

Nursing Home Bills (contract)

Other Provider Bills (non)

Agency Name: _____

Fax Number: _____

Phone Number: _____

Last _____

First _____

Address _____

State, Zip _____

Male Female Date of Birth ____/____/____

Social Security Number _____

MEDICARE # _____

MEDICAID # _____

Ordering Physician _____

OTHER INS: _____

Collection Date ____/____/____ Collect Time _____ Drug Level Last Dose _____ AM PM

✓	color	ICD-10	TEST NAME	✓	color	ICD-10	TEST NAME
CHEMISTRY PANELS							
	Green		Hepatic Panel cpt 80076		Yellow		B12 cpt 82607
	Green		Electrolytes cpt 80051		Yellow		Folate cpt 82746
	Green		Chem 8 (Basic Metabolic) cpt 80048		Yellow		B12 reflex to MMA
	Green		Chem 14 (Comp. Metabolic) cpt 80053		Yellow		Ferritin cpt 82728
	Green		Lipid Panel cpt 80061		Yellow		Iron+Transferrin cpt 83540+83550
	Green		Renal Function Panel cpt 80069		Yellow		PSA (Prostate Specific Antigen) cpt 84153
					Yellow		PSA Screen (orderable for Medicare pts only)
INDIVIDUAL CHEMISTRY TESTS							
	Green		Albumin cpt 82040				
	Green		ALT cpt 84460				
	Green		AST cpt 84450				
	Green		Amylase cpt 82150				
	Purple		BNP cpt 83880				
	Green		Calcium cpt 82310				
	Green		CK cpt 82253				
	Green		Creatinine cpt 82565				
	Green		CRP Inflammatory cpt 86141				
	Green		Glucose				
	Purple		Hemoglobin A1C cpt 83036				
	Green		Lipase cpt 83690				
	Green		Magnesium cpt 83735				
	Green		Potassium cpt 84132				
	Green		Protein, Total cpt 84155				
	Green		Sodium cpt 84295				
	Green		Troponin cpt 84484				
	Green		TSH cpt 84443				
	Green		TSH reflex				
	Green		T4 Free cpt 84439				
	Green		Urea Nitrogen (BUN) cpt 84520				
	Green		Uric Acid cpt 84550				
	Green		Digoxin cpt 80162				
	Green		Valproic Acid cpt 80164				
	Green		Vancomycin Peak? Trough?				
HEME/COAG							
					Blue		CBC (Hemogram + Differential) cpt 85025
					Blue		Hemogram (WBC, RBC, H & H, PLT, Indices) cpt 85027
					Blue		Retic Count # 85045
					Blue		WBC Count cpt 85048
					Blue		WBC w diff cpt 85004
					Blue		Sed Rate cpt 85652
					Blue		INR (Prothrombin time) cpt 85610
					Blue		PTT cpt 85730
							MUST be filled to full line
URINE AND CULTURES							
							Urinalysis (includes microscopic if indicated) cpt 81003
							Do culture if indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No
							Microscopic exam of urine cpt 81015
							Do culture if indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No
							___ CC ___ Straight Cath ___ Indwelling
							Urine Culture cpt 87086
							___ CC ___ Straight Cath ___ Indwelling
							Microalbumin Urine Random cpt 82043
							Stool Culture cpt 87045 + 87046 x 2
All orders MUST include a PAYABLE Diagnosis or Diagnosis code. Multiple ICD10 codes are best.							

Screenings	Cardiovascular (continued)	Musculoskeletal
Encounter for screening for malignant neoplasm of prostate Z12.5	Essential (primary) hypertension I10	Gout Site: _____ -Acute or Chronic?
Encounter for screening for diabetes mellitus Z13.1	Other hypotension (Chronic) I95.89	
Encounter for screening for lipid disorders Z13.220	Tachycardia, unspecified R00.0	
Encounter for screening for other suspected endocrine disorder Z13.29	Palpitations R00.2	
	Venous insufficiency (chronic) I87.2	Neurology
		Disorientation, unspecified R41.0
		Headache R51
		Altered mental status, unspecified R41.82
	Miscellaneous	
	Localized edema R60.0	
	Generalized edema R60.1	
	Edema, unspecified R60.9	
	Weakness R53.1	
	Other malaise R53.81	
	Chronic fatigue, unspecified R53.82	
	Other fatigue R53.83	
	Chills (without fever) R68.83	
		Respiratory
	Fever, unspecified R50.9	COPD with acute lower respiratory Infection J44.0
	Abnormal weight loss R63.4	COPD with (acute) exacerbation J44.1
		COPD, unspecified J44.9
		Cough R05
		Dyspnea, unspecified R06.00
		Orthopnea R06.01
		Shortness of breath R06.02
		Other forms of dyspnea R06.09
Hematology & EENMT		Metabolic/Endocrine
Anemia DUE TO _____		Impaired fasting glucose R73.01
Deficiency of other B group vitamins E53.8		Impaired glucose tolerance (oral) R73.02
		Other abnormal glucose R73.09
Epistaxis R04.0		Hyperglycemia, unspecified R73.9
Dizziness and giddiness R42		Diabetes
		-Type I or Type II
		-Complications yes or no
		Specify: _____
		Pure hypercholesterolemia E78.0
		Pure hyperglyceridemia E78.1
		Mixed hyperlipidemia E78.2
		Thyrotoxicosis, unspecified E05.9
		Hypothyroidism, unspecified E03.9
		Vitamin D deficiency, unspecified E55.9
Medication Management	Gastrointestinal	
Long-term (current) use of anticoagulants Z79.01	Constipation, unspecified K59.00	
Long term (current) use of NSAID Z79.1	Slow transit constipation K59.01	
Long term (current) use of antibiotics Z79.2	Outlet dysfunction constipation K59.02	
Other Long term (current) drug therapy Z79.899	Other constipation K59.09	
Long term (current) use of insulin Z79.4	Diarrhea, unspecified R19.7	
Long term (current) use of antithrombotics/antiplatelets Z79.02	Nausea R11.0	
	Vomiting R11.1	
	Nausea with vomiting, unspecified R11.2	
	Other fecal abnormalities R19.5	
	-Abnormal stool color	
	-Bulky stools	
	-Mucus in stools	
	-Occult blood in feces	
	-Occult blood in stools	
Cardiovascular	Genitourinary	
Atrial fibrillation and flutter	Dysuria R30.0	
-Paroxysmal atrial fibrillation I48.0	Gross hematuria R31.0	
-Persistent atrial fibrillation I48.1	Benign essential microscopic hematuria R31.1	
-Chronic atrial fibrillation I48.2	Other microscopic hematuria R31.2	
-Typical atrial flutter (Type I) I48.3	Hematuria, unspecified R31.9	
-Atypical atrial flutter (Type II) I48.4	Unspecified urinary incontinence R21	
-Unspecified atrial fibrillation I48.91	Retention of urine, unspecified R33.9	
-Unspecified atrial flutter I48.92	Frequency of micturition R35.0	
CHF	Urinary tract infection, site not specified N39.0	
-Left ventricular failure I50.1	Chronic kidney disease	
-Unspecified systolic CHF I50.20	Stage 1 2 3 4 5	
-Acute systolic CHF I50.21		
-Chronic systolic CHF I50.22		
-Acute on chronic systolic CHF I50.23		
-Unspecified diastolic CHF I50.30		
-Acute diastolic CHF I50.31		
-Chronic diastolic CHF I50.32		
-Acute on chronic diastolic CHF I50.33		
-Unspecified combined systolic CHF I50.40		
-Acute combined systolic and diastolic CHF I50.41		
-Chronic combined systolic and diastolic CHF I50.42		
-Acute on chronic combined systolic and diastolic CHF I50.43		
-Heart failure, unspecified I50.9		