

INSURANCE BILL REQUISITION FORM

LAB USE ONLY

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INSTRUCTIONS

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

Customer Support | p 1.866.358.9828 | f 1.866.869.0148

Bill to Insurance/Medicare/Self-Pay

CLIENT ID

PRACTITIONER INFORMATION

Form fields for Practitioner Information including Client ID, Practice Name, Practitioner ID, NPI, Address, City, State, ZIP, Phone, and Fax.

PATIENT INFORMATION

Form fields for Patient Information including DOB, Last Name, First Name, Middle Initial, Address, City, State, ZIP, Phone, Race, and Patient Demographics Sheet Attached.

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.

BILLING INFORMATION (Check only one billing option)

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

Billing options: Insurance, Medicare#, and Self-Pay: CHL will bill the patient.

ICD CODES (Please print legibly and enter all that apply) ICD CODES ARE MANDATORY

Table for ICD Codes with columns for code entry.

Bill to Insurance/Medicare/Self-Pay

TEST MENU (please fill in box completely)

ICD Diagnosis Codes are MANDATORY

Main test menu grid with categories: INFLAMMATION, LIPIDS, LIPOPROTEIN FRACTIONATION, APOLIPOPROTEINS, METABOLIC, VITAMINS/SUPPLEMENTS, ANEMIA/IRON METABOLISM, COAGULATION/PLATELET FUNCTION, GENETICS, HYPERTENSION/HEART FAILURE, THYROID FUNCTION, CANCER, HORMONES, ROUTINE PANELS, STANDARD LABORATORY TESTS, and VIRUS/INFECTIOUS DISEASE.

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

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

COMMENTS:

Comments section for additional notes.

Practitioner's Signature: X

Date: X

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 lipid 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

Code	Description	Code	Description	Code	Description
C902	BASIC METABOLIC PANEL	C917	CBC WITHOUT DIFFERENTIAL	C915	CBC WITH DIFFERENTIAL
	Sodium; Potassium; Chloride; Carbon Dioxide; Glucose; BUN; Creatinine; BUN/Creatinine Ratio; Calcium; Estimated Glomerular Filtration Rate		White Blood Cell Count (WBC); Red Blood Cell Count (RBC); Hematocrit; Hemoglobin; MCV; MCH; MCHC; RDW; Platelet Count; MPV		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	C905	ELECTROLYTE PANEL	37812	HDL FUNCTION PANEL WITH HDLfx PCAD SCORE (HDLfx TEST)
	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		Sodium; Potassium; Chloride; Carbon Dioxide		AALP ApoA1; AALP ApoC1; AALP ApoC2; AALP ApoC3; AALP ApoC4; HDLfx pCAD Score
C903	HEPATIC FUNCTION PANEL	1388	INSULIN RESISTANCE PANEL WITH SCORE	C273	IRON AND TOTAL IRON BINDING CAPACITY (IRON AND IBC)
	Albumin; Total Protein; Alkaline Phosphatase; Alanine Aminotransferase; Aspartate Aminotransferase; Bilirubin, Total; Bilirubin, Direct; Globulin		Insulin, Intact, LC/MS/MS; C-Peptide, LC/MS/MS; Insulin Resistance Score		Iron, Total; Iron Binding Capacity; % Saturation
C906	LIPID PANEL	C909	LIPID PANEL WITH REFLEX TO LDL CHOLESTEROL, DIRECT	37848	LIPID PANEL WITH TG/HDL-C
	Total Cholesterol; Triglycerides; HDL Cholesterol; Calculated LDL Cholesterol; Non-HDL Cholesterol; Cholesterol/HDL-C		Total Cholesterol; Triglycerides; HDL Cholesterol; Calculated LDL Cholesterol; Non-HDL Cholesterol; Cholesterol/HDL-C; If Reflexed: LDL Cholesterol, Direct‡		Total Cholesterol; HDL Cholesterol; Triglycerides; LDL-Cholesterol Calculated; Cholesterol/HDL-C; Non-HDL Cholesterol; TG/HDL-C
1346	LIPOPROTEIN FRACTIONATION ION MOBILITY (LipoFraction Ion Mobility)	37847	LIPOPROTEIN FRACTIONATION NMR (LipoFraction NMR without Lipids)	37849	LIPOPROTEIN FRACTIONATION NMR WITH LIPIDS (LipoFraction NMR with Lipids)
	LDL Particle Number; LDL Small; LDL Medium; LDL Large; HDL Large; LDL Pattern; LDL Peak Size		LDL-P; Small LDL-P; LDL Size; HDL-P; Large HDL-P; HDL Size; Large VLDL-P; VLDL Size		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
39447	METABOLIC RISK PANEL	C904	RENAL FUNCTION PANEL	1394	THYROID CASCADING REFLEX
	ApoB; Lipid Panel (Total Cholesterol; Triglycerides; HDL Cholesterol; Calculated LDL Cholesterol; Non-HDL Cholesterol; Cholesterol/HDL-C); HbA1c (with Estimated Average Glucose); Insulin Resistance Panel with Score (Insulin, Intact, LC/MS/MS; C-Peptide, LC/MS/MS; Insulin Resistance Score)		Sodium; Potassium; Chloride; Carbon Dioxide; Glucose; BUN; Creatinine; BUN/Creatinine Ratio; Calcium; Estimated Glomerular Filtration Rate; Albumin; Phosphorus		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	1382	URINALYSIS REFLEX	1381	URINALYSIS, MACROSCOPIC
	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)		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)‡		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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