

# SMA SPECIALTY MEDICAL LAB

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## PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_ Gender: F  M

## INSURANCE INFORMATION

Insurance Name: \_\_\_\_\_

Group#: \_\_\_\_\_ I.D#: \_\_\_\_\_

Bill Medicare  Bill Medicaid  Bill Patient

## SPECIMEN INFORMATION

Date Collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Collected: \_\_\_\_\_  STAT

Fax Results to: \_\_\_\_\_

### ICD10 CODES

It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

### 952 - Respiratory Profile, PCR

VIRAL TARGETS	BACTERIAL TARGETS	RPP DIAGNOSIS (ICD-10 Code)*	RPP DIAGNOSIS (ICD-10 Code) cont'd*	RPP DIAGNOSIS (ICD-10 Code) cont'd*
Adenovirus Coronavirus 229E Coronavirus HKU1 Coronavirus NL63 Coronavirus OC43 Human Metapneumovirus Influenza A Influenza A / H1 Influenza A / H3 Influenza A / H1-2009 Influenza B Human Rhinovirus/Enterovirus Parainfluenza Virus 1 Parainfluenza Virus 2 Parainfluenza Virus 3 Parainfluenza Virus 4 Respiratory Syncytial Virus	Bordetella pertussis Chlamydia pneumoniae Mycoplasma pneumoniae	<input type="checkbox"/> A49.9 Bacterial infection, unspecified site <input type="checkbox"/> B34.9 Viral infection, unspecified <input type="checkbox"/> B95.0 Streptococcus, group A, as cause of disease classified elsewhere <input type="checkbox"/> B97.0 Adenovirus as the cause of disease classified elsewhere <input type="checkbox"/> B97.89 Other viral agents as the cause of diseases classified elsewhere <input type="checkbox"/> B99.9 Unspecified infectious disease <input type="checkbox"/> G93.3 Postviral fatigue syndrome <input type="checkbox"/> J00 Acute nasopharyngitis <input type="checkbox"/> J01.90 Acute sinusitis, unspecified <input type="checkbox"/> J02.0 Streptococcal pharyngitis <input type="checkbox"/> J02.9 Acute pharyngitis, unspecified <input type="checkbox"/> J06.9 Acute upper respiratory infection, unspecified <input type="checkbox"/> J10.1 Flu due to other identified flu virus w/ other respiratory manifestations <input type="checkbox"/> J11.00 Flu due to unidentified flu virus w/ unspecified type of pneumonia	<input type="checkbox"/> J11.1 Flu due to unidentified flu virus w/ other respiratory manifestations <input type="checkbox"/> J12.9 Viral pneumonia, unspecified <input type="checkbox"/> J15.9 Unspecified bacterial pneumonia <input type="checkbox"/> J16.0 Chlamydial pneumonia <input type="checkbox"/> J18.9 Pneumonia, unspecified organism <input type="checkbox"/> J20.0 Acute bronchitis due to Mycoplasma pneumoniae <input type="checkbox"/> J20.1 Acute bronchitis due to Hemophilus influenzae <input type="checkbox"/> J20.3 Acute bronchitis due to coxsackievirus <input type="checkbox"/> J20.7 Acute bronchitis due to echovirus <input type="checkbox"/> J21.0 Acute bronchiolitis due to respiratory syncytial virus <input type="checkbox"/> J20.9 Acute bronchitis, unspecified <input type="checkbox"/> J30.0 Vasomotor rhinitis <input type="checkbox"/> J30.9 Allergic rhinitis, unspecified <input type="checkbox"/> J32.0 Chronic maxillary sinusitis <input type="checkbox"/> J32.2 Chronic ethmoidal sinusitis	<input type="checkbox"/> J32.9 Chronic sinusitis, unspecified <input type="checkbox"/> J40 Bronchitis, not specified as acute or chronic <input type="checkbox"/> J98.9 Respiratory disorder, unspecified <input type="checkbox"/> K52.89 Other specified noninfective gastroenteritis and colitis <input type="checkbox"/> M60.9 Myositis, unspecified <input type="checkbox"/> M79.1 Myalgia <input type="checkbox"/> M79.7 Fibromyalgia <input type="checkbox"/> R05 Cough <input type="checkbox"/> R19.7 Diarrhea, unspecified <input type="checkbox"/> R50.2 Drug induced fever <input type="checkbox"/> R50.9 Fever, unspecified <input type="checkbox"/> R53.1 Weakness <input type="checkbox"/> R53.81 Other malaise <input type="checkbox"/> R53.83 Other fatigue

### 954 - GI Profile, Stool, PCR

BACTERIA AND BACTERIAL TOXINS	PARASITES	GPP DIAGNOSIS (ICD-10 Code)*	GPP DIAGNOSIS (ICD-10 Code) cont'd*	GPP DIAGNOSIS (ICD-10 Code) cont'd*
Campylobacter Clostridium difficile (toxin A/B) Plesiomonas shigelloides Salmonella Yersinia enterocolitica Vibrio Vibrio cholerae	Cryptosporidium Cyclospora cayetanensis Entamoeba histolytica Giardia lamblia	<input type="checkbox"/> B18.2 Chronic viral hepatitis C <input type="checkbox"/> K21.0 Gastroesophageal reflux disease with esophagitis <input type="checkbox"/> K21.9 Gastroesophageal reflux disease without esophagitis <input type="checkbox"/> K22.70 Barrett's esophagus without dysplasia <input type="checkbox"/> K29.40 Chronic atrophic gastritis without bleeding <input type="checkbox"/> K29.50 Unspecified chronic gastritis without bleeding <input type="checkbox"/> K29.60 Other gastritis without bleeding <input type="checkbox"/> K30 Functional dyspepsia <input type="checkbox"/> K31.89 Other diseases of stomach and duodenum <input type="checkbox"/> K50.00 Crohn's disease of small intestine without complications <input type="checkbox"/> K50.90 Crohn's disease, unspecified, without complications <input type="checkbox"/> K51.90 Ulcerative colitis, unspecified, without complications <input type="checkbox"/> K52.89 Other specified noninfective gastroenteritis and colitis	<input type="checkbox"/> K52.9 Noninfective gastroenteritis and colitis, unspecified <input type="checkbox"/> K57.30 Diverticulosis of large intestine with or without perforation or abscess without bleeding <input type="checkbox"/> K59.00 Constipation, unspecified <input type="checkbox"/> K59.1 Functional diarrhea <input type="checkbox"/> K62.5 Hemorrhage of anus and rectum <input type="checkbox"/> K63.4 Enteroptosis <input type="checkbox"/> K63.89 Other specified diseases of intestine <input type="checkbox"/> K92.1 Melena <input type="checkbox"/> R10.10 Upper abdominal pain, unspecified <input type="checkbox"/> R10.11 Right upper quadrant pain <input type="checkbox"/> R10.13 Epigastric pain <input type="checkbox"/> R10.2 Pelvic and perineal pain <input type="checkbox"/> R10.30 Lower abdominal pain, unspecified <input type="checkbox"/> R10.32 Left lower quadrant pain <input type="checkbox"/> R10.84 Generalized abdominal pain <input type="checkbox"/> R10.9 Unspecified abdominal pain <input type="checkbox"/> R11.0 Nausea <input type="checkbox"/> R11.2 Nausea with vomiting, unspecified <input type="checkbox"/> R12 Heartburn <input type="checkbox"/> R13.0 Aphagia	<input type="checkbox"/> R13.10 Dysphagia, unspecified <input type="checkbox"/> R14.0 Abdominal distention (gaseous) <input type="checkbox"/> R14.1 Gas pain <input type="checkbox"/> R14.2 Eructation <input type="checkbox"/> R14.3 Flatulence <input type="checkbox"/> R19.4 Change in bowel habit <input type="checkbox"/> R19.5 Other fecal abnormalities <input type="checkbox"/> R19.7 Diarrhea, unspecified <input type="checkbox"/> R19.8 Other symptoms and signs involving the digestive system & abdomen <input type="checkbox"/> R63.4 Abnormal weight loss <input type="checkbox"/> R74.0 Nonspecific elevation of levels of transaminases & lactic acid dehydrogenase <input type="checkbox"/> R78.89 Finding of other substances, not normally found in blood <input type="checkbox"/> R79.0 Abnormal level of blood mineral <input type="checkbox"/> R79.89 Other specified abnormal findings of blood chemistry <input type="checkbox"/> R93.3 Abnormal findings on diagnostic imaging or peritoneal digestive tract
DIARRHEAGENIC E COLI/SHIGELLA	VIRUSES			
Enterococcus faecalis Enterococcus faecium Enterococcus faecium Shiga-like toxin producing E. coli E. coli O157 Shigella/Enteroinvasive E. coli	Adenovirus F40/41 Astrovirus Norovirus GI/GII Rotavirus A Sapovirus (I, II, IV & V)			

\*Note: The provided ICD-10 codes are listed as a convenience. Ordering practitioners should report the diagnosis code that best describes the reason for performing the test, regardless of whether the code is listed above or not.

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE COLLECTED: \_\_\_\_/\_\_\_\_/\_\_\_\_