

NAME _____

labs drawn mail out labs

Date Ordered _____

Ordering Physician Diana Smith RN, FNP, LPC

Date to Test _____

DBS - NEUROTRANSMITTER TEST 877-476-7229

ICD-10 Coding for Neurotransmitter Testing

4:00 PM Urine Test

A69.20 F32.2 F41.1 F90.9

DOCTORS DATA 800-323-2784 fax 630-587-7860

ICD-10 Coding for Doctors Data

Stool - Heavy Metals circle PRE POST

T57.91XA T57.93XA T65.91XA T65.94XA

FRY LABS 866-927-8075 fax 480-656-4932

ICD-10 Coding for Fry Labs

Full Profile Bio Film / Protozon

XMRV

A69.20

Bio Film Protozon (FL1953)

Bartonella / Smear

GENEVATIONS 800-522-4762 fax 828-253-9303

NO ICD-10 Coding for Genevations

CardioGenomic DetoxiGenomic & NeuroGenomic

ImmunoGenomic

OsteoGenomic

ApoE Add On (Can be Ordered Alone)

GENOVA DIAGNOSTICS 800-522-4762 fax 828-253-9303

ICD-10 Coding for Genova Diagnostics

CDSA 2.0

A09 A49.3 B37.7 B89 B99.9

Cellular Energy

E03.9 E27.0 E27.1 E27.2 E27.40

EFA Analysis

G60.0 K59.00 K58.9 K58.0 K52.2

Heavy Metals Urine circle PRE POST

R19.7 T57.91XA

NutrEval Evaluation of Optimal Nutrition

Use additional code to identify type of food allergy:

Reverse T3

Z91.01-Z91.02

Salivary Cortisol / DHEA

GREAT PLAINS 913-341-8949 fax 913-341-6207

ICD-10 Coding for Great Plains

Essential Fatty Acids

B95.1 B89 B99.9 E63.8

Immune Deficiency Panel

G43.809 G43.C0 G43.D0 G43.909

Metals - blood

L50.9 T57.91XA T57.92XA T57.93XA T57.94XA

Organic Acid

T65.91XA T65.92XA T65.93XA T65.94XA

Strep Antibodies Panel - Blood

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ESOTERIX - HEMEX 800-444-9111 fax 602-997-1406			ICD-10 Coding for Esoterix - Hemex			
<input type="checkbox"/> ISAC Panel	<input type="checkbox"/> Alpha 2 Antiplasma (2H2)	<input type="checkbox"/> APS circle panel 1 - 2 - 3	<input type="checkbox"/> A69.20	<input type="checkbox"/> B89	<input type="checkbox"/> B99.9	<input type="checkbox"/> D68.69
<input type="checkbox"/> Von Willebrand Factor Antigen	<input type="checkbox"/> MTHFR (folic acid)	<input type="checkbox"/> Heparin Level (HEP Assay)	<input type="checkbox"/> G35	<input type="checkbox"/> G43.909	<input type="checkbox"/> R53.82	<input type="checkbox"/> G93.3
<input type="checkbox"/> B2GPI	<input type="checkbox"/> Factor V Leiden Mutation	<input type="checkbox"/> Heparin Antibodies (HIT)	<input type="checkbox"/> R53.1	<input type="checkbox"/> R53.81	<input type="checkbox"/> R53.83	
		<input type="checkbox"/> Hereditary Thrombosis Panel				

IGENX LAB 800-832-3200 fax 650-424-1196		ICD-10 Coding for IGENX	
<input type="checkbox"/> Western Blot Complete Lyme Panel (6050)		<input type="checkbox"/> A69.20	
<input type="checkbox"/> Lyme Elispot LTT (Germany)			

IMMUNO LAB 800-231-9197 fax 954-691-2505		ICD-10 Coding for Immuno Lab					
<input type="checkbox"/> Immuno - IgG Elisa Sensitivity	<input type="checkbox"/> Extended IgE Food Panel	<input type="checkbox"/> T65.894A	<input type="checkbox"/> B96.81	<input type="checkbox"/> B37.7	<input type="checkbox"/> G43.809	<input type="checkbox"/> G43.A0	<input type="checkbox"/> G43.B0
<input type="checkbox"/> IgE 36 Allergen Air and Food Allergy	<input type="checkbox"/> Milk/Egg Sub-Fractions		<input type="checkbox"/> G43.C0	<input type="checkbox"/> G43.D0	<input type="checkbox"/> G43.909	<input type="checkbox"/> H02.119	<input type="checkbox"/> J30.0
<input type="checkbox"/> Anti-Gliadin Antibody	<input type="checkbox"/> Tissue Transglutaminase Antibody		<input type="checkbox"/> J30.9	<input type="checkbox"/> K58.9	<input type="checkbox"/> K58.0	<input type="checkbox"/> L50.9	<input type="checkbox"/> R53.82

MDL 877-269-0090 fax 609-570-1050		ICD-10 Coding for MDL				
<input type="checkbox"/> SEE LAB REQ FOR TEST INFORMATION		<input type="checkbox"/> B96.81	<input type="checkbox"/> B89	<input type="checkbox"/> B99.9	<input type="checkbox"/> G93.3	<input type="checkbox"/> R53.1
<input type="checkbox"/> Stool Swab		<input type="checkbox"/> R53.81	<input type="checkbox"/> R53.83	<input type="checkbox"/> K58.9	<input type="checkbox"/> K58.0	<input type="checkbox"/> D83.8
<input type="checkbox"/> Urinary Tract Infection / Pathology and Antibiotic Resistance		<input type="checkbox"/> D83.9	<input type="checkbox"/> N39.0	<input type="checkbox"/> A09	<input type="checkbox"/> R10.9	<input type="checkbox"/> N39.0

ONCO 617-536-0850 fax 617-536-0657		ICD-10 Coding for Onco	
<input type="checkbox"/> AMAS Blood Test		<input type="checkbox"/> C56.9 (female)	<input type="checkbox"/> C61 (male)

SPECTRACELL 800-227-5227 fax 713-621-3234		ICD-10 Coding for Spectracell			
<input type="checkbox"/> Comprehensive Profile 5000	<input type="checkbox"/> Telomere Analysis	<input type="checkbox"/> E53.1	<input type="checkbox"/> E53.8	<input type="checkbox"/> E63.8	<input type="checkbox"/> R53.82

URINE IODINE TEST - FFP LABS 877-900-5556		ICD-10 Coding for Urine Iodine	
<input type="checkbox"/> Iodine Test		<input type="checkbox"/> E03.9	

REAL TIME LAB - URINE		ICD-10 Coding for Mold Test	
<input type="checkbox"/> Urine Mold Test		<input type="checkbox"/> T64.04XA	<input type="checkbox"/> T64.84XA