

UNIVERSITY OF NORTH CAROLINA HOSPITALS
101 Manning Drive
Chapel Hill, North Carolina 27514
Human Milk Exposure Orders
MIM #1183

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862(a)(1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physician should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.

HUMAN MILK EXPOSURE

Microbiology/Immunology Laboratory orders

LABORATORY MUST BE CONTACTED **BEFORE** COMPLETING THIS REQUISITION, CALL 966-4053

INSTRUCTIONS:

1. The patient **MUST** have a UNC Health Care medical record number.
2. The patient **MUST** be escorted to Patient Registration and have a stay created for the current day.
3. There is **NO CHARGE** to the patient for this testing.
4. The patient should present this requisition to any Phlebotomy Services Blood Collection outpatient location.
5. The phlebotomist will process the request on the current stay and account code for the patient.
6. UNC Health Care administration will assure that **NO CHARGES** are billed to the patient for this testing.
7. Send the blood specimens and the requisition to tube station #82.

Positive results are to be reported to the ordering physician and Risk Management immediately.

Attending MD:		Date /Time and Location of Exposure		
Attending MD ID #:		Date	Time	Location
Attending MD Pager #:		MM/DD/YY	HH:MM	UNIT

Test Code	Order these tests on Breast Milk Exposure Source Patients	Minimum Specimen required: Two 5mL SST Tubes, full.
8055	HIV Antibodies (post-exposure rapid test) EHHIV-HIV Ag/Ab Combo Assay	
8056	HBsAG – Hepatitis B Surface Antigen	
8422	HTLV 1/2 Antibodies	
9068	Syphilis Serology	

Ordering MD:	
Ordering MD ID #:	
Ordering MD Pager #:	

I certify that all tests ordered are medically necessary.

Physician's signature and ID number	Date:	Transcribed By	Checked by:
	Time:		