. Tube inversions ensure mixing of clot activator with blood. Blood clotting time: 5 minutes.	
 Royal Blue		• Clot activator (plastic serum) • K ₂ EDTA (plastic)	8 8	For trace-element, toxicology, and nutritional-chemistry determinations. Special stopper formulation provides low levels of trace elements (see package insert). Tube inversions ensure mixing of either clot activator or anticoagulant (EDTA) with blood.	
 Green	 Green	• Sodium heparin • Lithium heparin	8 8	For plasma determinations in chemistry. Tube inversions ensure mixing of anticoagulant (heparin) with blood to prevent clotting.	
 Gray	 Gray	• Potassium oxalate/sodium fluoride • Sodium fluoride/Na ₂ EDTA • Sodium fluoride (serum tube)	8 8 8	For glucose determinations. Oxalate and EDTA anticoagulants will give plasma samples. Sodium fluoride is the antiglycolytic agent. Tube inversions ensure proper mixing of additive with blood.	
 Tan		• K ₂ EDTA (plastic)	8	For lead determinations. This tube is certified to contain less than .01 µg/mL (ppm) lead. Tube inversions prevent clotting.	
	 Yellow	• Sodium polyanethanol sulfonate (SPS) • Acid citrate dextrose additives (ACD): Solution A - 22.0 g/L trisodium citrate, 8.0 g/L citric acid, 24.5 g/L dextrose Solution B - 13.2 g/L trisodium citrate, 4.8 g/L citric acid, 14.7 g/L dextrose	8 8 8	SPS for blood culture specimen collections in microbiology. ACD for use in blood bank studies, HLA phenotyping, and DNA and paternity testing. Tube inversions ensure mixing of anticoagulant with blood to prevent clotting.	
 Lavender	 Lavender	• Liquid K ₂ EDTA (glass) • Spray-coated K ₂ EDTA (plastic)	8 8	K ₂ EDTA and K ₁ EDTA for whole blood hematology determinations. K ₂ EDTA may be used for routine immunohematology testing, and blood donor screening.††† Tube inversions ensure mixing of anticoagulant (EDTA) with blood to prevent clotting.	
 White		• K ₂ EDTA and gel for plasma separation	8	For use in molecular diagnostic test methods (such as, but not limited to, polymerase chain reaction [PCR] and/or branched DNA [bdDNA] amplification techniques.) Tube inversions ensure mixing of anticoagulant (EDTA) with blood to prevent clotting.	
 Pink	 Pink	• Spray-coated K ₂ EDTA (plastic)	8	For whole blood hematology determinations. May be used for routine immunohematology testing and blood donor screening.††† Designed with special cross-match label for patient information required by the AABB. Tube inversions prevent clotting.	
 Light Blue	 Light Blue	• Buffered sodium citrate 0.105 M (~3.2%) glass 0.109 M (3.2%) plastic • Citrate, theophylline, adenosine, dipyridamole (CTAD)	3-4 3-4	For coagulation determinations. CTAD for selected platelet function assays and routine coagulation determination. Tube inversions ensure mixing of anticoagulant (citrate) to prevent clotting.	
 Clear					
 Clear	 New Red/Light Gray	• None (plastic)	0	For use as a discard tube or secondary specimen tube.	

Note: BD Vacutainer® Tubes for pediatric and partial draw applications can be found on our website.

BD Diagnostics
Preanalytical Systems
1 Becton Drive
Franklin Lakes, NJ 07417 USA

BD Global Technical Services: 1.800.631.0174
BD Customer Service: 1.888.237.2762
www.bd.com/vacutainer

* Invert gently, do not shake
†† The performance characteristics of these tubes have not been established for infectious disease testing in general; therefore, users must validate the use of these tubes for their specific assay-instrument/reagent system combinations and specimen storage conditions.
††† The performance characteristics of these tubes have not been established for immunohematology testing in general; therefore, users must validate the use of these tubes for their specific assay-instrument/reagent system combinations and specimen storage conditions.

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Printed in USA 07/10 V55229-13

tube guide insert blank back

ORDER OF DRAW



The most current Clinical and Laboratory Standards Institute (CLSI) guidelines recommends a single "Order of Draw," whether using a multisample, evacuated tube system or drawing with a syringe(s). The "Order of Draw" is designed to eliminate the possibility of cross contamination that may result in erroneous results. It is based on CLSI Procedures for Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard Sixth Edition, October 2007. It appears that the only exception to this rule is in drawing micro-containers from finger or heel punctures.

Order of Draw (Syringe or Evacuated Tube Method):

- Blood Culture tubes
- Coagulation tubes (lt. blue)
- Serum tube with or without clot activator and with or without gel
- Additive tubes
 - › Heparin (green) with or without plasma separator
 - › EDTA (lavender) with or without plasma separator
 - › Oxalate/fluoride (gray)

If a blue top (citrate) is the only tube being drawn a discard tube is necessary when using a butterfly. The discard tube is drawn to eliminate the dead space (air) in the line of the butterfly which may act to reduce the volume of blood drawn, thereby resulting in an under-filled tube.

Closure Color	Collection Tube
BD Vacutainer® Blood Collection Tubes (glass or plastic)	
	• Blood Cultures - SPS
	• Citrate Tube*
or	• BD Vacutainer® SST™ Gel Separator Tube
	• Serum Tube (glass or plastic)
	• Heparin Tube
or	• BD Vacutainer® PST™ Gel Separator Tube With Heparin
or	• EDTA Tube
	• Fluoride (glucose) Tube



**Pearl – ACD- Yellow tubes collected after EDTA

Microtainer Order of Draw:

Because blood from a finger or heel puncture will begin clotting the time factor must be considered when considering the order of draw. The order of draw is based on CLSI Procedures and Devices for the Collection of Capillary Blood Specimens; Approved Standard - Sixth Edition, September 2008. This standard recommends that EDTA tubes be drawn first to ensure good quality specimen, followed by other additive tubes and finally, serum specimen tubes.

order of draw insert blank back



SPECIMEN STABILITIES

Unspun blood for Coagulation Testing is good for 1 hour and for Chemistry Testing it is good for 2 hours.

Spun specimens are stable for 48 hours, except for the following:

Time Sensitive		Room Temp	Refrigerated
Blood Gas	BGN, BGNV, BGCB	Analyze within 30 minutes	Not Applicable
Ammonia	NH3A, NH3V	Analyze within 30 minutes	3 hours
Lactic Acid	LA	Analyze within 30 minutes	48 hours
Carboxyhemoglobin (Carbon Monoxide)	COV	Analyze within 24 hours	24 hours (capped)
Beta Hydroxybutrate	OHBT	2 hours	48 hours
Folic Acid & Vitamin B12	VBFA	2 hours	8 hours
Troponin	TROP	2 hours	24 hours
Alcohol	ALC	4 hours	48 hours (capped)
Creatine Kinase	CK	4 hours	12 hours
Complement C3	C3	6 hours	24 hours
Complement C4	C4	6 hours	24 hours
Chronic Heart Failure Peptide	CHFP	7 hours	7 hours
Creatine Kinase MB	CKMB	8 hours	48 hours
Procalcitonin	PCT	8 hours	48 hours
Sedimentation Rate	ESR	12 hours	24 hours
Protine	PT	24 hours	24 hours
All Other Coagulation Tests	PTT, DIMER, HEPQT, ETC	4 hours	4 hours

Light Sensitive	
Methotrexate	METHB
Niacin	NIACIN
Vitamin A	VITA
Vitamin E	VITE
Vitamin A and E	VITAE
Vitamin B1	VITB1
Vitamin B2	VITB2
Vitamin B6	VITB6
Vitamin C	VITAC
Vitamin K	VITK
Porphyrins, Serum Total	PORS
Porphyrins, Urine	PORFU

Chilled Specimens During Transport	
Ammonia Blood Arterial	NH3A
Ammonia Blood Venous	NH3V
Angiotensin Converting Enzyme	ACE
Blood Gas Arterial	BGN
Blood Gas Venous	BGNV
Catecholamines Supine	CATSUP
Catecholamines Upright	CATUPR
Adrenocorticotrophic Hormone Level	HACTH
Lactic Acid	LA
Porphobilinogen, Urine	PBGQT
Renin Activity	RENIN

***Chilling slows down the metabolic processes and keeps analytes stable during transport.**

For more up-to-date information, please refer to the reglab.org Test Directory.

order of draw insert blank back

PATIENT INSTRUCTIONS FOR COLLECTING STOOL SPECIMENS



I. Purpose:

A small sample is collected from the patient's bowel movement to determine the presence of parasites or pathogenic bacteria.

II. Preparation and UNACCEPTABLE Specimens:

- Collect stool samples before taking antibiotics, anti-diarrhea compounds (such as PeptoBismol, Imodium), barium, bismuth or mineral oil. Specimen collection should be delayed until effects have passed (7 days after barium and 2-3 weeks after medication is discontinued).
- Infants: Line the back half of the diaper with plastic wrap to collect the stool. An alternative is to put a disposable diaper on the child inside out and remove it immediately after the bowel movement. The skin should be cleansed of any lotions or powders. Diapers are not acceptable.
- Collect the number of samples ordered by the doctor.
COLLECT ONLY ONE SAMPLE EVERY 24 HOURS.
- Leaking or contaminated containers will not be accepted.

III. Collecting the Stool Sample:

Collect the fecal sample in a wide mouth container or on a clean plastic bag/wrap placed over the toilet seat opening as shown below. DO NOT USE STOOL THAT HAS BEEN PASSED INTO THE TOILET OR IF IT IS MIXED WITH URINE.



CAUTION: The liquids in the vials are poisonous. Do not drink. keep out of the reach of children. If ingested, call the local poison control center. If solutions come into contact with the eyes or skin flush with water for 5 mins. See a physician if a rash or irritation develops.

IV. Place the Stool Sample in the Collection Vials as described below

(Physician: Place a check mark by the tests to be ordered)

A. _____GI PATHOGEN PANEL (Molecular Based for Bacteria, Viruses and Parasites), CDIFF or STOOL CULTURE



- Open the vial (PARA-PAK® Enteric Plus (GREEN LID) and use the collection spoon built into the lid of the tube to place small scoops of stool from areas that appear slimy, bloody or watery and fill to the red line on the tube.
- Mix the contents of the tube with the spoon, then twist the cap tightly closed and shake vigorously until the contents are well mixed.
- Write your first and last name, date of birth and date and time of when specimen was collected.
- Place in a plastic bag. Double bagging is recommended to avoid contamination. The paperwork (requisition or doctor's orders) should be placed on the outside of the bag.
- Wash your hands thoroughly after handling the specimen.
- Keep container at room temperature and transfer to the lab (address below) as soon as possible. Sample will be stable for 4 days in media.

PATIENT INSTRUCTIONS FOR COLLECTING STOOL SPECIMENS



B. _____ TEST: OVPSC (Ova & Parasite, Giardia/Cryptosporidium)—Sendout



- Open the vial (PROTO-FIX PINK LID) containing the fixative. Use the collection spoon built into the lid of the tube to place small scoops of stool from areas that appear slimy, bloody or watery and fill to the red line on the tube. Stool must be placed in fixative within 30 minutes of collection.
- Mix the contents of the tube with the spoon, then twist the cap tightly closed and shake vigorously until the contents are well mixed.
- Write your first and last name, date of birth and date and time of when specimen was collected.
- Place in a plastic bag. Double bagging is recommended to avoid contamination. The paperwork (requisition or doctor's orders) should be placed on the outside of the bag.
- Wash your hands thoroughly after handling the specimen.
- Keep container at room temperature and transfer to the lab (address below) as soon as possible. Sample will be stable for 7 days in fixative.

C. TEST: _____ CDIF (Clostridium difficile) / _____ ROTA (RotaVirus) / _____ HPYAG (Helicobacter Pylori) _____ SBLDB (Occult Blood) / _____ SFF (Fecal Fat, Semi-Quantitative) / _____ SRSUB (Reducing Substances, Fecal)



- Open the sterile empty container (ORANGE LID). Fill it with a minimum of 10 mL of stool.
- ONLY LIQUID/LOOSE STOOLS ARE ACCEPTABLE FOR C.DIF TESTING.
- Write your first and last name, date of birth and date and time of when specimen was collected.
- Place in a plastic bag. Double bagging is recommended to avoid contamination. The paperwork (requisition or doctor's orders) should be placed on the outside of the bag.
- Wash your hands thoroughly after handling the specimen.
- **Transfer to the Lab within 2 HOURS at room temperature or if >2 hours refrigerate and deliver within 24 hours.**

IV. DELIVERY OF SPECIMENS TO THE LAB:

The stool specimen can be taken to the following locations with all accompanying paperwork (PLEASE INCLUDE A COPY OF THE LAB REQUISITION) from your doctor:

Oakview Medical Building

2727 South 144th St Suite 160, Omaha, NE

Phone: 402-778-5390

Open 24 hours

Nebraska Medicine Diagnostic Center

1st Floor of Durham Outpatient Center
4350 Dewey Ave., Omaha, NE 68105

Phone: 402-559-8780

Hours: M-F 5 a.m - 8 p.m | S & S 5 a.m. - 1:30 p.m.

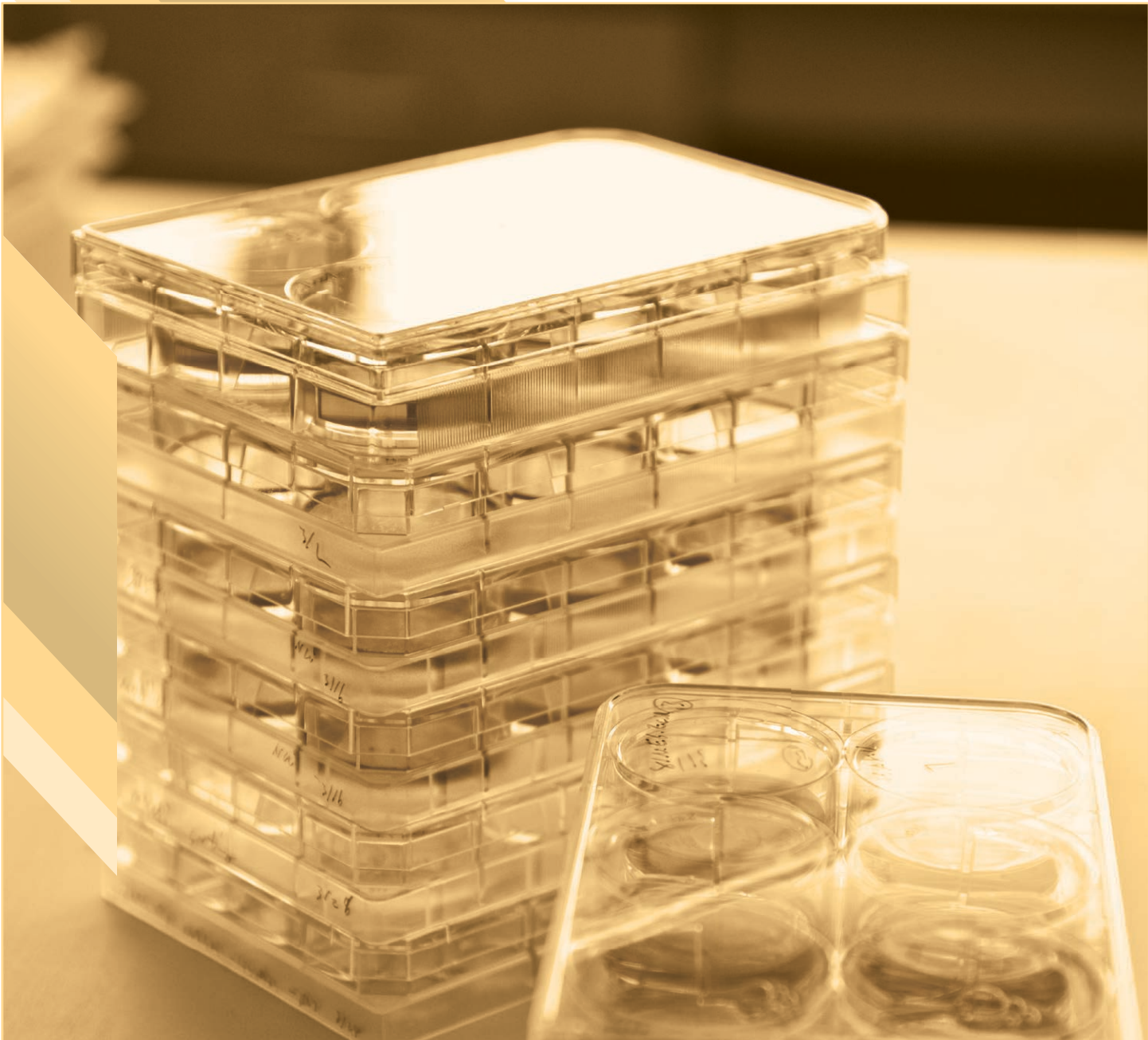
Additional Information about these tests can be found on our on-line Test Directory at www.reglab.org or by calling **Customer Service at 402-559-6420**.



REQUISITIONS

REQUISITIONS





ADD-ON TESTING

ADD-ON TESTING




ADD-ON ORDERING QUICK REFERENCE GUIDE



Add-On laboratory testing can only be performed with a written request specifying the original collection date, patient's name, date of birth, the test(s) requested and the name of the requesting provider. Additional testing cannot be initiated until a written request is faxed to Regional Pathology Services (RPS).

1. To add on additional testing call Regional Pathology Services at 402-559-6420.
2. If add on testing is requested they will gather the following information.
 - a. Patient's full name and date of birth.
 - b. Date of the original testing.
3. Based on specimen(s) already received they will ensure that requested testing can be performed (correct specimen type, specimen stability etc.).
 - a. If the specimen cannot be used for the additional testing a new specimen should be collected and submitted.
 - b. As a general rule specimens are viable for 48 hours.
 - c. For exact specimen requirement visit our website at www.reglab.org.
4. Once verified the client can fax a written request to RPS or RPS client services will fax the client a Test Addition/Cancellation Voucher.
5. Upon receipt of the signed voucher the add-on testing will be performed.

**Please note that RPS staff cannot see add-on orders submitted through an EMR/interface. You will need to call us at 402-559-6420 to request and add-on.*



Regional Pathology Services/ Nebraska Public Health Laboratory
 581180 Nebraska Medical Center
 Omaha NE 68198-1180
 Phone: 402-559-6420/800-334-0459
 Fax: 402-559-9497

Test Addition/Cancellation Voucher
 Please review sections 1 and 2. Complete resolution in section 3. In section 4 sign and date. Fax completed form to (402) 559-9497.

1 Client Information						
Date	Attention	From	Client Code	Client Name	Provider	Fax Number
4/14/2014						

2 Patient's Name and Tests Requested				
Patient Name	Date of Birth	Chart Number or Specimen ID	Tests Requested	Collection Date

3 Problem Identification and Resolution. Indicate resolution in the space provided below.

Additional Testing Requested

Client Indicate Add On Testing: _____

Additional Comments: _____

A signature is required for all changes to patient's orders per CLIA regulations. Please sign and fax this form to (402)559-9497. Any tests requested will not be performed until the above information has been returned to Regional Pathology Services.

4 Authorized Signature and Date. Once this form is complete, fax back to 402-559-9497.	
AUTHORIZED Signature* _____ PRINTED NAME _____	Date _____

*I understand that by signing this form, I and/or my facility assume full responsibility for the significance of these test results and their subsequent effect on the care and treatment of this patient.

Updated 01.2018

add-on ordering insert blank back

TEST ADDITION/CANCELLATION VOUCHER



Test Addition/Cancellation Voucher

Please review sections 1 and 2. Complete resolution in section 3.
In section 4 sign and date. Fax completed form to 402-559-9497.

1 Client Information

Date Attention From Client Code Client Name Provider Fax Number
1/5/2015

2 Patient's Name and Tests Requested

Patient Name Date of Birth Chart Number or Specimen ID Tests Requested Collection Date

3 Problem Identification and Resolution. Indicate resolution in the space provided below.

Additional Testing Requested

Client Indicate Add On Testing: _____

Additional Comments:

A signature is required for all changes to patients' orders per CLIA regulations. Please sign and fax this form to 402-559-9497. Any tests requested will not be performed until the above information has been returned to Regional Pathology Services.

4 Authorized Signature and Date. Once this form is complete, fax back to 402-559-9497.

AUTHORIZED Signature*

DATE

PRINTED NAME

*I understand that by signing this form, I and/or my facility assume full responsibility for the significance of these test results and their subsequent effect on the care and treatment of this patient.

voucher



DRAW STATIONS



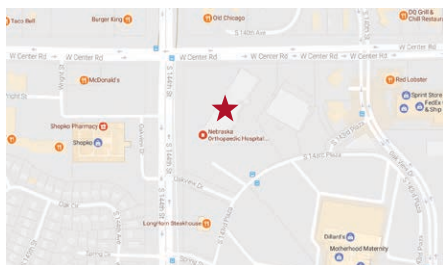
OMAHA PATIENT SERVICE CENTERS



Regional clients are able to utilize any of the following Nebraska Medicine draw stations as a convenience to their patients:

To ensure accurate result transmission and billing the patient must have a Regional Pathology Test Request Form or interface order from the physician or an order can be faxed to the draw location. All account information must be provided. No verbal orders will be accepted.

OMAHA LOCATIONS



Diagnostic Center

1st Floor, Durham Outpatient Center, Nebraska Medicine

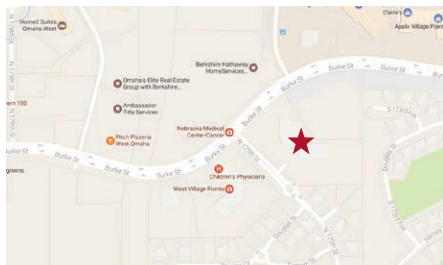
Phone: 402-559-8780 | Fax: 402-559-8784

Hours: 6 a.m. – 7 p.m. (M-F)

6:30 a.m. – 12:30 p.m. (Sat)

Sunday and Holidays CLOSED

(no appointment necessary)



Oakview

2727 S 144th St, Suite 160, Omaha, NE 68144-5225

Phone: 402-778-5390 | Fax: 402-778-5391

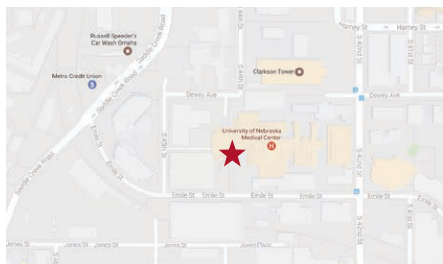
Hours: 5:30 a.m. – 8 p.m. (M-F)

6:30 a.m. – 5 p.m. (Sat, Sun & Holidays)

Please note that GTT (Glucose Tolerance Test)

is NOT performed on Weekends/Holidays

(no appointment necessary)



Village Pointe Draw Station

111 N 175th St, Suite 2008, Omaha, NE 68118

Phone: 402-596-3218 | Fax: 402-596-3220

Hours: 8 a.m. – 5:30 p.m.

(no appointment necessary)

What you will need:

- Laboratory orders from your physician
- Current ID and insurance card
- Wear a shirt with short sleeves or sleeves that roll up
- Check with your physician if you need to fast prior to collection
- Drink plenty of water

For questions please contact Regional Pathology client services at 1-800-334-0459

Updated 08.2019

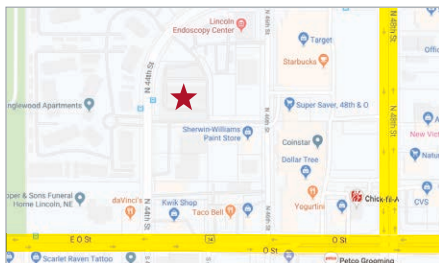
LINCOLN PATIENT SERVICE CENTERS



Regional clients are able to utilize any of the following Nebraska Medicine draw stations as a convenience to their patients:

To ensure accurate result transmission and billing the patient must have a Regional Pathology Test Request Form or interface order from the physician or an order can be faxed to the draw location. All account information must be provided. No verbal orders will be accepted.

LINCOLN LOCATIONS



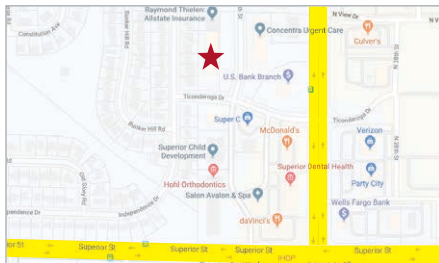
Patient Service Center – Central

300 N 44th St, Suite 110, Lincoln, NE 68503

Phone: 402-805-4803 | Fax: 402-805-4830

Hours: 7 a.m. – 6 p.m. (M-F)

(no appointment necessary)



Patient Service Center – North

4911 N 26th St, Suite 108, Lincoln, NE 68521

Phone: 531-530-1129 | Fax: 531-530-1130

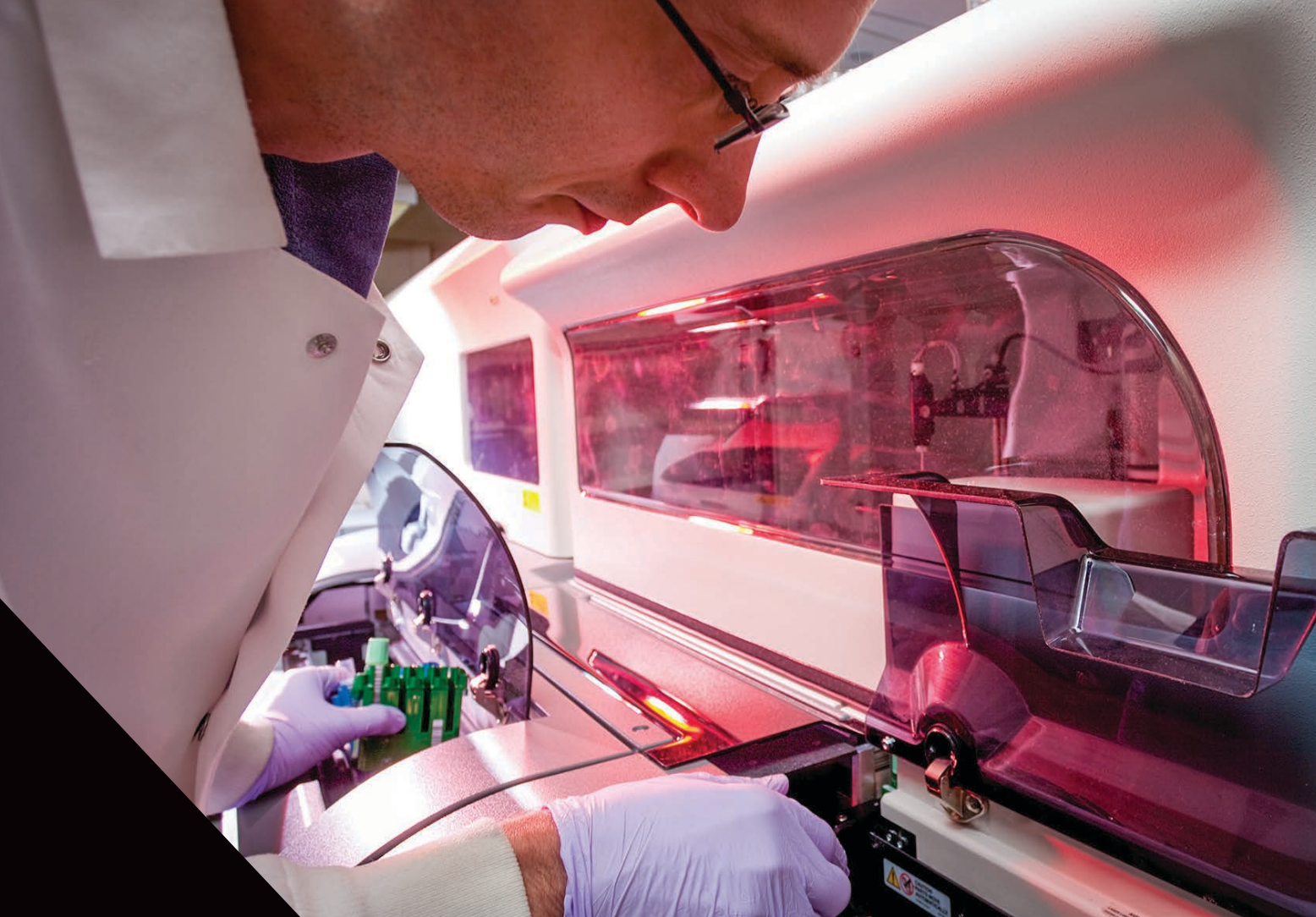
Hours: 7 a.m. – 8:30 p.m. (M-F)

(no appointment necessary)

What you will need:

- Laboratory orders from your physician
- Current ID and insurance card
- Wear a shirt with short sleeves or sleeves that roll up
- Check with your physician if you need to fast prior to collection
- Drink plenty of water

For questions please contact Regional Pathology client services at 1-800-334-0459



UNIVERSITY OF NEBRASKA MEDICAL CENTER

Regional Pathology Services

PHONE: 402.559.6420
TOLL FREE: 1.800.334.0459
FAX: 402.559.9497

REGULAR BUSINESS HOURS:
Mon - Fri | 7 am - 9 pm
Saturday | 8 am - 3 pm

After Hours, Weekends & Holidays
ON-CALL PAGER: 402.888.2086