Filter Paper Requisition Instructions:

Complete the Following Requisition Sections:

Sample Information:
Check the appropriate box of the desired test and complete collection date.

Patient Information:
Enter information as completely as possible (in some cases, social security and patient ID numbers may not be available). State reporting requirements dictate the amount and type of information requested in this section.

Physician Information:
HIPAA compliance mandates completion of physician name and corresponding National Provider Identification (NPI) number. If NPI is not yet available, provide the UPIN number.

Billing Information:
Complete ALL billing information, including diagnosis codes (see below). Select the appropriate billing option. Please note that “Medicaid” and “Medicaid HMO” are not interchangeable designations. Straight Medicaid billing must include patient Medicaid number, copy of patient's Medicaid ID card, and diagnosis code(s). Commercial insurances and Medicaid HMOs must include insurance company name, insurance company address, diagnosis code, policy number, and group number (if available). A front and back copy of the patient's insurance/HMO card is strongly encouraged.

* A denied claim by the insurance carrier due to incorrect or incomplete information may become the responsibility of the patient. It is the clinic’s responsibility to verify patient eligibility for the service date.

ICD-9 diagnosis codes are the only acceptable form of medical necessity documentation. Please provide the appropriate ICD-9 code(s) to ensure efficient laboratory handling of all specimen processes. Commonly used ICD-9 codes for lead and hemoglobin testing are provided below for your reference only. The ICD-9 submitted on the requisition must be based on the patient’s condition.

V82.5: Screening for chemical poisoning and other contamination, including heavy metal poisoning (lead)
V15.86: Exposure to lead
984.9: Toxic effect of unspecified lead compound
V72.6: Laboratory examination (utilize as secondary coding and/or hemoglobin testing)
V20.2: Routine infant or child health check