INSURANCE BILL REQUISITION FORM

CLEAR FORM

ClevelandHeartLab®
Know your risk.
A Quest Diagnostics® Laboratory

Customer Support | p 1.866.358.9828 | f 1.866.869.0148

Bill to Insurance/Medicare/Self-Pay

LAB USE ONLY

CLIENT ID

LAB USE ONLY

INSTRUCTIONS

1. Please complete all highlighted areas in their entirety.
2. Please provide all specimen information (draw date/time).

PRACTITIONER INFORMATION

Client ID		
Practice Name		
Practitioner ID		
Practitioner Name		
NPI	PECOS Validated? ☐ Yes ☐ No	
Address		
City	State	ZIP
Phone	Fax	

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

ICD CODES

(Please print legibly and enter all that apply)

ICD CODES ARE MANDATORY

PATIENT INFORMATION

DOB mm / dd / yyyy		☐ Male ☐ Female
Last Name		
First Name		Middle Initial
Address		
City	State	ZIP
Phone		
Ht. ft. | in. Wt. lbs. BMI		Fasting? ☐ Yes ☐ No

Race ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ White/Caucasian (Non-Hispanic) ☐ Hispanic/Latino ☐ Other

☐ Patient Demographics Sheet Attached

Other Patient ID	Last Four Digits of SSN

BILLING INFORMATION *(Check only one billing option)*

Please attach a copy of BOTH sides of patient's insurance card.

☐ **Insurance:**

☐ **Medicare#** _____

☐ **Self-Pay:** CHL will bill the patient.

Bill to Insurance/Medicare/Self-Pay

TEST MENU *(please fill in box completely)*

ICD Diagnosis Codes are MANDATORY

INFLAMMATION
- C133 ☐ Myeloperoxidase
- 94218 ☐ Lp-PLA$_2$ Activity
- C121 ☐ hs-CRP
- C919 ☐ Microalbumin/Creatinine
- C301 ☐ ADMA/SDMA
- C335 ☐ OxLDL
- C261 ☐ F$_2$-Isoprostane/Creatinine

LIPIDS
- C906 ☐ Standard Lipid Panel§
- C909 ☐ Standard Lipid Panel with Reflex to Direct LDL‡§
- 37848 ☐ Lipid Panel with TG/HDL-C§
- C117 ☐ Cholesterol, Total
- C119 ☐ Triglycerides
- C120 ☐ LDL Cholesterol, Direct

LIPOPROTEIN FRACTIONATION
- 37847 ☐ LipoFraction NMR without Lipids*§
- 37849 ☐ LipoFraction NMR with Lipids*§
- 1346 ☐ LipoFraction Ion Mobility*§
- 1341 ☐ sdLDL
- 91729 ☐ Lp(a)

APOLIPOPROTEINS
- C122 ☐ ApoA1
- C123 ☐ ApoB
- 37812 ☐ HDL Function Panel with HDL*fx* Score§ (All AALPs are included in panel)
- 37838 ☐ AALP ApoA1
- 37864 ☐ AALP ApoC1
- 37865 ☐ AALP ApoC2
- 37866 ☐ AALP ApoC3
- 37867 ☐ AALP ApoC4

METABOLIC
- C524 ☐ TMAO
- C101 ☐ Glucose
- C146 ☐ Insulin
- 1388 ☐ Insulin Resistance Panel with Score§
- C155 ☐ GlycoMark®
- C145 ☐ HbA1c
- C314 ☐ Adiponectin
- C136 ☐ C-Peptide
- C307 ☐ Cystatin C
- C308 ☐ Homocysteine
- 34879 ☐ Methylmalonic Acid

VITAMINS/SUPPLEMENTS
- C295 ☐ Coenzyme Q10**
- C339 ☐ Vitamin D, 25 OH
- C277 ☐ Vitamin D2/D3, 25 OH
- C258 ☐ Folate, Serum
- C260 ☐ Vitamin B12
- C302 ☐ OmegaCheck®

ANEMIA/IRON METABOLISM
- C140 ☐ Ferritin
- C147 ☐ Iron
- C273 ☐ Iron & IBC§

COAGULATION/PLATELET FUNCTION
- C922 ☐ AspirinWorks/Creatinine
- C334 ☐ Fibrinogen Antigen, Nephelometry*

GENETICS
- 1349 ☐ 4q25-AF†
- 1348 ☐ 9p21†
- 1087 ☐ ApoE†
- 1086 ☐ CYP2C19†
- 1090 ☐ Prothrombin (Factor II)†
- 1089 ☐ Factor V (Leiden)†
- 1350 ☐ KIF6†
- 1351 ☐ LPA Aspirin†
- 1352 ☐ LPA Intron-25†
- 1088 ☐ MTHFR†

HYPERTENSION/HEART FAILURE
- C315 ☐ Galectin-3
- C125 ☐ NT-proBNP*
- 91823 ☐ ST2, Soluble
- 38685 ☐ Troponin T, High Sensitivity*

THYROID FUNCTION
- C142 ☐ T4, Free
- C158 ☐ T4, Total
- C143 ☐ T3, Free
- C144 ☐ T3, Total
- C157 ☐ TSH
- C513 ☐ TSH with Reflex to T4, Free‡
- C375 ☐ Thyroid Peroxidase AB
- C376 ☐ Thyroglobulin AB
- 1394 ☐ Thyroid Cascading Reflex‡§

CANCER
- C154 ☐ PSA, Total
- C512 ☐ PSA, Total with Reflex to PSA, Free (with % PSA, Free)‡
- C556 ☐ PSA, Total and Free (with % PSA, Free)

HORMONES
- C156 ☐ Testosterone, Total
- C943 ☐ Testosterone Free, Bioavailable, and Totalǁ
- C316 ☐ Estradiol
- C317 ☐ FSH
- C149 ☐ Luteinizing Hormone
- C320 ☐ Progesterone
- C385 ☐ DHEA-S
- C326 ☐ Sex Hormone Binding Globulin
- C384 ☐ Cortisol, Total

ROUTINE PANELS
- C905 ☐ Electrolyte Panel§
- C903 ☐ Hepatic Function Panel§
- C902 ☐ Basic Metabolic Panel§
- C901 ☐ Comprehensive Metabolic Panel§
- C904 ☐ Renal Function Panel§

STANDARD LABORATORY TESTS
- C917 ☐ CBC without Differential*§
- C915 ☐ CBC with Differential*§
- C212 ☐ Hematocrit*
- C211 ☐ Hemoglobin*
- 1378 ☐ White Cell Count*
- 1379 ☐ Red Cell Count*
- 1380 ☐ Platelet Count*
- C916 ☐ Urinalysis, Complete*§
- 1382 ☐ Urinalysis Reflex*‡§
- 1381 ☐ Urinalysis, Macroscopic*§
- 1390 ☐ Urinalysis, Microscopic*§
- C161 ☐ Uric Acid
- C137 ☐ Creatine Kinase
- C2414 ☐ Zinc, Plasma
- C150 ☐ Magnesium
- C104 ☐ Potassium
- C115 ☐ Bilirubin, Direct
- C114 ☐ Bilirubin, Total
- C107 ☐ BUN (Blood Urea Nitrogen)
- 2968 ☐ BUN/Creatinine Ratio
- C108 ☐ Creatinine, Serum
- C102 ☐ Calcium, Total
- C109 ☐ Albumin
- C111 ☐ ALP (Alkaline Phosphatase)
- C112 ☐ ALT (Alanine Amino Transferase)
- C113 ☐ AST (Aspartate Amino Transferase)
- C116 ☐ Inorganic Phosphate (Phosphorus)

VIRUS/INFECTIOUS DISEASE
- 39504 ☐ SARS-CoV-2 Serology (COVID-19) Ab (IgG), Immunoassay

OTHER
- _____ ☐ _____
- _____ ☐ _____
- _____ ☐ _____
- _____ ☐ _____
- _____ ☐ _____
- _____ ☐ _____

Please mark off any tests added in the "OTHER" category. Testing will only be performed on single order choices that are marked off.

Bill to Insurance/Medicare/Self-Pay

*Specimen must be shipped the same day collected.
**Specimen must be protected from light.
†A single separate tube is required.
Note: Up to 8 genetic tests can be run from one tube.
‡Reflex tests are performed at an additional charge, if indicated by the initial test result.
§Full descriptions are on the back of this form.
ǁRefer to CHL Online Test Menu for specimen tube requirements based on age and gender.

COMMENTS:

Practitioner's Signature: **X** Date: **X**

Initials: Time: Draw Date:

INFORMATIONAL USE ONLY. DO NOT WRITE ON THIS PAGE.

ICD DIAGNOSIS CODES ARE MANDATORY. PLEASE WRITE APPLICABLE CODES ON THE FIRST PAGE OF THE REQUISITION.

Code	Diagnosis	Code	Diagnosis
D50.9	Iron deficiency anemia, unspecified	E78.41	Elevated Lipoprotein (a)
D51.9	Vitamin B12 deficiency anemia, unspecified	E78.49	Other hyperlipidemia
D64.9	Anemia, unspecified	E78.5	Hyperlipidemia, unspecified
E03.8	Other specified hypothyroidism	E79.0	Hyperuricemia w/o signs of inflammatory arthritis and tophaceous disease
E03.9	Hyperthyroidism, unspecified	E88.81	Metabolic syndrome
E06.3	Autoimmune thyroiditis	F41.9	Anxiety disorder, unspecified
E11.65	Type 2 diabetes mellitus with hyperglycemia	G47.00	Insomnia, unspecified
E11.9	Type 2 diabetes mellitus without complications	I10	Essential (primary) hypertension
E27.9	Disorder of adrenal gland, unspecified	I25.10	Atherosclerotic heart disease of native coronary artery w/o angina pectoris
E29.1	Testicular hypofunction	N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
E34.9	Endocrine disorder, unspecified	N95.1	Menopausal and female climacteric states
E53.8	Deficiency of other specified B group vitamins	R53.1	Weakness
E55.9	Vitamin D deficiency, unspecified	R53.81	Other malaise
E63.9	Nutritional deficiency, unspecified	R53.83	Other fatigue
E66.9	Obesity, unspecified	R73.01	Impaired fasting glucose
E72.11	Homocystinuria	R79.89	Other specified abnormal findings of blood chemistry
E72.12	Methylenetetrahydrofolate reductase deficiency	R79.9	Abnormal finding of blood chemistry, unspecified
E78.00	Pure hypercholesterolemia, unspecified	Z00.00	Encounter for general adult medical exam w/o abnormal findings
E78.01	Familial hypercholesterolemia	Z12.5	Encounter for screening for malignant neoplasm for prostate
E78.1	Pure hyperglyceridemia	Z13.220	Encounter for screening for lipoid disorders
E78.2	Mixed hyperlipidemia	Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system

Note: the above ICD codes are listed as a convenience for ordering physicians. No physician is required to use these ICD codes. Ordering physicians should report the diagnosis code that best describes the reason for performing the test, regardless of whether it is included in the list above. The ICD codes selected by you will be applied as the diagnosis for all tests ordered on this requisition form unless you state otherwise in the Comments section of this form.

COMMON PANEL DESCRIPTIONS

C902	**BASIC METABOLIC PANEL** Sodium; Potassium; Chloride; Carbon Dioxide; Glucose; BUN; Creatinine; BUN/Creatinine Ratio; Calcium; Estimated Glomerular Filtration Rate	**C917**	**CBC WITHOUT DIFFERENTIAL** White Blood Cell Count (WBC); Red Blood Cell Count (RBC); Hematocrit; Hemoglobin; MCV; MCH; MCHC; RDW; Platelet Count; MPV	**C915**	**CBC WITH DIFFERENTIAL** White Blood Cell Count (WBC); Red Blood Cell Count (RBC); Hematocrit; Hemoglobin; MCV; MCH; MCHC; RDW; Platelet Count; MPV; Neutrophil Count; Lymphocyte Count; Monocyte Count; Eosinophil Count; Basophil Count
C901	**COMPREHENSIVE METABOLIC PANEL** Sodium; Potassium; Chloride; Carbon Dioxide; Glucose; BUN; Creatinine; BUN/Creatinine Ratio; Calcium; Estimated Glomerular Filtration Rate; Albumin; Total Protein; Alkaline Phosphatase; Alanine Aminotransferase; Aspartate Aminotransferase; Bilirubin, Total; Globulin	**C905**	**ELECTROLYTE PANEL** Sodium; Potassium; Chloride; Carbon Dioxide	**37812**	**HDL FUNCTION PANEL WITH HDL*fx* PCAD SCORE (HDL*fx* TEST)** AALP ApoA1; AALP ApoC1; AALP ApoC2; AALP ApoC3; AALP ApoC4; HDL*fx* pCAD Score
C903	**HEPATIC FUNCTION PANEL** Albumin; Total Protein; Alkaline Phosphatase; Alanine Aminotransferase; Aspartate Aminotransferase; Bilirubin, Total; Bilirubin, Direct; Globulin	**1346**	**LIPOPROTEIN FRACTIONATION ION MOBILITY (LipoFraction Ion Mobility)** LDL Particle Number; LDL Small; LDL Medium; LDL Large; HDL Large; LDL Pattern; LDL Peak Size	**1388**	**INSULIN RESISTANCE PANEL WITH SCORE** Insulin, Intact, LC/MS/MS; C-Peptide, LC/MS/MS; Insulin Resistance Score
C273	**IRON AND TOTAL IRON BINDING CAPACITY (IRON AND IBC)** Iron, Total; Iron Binding Capacity; % Saturation	**37848**	**LIPID PANEL WITH TG/HDL-C** Total Cholesterol; HDL Cholesterol; Triglycerides; LDL-Cholesterol Calculated; Cholesterol/HDL-C; Non-HDL Cholesterol; TG/HDL-C	**37847**	**LIPOPROTEIN FRACTIONATION NMR (LipoFraction NMR without Lipids)** LDL-P; Small LDL-P; LDL Size; HDL-P; Large HDL-P; HDL Size; Large VLDL-P; VLDL Size
37849	**LIPOPROTEIN FRACTIONATION NMR WITH LIPIDS (LipoFraction NMR with Lipids)** LDL-P; Small LDL-P; LDL Size; HDL-P; Large HDL-P; HDL Size; Large VLDL-P; VLDL Size; Triglycerides; Total Cholesterol; HDL Cholesterol; Non-HDL Cholesterol; LDL Cholesterol; Cholesterol/HDL-C; TG/HDL-C	**C904**	**RENAL FUNCTION PANEL** Sodium; Potassium; Chloride; Carbon Dioxide; Glucose; BUN; Creatinine; BUN/Creatinine Ratio; Calcium; Estimated Glomerular Filtration Rate; Albumin; Phosphorus	**C906**	**STANDARD LIPID PANEL** Total Cholesterol; Triglycerides; Direct HDL; Calculated LDL; Non-HDL Cholesterol; Cholesterol/HDL-C
C909	**STANDARD LIPID PANEL WITH REFLEX TO LDL CHOLESTEROL, DIRECT** Total Cholesterol; Triglycerides; Direct HDL; Calculated LDL; Non-HDL Cholesterol; Cholesterol/HDL-C; ***If Reflexed***: LDL Cholesterol, Direct‡	**1394**	**THYROID CASCADING REFLEX** The Thyroid Cascading Reflex begins with a TSH. If TSH is abnormal, T4, Free will be performed as a reflex test.‡ If the TSH is elevated and T4, Free is either normal or low, TPO Antibodies will be performed as a reflex test.‡ If the TSH is low and T4, Free is either normal or low, T3, Free will be performed as a reflex test. ‡	**C916**	**URINALYSIS, COMPLETE** Glucose; Protein; Bilirubin; pH; Occult Blood; Ketones; Nitrate; Leukocyte Esterase; Specific Gravity; Color; Appearance; Microscopic Elements (RBC; WBC; Squamous Epithelial Cells; Bacteria; Hyaline Casts; Other microscopic elements, if found)
1382	**URINALYSIS REFLEX** Glucose; Protein; Bilirubin; pH; Occult Blood; Ketones; Nitrite; Leukocyte Esterase; Specific Gravity; Color; Appearance; ***If Reflexed:*** Microscopic Elements (RBC; WBC; Squamous Epithelial Cells; Bacteria; Hyaline Casts; Other microscopic elements, if found)‡	**1381**	**URINALYSIS, MACROSCOPIC** Glucose; Protein; Bilirubin; pH; Occult Blood; Ketones; Nitrite; Leukocyte Esterase; Specific Gravity; Color; Appearance	**1390**	**URINALYSIS, MICROSCOPIC** RBC; WBC; Squamous Epithelial Cells; Bacteria; Hyaline Casts; Other microscopic elements, if found

‡Reflex tests are performed at an additional charge, if indicated by the initial test result.

Patients: Minimize your wait time by scheduling an appointment at a convenient Patient Service Center.

To find a location and make an appointment, visit us at QuestDiagnostics.com/appointment, call **1.888.277.8772**, or download our mobile app at QuestDiagnostics.com/mobile.

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