7988 W Marigold St, Ste 100
Boise, ID 83714
Ph: 208.529.8330 Fx: 208.376.5003

3910 Washington Pkwy, Ste C
Idaho Falls, ID 83404
Ph: 208.529.8330 Fx: 208.523.3318

444 Hospital Way, Bldg 100, Ste 224
Pocatello, ID 83201
Ph: 208.529.8330 Fx: 208.232.0755

2960 E St Lukes St, Ste 200
Meridian, ID 83642
Ph: 208.529.8330 Fx: 208.376.5003

2001 S. Woodruff Ave, Ste 15B
Idaho Falls, ID 83404
Ph: 208.529.8330 Fx: 208.523.3318

859 S Yellowstone Hwy., Ste 3202
Rexburg, ID 83440
Ph: 208.529.8330 Fx: 208.523.3318

824 S Diamond St
Nampa, ID 83686
Ph: 208.529.8330 Fx: 208.376.5003

☐ Client Bill ☐ Patient Bill ☐ Insurance Bill

Please circle tests needed and provide relevant ICD10 Codes

CPT	SPECIALTY TESTS	ICD10
82951	Glucose Tolerance SST	
36000	Insulin Resistance SST	
CPT	**PANELS**	**ICD10**
80048	Basic Metabolic Panel SST	
83516	Celiac Disease Diagnostic Panel SST	
80053	Comprehensive Metabolic Panel SST	
80051	Electrolyte Panel SST	
80076	Hepatic Panel SST	
80074	Hepatitis Panel (Acute) SST	
80061	Lipid Panel SST	
80055	Prenatal Panel (120)*	
80069	Renal Panel SST	
CPT	**INDIVIDUAL TESTS**	**ICD10**
82040	Albumin SST	
44075	ALK Phos SST	
84460	ALT (SGPT) SST	
82150	Amylase SST	
89600	ABO/RH PRPL	
86850	Anitbody Screen PRPL	
86038	ANA with Reflex SST (2)	
84450	AST (SGOT) SST	
82248	Bilirubin, Direct SST	
82247	Bilirubin, Total SST	
84520	BUN SST	
86304	CA-125 SST	
82310	Calcium SST	
85025	CBC w/Auto Diff PRPL	
82465	Cholesterol, Total SST	
82533	Cortisol SST	
86141	CRP Ultra-Sensitive SST	
82565	Creatinine SST	
82575	Creatinine Clearance SST	
82627	DHEA-S SST	
83718	Direct HDL SST	
83721	Direct LDL SST	
85652	ESR - Sed Rate PRPL	
82670	Estradiol SST	
82728	Ferritin SST	
82746	Folate/Folic Acid SST	
83001	FSH SST	
82947	Glucose SST	
85014	Hematocrit PRPL	
85018	Hemoglobin PRPL	

CPT	INDIVIDUAL TESTS CONT.	ICD10
83036	Hemoglobin A1c PRPL	
86708	Hep A Total AB SST	
86705	Hep B Core IgM AB SST	
86317	Hep B Surface AB SST	
87340	Hep B Surface AG SST	
86803	Hep C Antibody SST	
86703	HIV SST	
83090	Homocysteine SST	
86677	H Pylori BreathID® KIT or STOOL	
86695/6	HSV 1/2 IgG SST	
82784	IgA, Total SST	
83525	Insulin SST	
83540	Iron, Total SST	
83550	Iron Binding Capacity SST	
80178	Lithium SST	
83690	Lipase SST	
83002	LH SST	
83735	Magnesium SST	
82043	Malb/Crea Ration, URINE	
83921	Methylmalonic Acid (MMA) SST	
84100	Phosphorus SST	
84132	Potassium SST	
84702	Pregnancy HCG, Quant. SST	
81025	Pregnancy HCG, Qual SST	
84703	Pregnancy HCG Urine	
84144	Progesterone SST	
80197	Prograf (Tacrolimus) PRPL	
84146	Prolactin SST	
84153	PSA SST	
83970	PTH SST	
85610	Protime/INR BLUE	
85730	PTT BLUE	
86480	Quantiferon-TB Plus LITH GRN	
86430	RF/Rheumatoid Factor SST	
86762	Rubella SST	
86592	Treponema (RPR) SST	
84402/3	Testosterone Free & Total w/SHBG	
84403	Testosterone, Total SST	
84432	Thyroglobulin SST	
86800	Thyroglobulin AB SST	
86376	Thyroid Peroxidase AB SST	
84478	Triglycerides SST	
84481	TTG, IgA SST	

CPT	INDIVIDUAL TESTS CONT.	ICD10
84443	TSH SST	
84439	Free T3 SST	
84436	Free T4 SST	
84550	Total T4 SST	
82340	Uric Acid SST	
81003	Urine Calcium/Creat Ratio	
	Urine Culture by PCR	
81001	Urine Dip	
87086	Urine Microscopic	
84156	Urine Culture	
82306	Urine Total Protein/Creat Ratio	
80164	Valproic Acid SST	
82607	Vitamin B12 SST	
82652	Vit D, 1, 25-Dihydroxy SST	
82607	Vitamin D25 Hydroxy SST	

CPT	ADDITIONAL TESTS	ICD10

CPT	MICROBIOLOGY	ICD10
87505	CT/NG/TRICH SWAB/UR	
87081	Group B Strep PCR SWAB	
87502	Influenza Screen SWAB	
87481	MRSA/MSSA SWAB	
87651	Strep Screen SWAB	
87505	Bacterial Panel, Stool	
87493	Clostridium Difficile, Stool	
87505	Parasite Panel, Stool	
87505	Viral Panel, Stool	
87040	Blood Culture	
87070	Wound Culture	

Source: _____ Time: _____

CPT	CYTOLOGY
Source (circle one): Cervix Endocx Vag C/V/E	
WOMEN 21-29 YEARS	
88142	PAP Smear SUREPATH
88175	HPV Reflex if ASCUS/AGC and Above
87491	CTNG, Molecular (source): _____
WOMEN 30+ YEARS	
88142	PAP Smear SUREPATH
87624	PAP and HPV Detection
87491	CTNG, Molecular (source): _____

History of abnormal Cytology: **LMP:** / /

*Panel includes: ABO/RH/Antibody Screen, RPR, Rubella, CBC, HepB Sur Ag, HIV, UA. SST, PRPL (2), Urine

Required Information

***Patient Name:** _____

***Sex:** M or F ***DOB:** **Fasting:** Y or N

***Address:** _____

_____

***Phone:** ( ) _____

***Ordering Provider:** _____

***Date:** _____ **Time:** _____

***OFFICE/FACILITY/LOCATION**

_____

INSURANCE INFORMATION (Please attach copy)

Additional tests are available. See our test directory at ExpressLabIdaho.com