

REQUIRED INFORMATION			
PATIENT LAST NAME	FIRST	DOB	SEX
ADDRESS		SSN	
CITY	STATE	ZIP	PHONE
INSURANCE COMPANY NAME		ID #	GROUP #
MEDICAID #	STATE	MEDICARE # (INCLUDE PREFIX/SUFFIX)	<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY
			MEDICARE RETIREMENT OR DISABILITY DATE

Nausea	R11.0	Myalgia	M79.1	Cog. Dysfx	R41.89
Abd. Pain	R10.90	Hives	L50.1	Dyspnea	R06.00
Diarrhea	R19.7	Rashes	R21	Edema	R60.9
GERD	K21.9	Numbness	R20.2	Palpitations	R00.2
Fatigue	R53.83	Dizziness	R42	MCAS	D89.40

The Codes and Panel structuring are based on our current understanding of medicine, ICD10 and CPT rules in effect at the time this order form was printed and may change without notice.

BILL TO: <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE DATE COLLECTED: _____ TIME: _____ <input type="checkbox"/> FASTING <input type="checkbox"/> NON FASTING
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NOTE TO PHYSICIAN: WHEN ORDERING TESTS FOR A MEDICARE OR MEDICAID PATIENT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED BELOW ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY BELOW. COMPONENTS MAY BE BILLED SEPARATELY IF ALLOWED BY THE PAYER. IT SHOULD BE NOTED THAT MEDICARE GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS.

	Blood tests to look for MCAS - D89.40	CPT	Directions	Tube
<input checked="" type="checkbox"/>	Histamine (plasma)	83088	Cold centrifuge	LAV
<input checked="" type="checkbox"/>	Prostaglandin D2 (plasma)	84150	Collect on ice	LAV
			Send frozen	Vial
<input checked="" type="checkbox"/>	Tryptase (serum)	83520		Red
<input checked="" type="checkbox"/>	Chromogranin A (serum)	86316		Red

Call insurance to check coverage
 " My doctor is looking for MCAS D89.40 and I have the above symptoms. Will these tests be covered - 7 tests "

	Urine tests to look for MCAS - D89.40	CPT	Directions
<input checked="" type="checkbox"/>	24-hr N-Methylhistamine	82570	Keep urine cold at all times and send frozen.
<input checked="" type="checkbox"/>	2,3-Dinor-11Beta-Prostaglandin F2 alpha	84150	
<input checked="" type="checkbox"/>	24-hr Leukotriene E4	82542	

Patients with Coventry Insurance has to use LabCorp
 Check with insurance to check coverage for labs