

Date: 6/11/2024

Effective Date: Immediately

Title: Inpatient Test Formulary for Efficient Inpatient Test Ordering - Updated

Tests: Tier 1 includes:

1. All Genetic Tests
2. Next Generation Sequencing Tests
3. Molecular Tests on cancer specimens in which there are not stability concerns
4. RBC Folate
5. Hemoglobin Electrophoresis
6. ADAMTS13 Activity and Inhibitor Profile
7. Serum Copper
8. H. pylori serology
9. FISH for Myelodysplastic Syndrome (order cytogenetics instead)
10. Procalcitonin
11. Send out tests with TAT greater than 5 days and cost over \$1000

Explanation of change: As a cost containment measure, the hospital is introducing the concept of inpatient test formulary with restriction of certain tests (Tier 1) that are not actionable during an inpatient admission, are extremely expensive, or are recommended against by the Choose Wisely campaign. If a Tier 1 test is ordered on an inpatient, the send-outs bench will cancel the test and append a note "Restricted test; see test catalog for details." Notification of the provider will occur when a Tier 1 test is cancelled within 1 business day. If the provider still feels strongly about ordering the test after the cancellation, he or she can fill out the form attached, which will be housed on the laboratory test catalog website, and deliver to the lab to be reviewed by the send-outs bench for completeness. Upon completion of the form, the provider can reorder the test. The inpatient test formulary will be reviewed annually by MEC.

Questions and concerns must be directed to your department chair, as they will bring concerns, additions, and modification requests to the laboratory.



Date 6/14/24

Laboratory Medical Director or Designee



Date 6.14.24

Michelle Walters, Laboratory Director



Date 6/14/2024

Kristen Pellor, Core Laboratory Manager



Laboratory

Tier 1 Test Exception Form

Each individual test must have an exception form completed.
All information must be completed for the exception to be considered.
Completion of this form does not guarantee that the exception will be granted.

Patient Name _____ DOB _____

Test Requested _____

Why can't specimen be collected in an outpatient setting following discharge? _____

How is specimen irretrievable? _____

What are the alternatives to testing during inpatient admission and why are they insufficient?
Provide a detailed justification for test order including clinical need and impact on care during
inpatient stay. _____

Provider Signature _____ Date _____

Dept Chair Signature* _____ Date _____

*Signature indicates that the test named above is medically necessary during the patient's inpatient stay

Return completed form to Specimen Processing and reorder test in LIS System.