



Filter Paper Requisition Instructions:

Complete the Following Requisition Sections:

LEAD / HEMOGLOBIN REQUISITION

MEDTOX 402 West County Road D
St. Paul, Minnesota 55112
(651) 636-7466 • (800) 832-3044
www.medtox.com

RESERVED SPACE

REQUIRED - SAMPLE INFORMATION

64600 Filter Paper Lead 60600 EDTA Whole Blood 11600 Hemoglobin Filter Paper

Capillary (Finger Stick) Venous

COLLECTION DATE: COLLECTION TIME: AM PM

REQUIRED - PATIENT INFORMATION

Patient Last Name: Patient First Name: M.I.: GENDER: MALE FEMALE

Patient Date of Birth: Soc. Sec. No.: Patient ID: Address: Apt.: City: State: Zip Code: Area Code & Phone No.:

Race: I Native American, Eskimo, Aleutian W White A Asian/Pacific Islander B Black M Multi-racial U Unknown O Other N Non-Hispanic H Hispanic U Unknown

Parent/Guardian Last Name: First Name: Find Name:

REQUIRED - PHYSICIAN INFORMATION

Physician Last Name: Physician First Name: M.I.: UPI# No.: 79885

Area Code & Phone No.: Individual / Group NPI No.:

REQUIRED - BILLING INFORMATION

(ICD 9) DIAGNOSIS CODE NO.: Prior Authorization No.: Patient Status: Full-Time Student Single Part-Time Student Married Employed Other

****COPY OF PATIENT'S INSURANCE CARD MUST BE ATTACHED****

BILLING OPTIONS: Clinic Patient Medicare Medicaid HMO Medicaid Commercial Insurance

Insured's ID No. (separate from when applicable): Group No.: Insurance Carrier Name: Claims Submission Address: State: Zip:

Patient Relationship to Insured: Self Spouse Child Other

Complete below if policy holder is different than patient.

Insured's Name: Insured's Date of Birth: Insured's Address: State: Zip: Insured's Social Security No.: Is there Other Health Coverage Available? YES NO

If yes, attach copy of card

(Retain last page of this form for your records; return front page to Laboratory with specimens.)

WHITE - LAB YELLOW - PHYSICIAN Form L12 (5/07)

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