



### RE: Standing Orders

A “standing order” is a test or a series of tests ordered by an authorized caregiver that will be repeated at regular intervals for a fixed period of time. The order(s) are generally in connection with an extended course of treatment. The diagnostic information consistently supports the medical necessity of the testing through out the utilization of the standing order.

While reliance on standing orders is discouraged, the laboratory will permit the use of such orders under certain circumstances. All standing orders must meet the following conditions.

1. Orders must be written on a valid requisition/script and include:
  - Patient name
  - Diagnostic narrative or ICD-9 code for each test requested
  - Date order was written
  - Duration of order (must not exceed 12 months)
  - Interval of service (i.e. weekly, monthly, prn, etc.)
  - Test or tests (must be CPT recognized panels or tests, or approved profiles)
  - Physician signature
2. The laboratory will maintain an electronic copy of standing orders.
  - The laboratory will make every effort to educate the patient regarding the standing order process.
  - Service will not be provided without record of a valid standing order.
  - Without an order, the physician may be contacted for in an effort to obtain a valid order.
  - The laboratory will fax a renewal letter sixty (60) and thirty (30) days before orders expire.
  - Fax new or renewed orders to 317-491-6010

The laboratory will collect samples only for the tests indicated on the order and only at the interval indicated on the original order. Changes to the original order will require a new order to be faxed or written by the ordering physician.

This includes:

1. Change in the interval or frequency (i.e. monthly to weekly)
2. Requests to delete or add tests or profiles for a given date of service
3. Change in diagnosis code or medical necessity
4. Change in “fax to” or “copy to” designations

If different tests are needed at different intervals or for different diagnosis codes, this must be clearly indicated on the original order. Separate “standing orders” are recommended.

# STANDING ORDERS



Indiana University Health

IU Health Pathology Laboratory  
 350 W. 11th Street, Rm 5013  
 Indianapolis, IN 46202-4108  
 317-491-6000 or 800-433-0740  
 Fax: 317-491-6001

① PATIENT NAME (LAST, FIRST, M.I.)		DOB	<input type="checkbox"/> STAT		② MAIDEN NAME		DATE/TIME OF COLLECTION:	<input type="checkbox"/> PHONE		
PATIENT SOCIAL SECURITY #		RACE	MR# / ALTERNATE PT. ID		AUTHORIZED CONTACT		<input type="checkbox"/> FASTING <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE		<input type="checkbox"/> FAX:	
PATIENT ADDRESS			PHONE (      )		OTHER SAMPLE TYPE (PLEASE SPECIFY)					
CITY, STATE, ZIP				<input type="checkbox"/> M <input type="checkbox"/> F		④ <input type="checkbox"/> BILL SENDING FACILITY <input type="checkbox"/> BILL PATIENT OR INSURANCE <input type="checkbox"/> SPLIT BILL: TC TO FACILITY & PC TO INSURANCE (Medicare, Medicaid, Tricare)		<b>ATTACH COPY OF FACE SHEET AND INSURANCE CARD.</b>		
③ PHYSICIAN SIGNATURE		ORDER DATE	PRINT PHYSICIAN NAME, FIRST, MI, LAST, JR/SR			<b>GROUP PHYSICIANS</b>		<b>PRIMARY INSURANCE</b>		
SEND COPY TO		CLIENT (CLINIC) INFORMATION					COMPANY NAME			
							ID OR POLICY NUMBER		GROUP NUMBER/NAME	
							INSURANCE CO. ADDRESS			
							CITY, STATE, ZIP			
							POLICY HOLDER NAME (LAST, FIRST, MI)			
							RELATIONSHIP TO PATIENT			
SEND ADDITIONAL COPY TO:							<b>Notice: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity".</b> Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is being ordered as a screen, be certain the patient has signed an Advanced Beneficiary Notice (ABN). Please sign ABN on back.			
⑤ ICD Diagnosis Codes (Enter All That Apply) ▶		①	②	③	④	⑤				

# STANDING ORDERS

TEST	PRN	Weekly	Bi-Weekly	Monthly	Quarterly	Semi-Annual	ICD DX	Start Date	End Date
( ) CBC/Plt/Diff	○	○	○	○	○	○			
( ) CBC/Plt	○	○	○	○	○	○			
( ) BMP	○	○	○	○	○	○			
( ) CMP	○	○	○	○	○	○			
( ) Ferritin	○	○	○	○	○	○			
( ) Iron Studies -Iron, TIBC, %Sat	○	○	○	○	○	○			
( ) Lipid Panel	○	○	○	○	○	○			
( ) PT/INR	○	○	○	○	○	○			
1	○	○	○	○	○	○			
2	○	○	○	○	○	○			
3	○	○	○	○	○	○			
4	○	○	○	○	○	○			