

Routine Stat Date: _____ Physician's Name: _____ Medipass Provider #: _____
 Patient's Name: _____ Physician's Phone #: _____ Physician Signature: _____
 Diagnosis or Symptoms: _____ Authorization #: _____ NPI #: _____

LABORATORY		
	CPT #	Results
<input type="checkbox"/> AMMONIA (NH3, NH4)	82140	24 Hours
<input type="checkbox"/> AMYLASE	82150	24 Hours
<input type="checkbox"/> AMINO ACIDS (URINE)	84560	5 Wk Days
<input type="checkbox"/> BASIC METABOLIC PANEL (CA, NA, K, CL, CO2, Glucose, BUN, B/C Ratio, Creat)	80048	
<input type="checkbox"/> BILIRUBIN, FRACT. (Total, Direct, Indirect)	82247	24 Hours
<input type="checkbox"/> BETA STREP (GRP A Strep Rapid Screen)	87880	24 Hours
<input type="checkbox"/> BLOOD CULTURE	87040	5 Wk Days
<input type="checkbox"/> CALCIUM (Ca)	82310	24 Hours
<input type="checkbox"/> CBC WITH DIFF. PLAT.	85007	24 Hours
<input type="checkbox"/> C-REACTIVE PROTEIN (CRP)	86140	24 Hours
<input type="checkbox"/> CREATININE	82565	24 Hours
<input type="checkbox"/> DEPAKENE (DEPAKOTE, VALPORIC ACID)	80164	24 Hours
<input type="checkbox"/> DILANTIN (PHENYTOIN)	80185	24 Hours
<input type="checkbox"/> GLUCOSE (BLOOD SUGAR)	82947	24 Hours
<input type="checkbox"/> GLYCOHEMOGLOBIN LEVEL (HGB A1C)	83036	5 - 7 Wk Days
<input type="checkbox"/> GRAM STAIN (SMEAR ONLY ROUTINE)	87205	24 Hours
<input type="checkbox"/> IMMUNOGLOBULIN A (IGA)	82784	3 - 5 Wk Days
<input type="checkbox"/> IMMUNOGLOBULIN E (IGE)	82785	3 - 5 Wk Days
<input type="checkbox"/> IMMUNOGLOBULIN G (IGG)	82784	3 - 5 Wk Days
<input type="checkbox"/> IMMUNOGLOBULIN M (IGM)	82784	3 - 5 Wk Days
<input type="checkbox"/> IRON LEVEL (Fe)	83540	24 Hours
<input type="checkbox"/> IRON BINDING CAPACITY (TIBC)	83550	24 Hours
<input type="checkbox"/> LEAD	83655	
<input type="checkbox"/> LIPID PROFILE (Triglyceride, CHOL/HDL, CHOL, HDL)	80061	24 Hours
<input type="checkbox"/> MAGNESIUM (Mg)	83735	24 Hours
<input type="checkbox"/> MONO-SPOT	86403	24 Hours
<input type="checkbox"/> NP CULTURE	87070	48 - 72 Hours
<input type="checkbox"/> ORGANIC ACID (BLOOD)	83919	5 Wk Days
<input type="checkbox"/> PERTUSSIS CULTURE/FA STAIN	87206	FA - 3 Wk Days
<input type="checkbox"/> PHENOBARBITOL	80184	24 Hours
<input type="checkbox"/> PREGNANCY (BLOOD)	84703	24 Hours
<input type="checkbox"/> PREGNANCY (URINE)	84703	24 Hours
<input type="checkbox"/> PT	85610	24 Hours
<input type="checkbox"/> PTT	85730	24 Hours
<input type="checkbox"/> PYLORI G	86677	
<input type="checkbox"/> PYLORIAMRL	86677	
<input type="checkbox"/> PYLORIMMRL	86677	
<input type="checkbox"/> RETIC GENS (RETIC COUNT)	85045	24 Hours
<input type="checkbox"/> ROUTINE CULTURE	87070	48 - 72 Hours
<input type="checkbox"/> RSV BY ELISA	86756	24 Hours
<input type="checkbox"/> SGOT (AST)	84450	24 Hours
<input type="checkbox"/> SGPT (ALT)	84460	24 Hours
<input type="checkbox"/> SICKLE CELL PREP	85660	
<input type="checkbox"/> STOOL CLOSTRIDIUM DIFFICILE EIA	87324	48 Hours
<input type="checkbox"/> STOOL CULTURE	87045	48 - 72 Hours
<input type="checkbox"/> STOOL H PYLORI	87449	3 - 4 Wk Days
<input type="checkbox"/> STOOL OCCULT BLOOD	82270	24 Hours
<input type="checkbox"/> STOOL OVA & PARASITES	87177	24 Hours
<input type="checkbox"/> STOOL ROTAVIRUS	86759	24 Hours
<input type="checkbox"/> STOOL WBC's	89050	24 Hours
<input type="checkbox"/> SWEAT TEST	89230	3 - 5 Wk Days

LABORATORY (con't)		
<input type="checkbox"/> T3	84480	3 - 5 Wk Days
<input type="checkbox"/> T3 UPTAKE	84479	3 - 5 Wk Days
<input type="checkbox"/> T4	84436	3 - 5 Wk Days
<input type="checkbox"/> TEGRETOL (CARBAMAZEPINE)	80156	24 Hours
<input type="checkbox"/> THEOPHYLLINE LEVEL (AMINOPHYLLINE)	80198	24 Hours
<input type="checkbox"/> THROAT CULTURE	87070	
<input type="checkbox"/> TSH	84443	3 - 5 Wk Days
<input type="checkbox"/> URINALYSIS WITH MICRO (U/A)	81001	24 Hours
<input type="checkbox"/> URINE CULTURE	87086	48 - 72 Hours
<input type="checkbox"/> WESTERGEN SED. RATE	85652	

ENDOCRINOLOGY LABORATORY		
<input type="checkbox"/> ANTI-THYROID ANTIBODIES (Microsomal)	86376	
<input type="checkbox"/> ANTI-THYROID ANTIBODIES (Thyroglobulin)	85300	
<input type="checkbox"/> DHEAS	82626	
<input type="checkbox"/> FSH	83001	
<input type="checkbox"/> 17 HYDROXYPROGESTERONE	83498	
<input type="checkbox"/> LH	83002	
<input type="checkbox"/> SOMATOMEDIN C / Insulin Like Growth Factor	84305	
<input type="checkbox"/> T3 UPTAKE	84479	
<input type="checkbox"/> TESTOSTERONE	84402	
<input type="checkbox"/> OTHER _____		

RADIOLOGY		
<input type="checkbox"/> ABDOMEN-FLAT & UPRIGHT	74020	
<input type="checkbox"/> ABDOMEN-SINGLE KUB	74000	
<input type="checkbox"/> AIRWAY	70360	
<input type="checkbox"/> ANKLE-LEFT	73600	
<input type="checkbox"/> ANKLE-RIGHT	73600	
<input type="checkbox"/> AP SPINE-SCOLIOSIS	72020	
<input type="checkbox"/> AP & LAT ENTIRE SPINE	72010	
<input type="checkbox"/> BARIUM ENEMA	74270	
<input type="checkbox"/> BONE AGE STUDIES	77072	
<input type="checkbox"/> BONE LENGTH STUDIES	77073	
<input type="checkbox"/> BONE SURVEY	77075	
<input type="checkbox"/> CERV SPINE-AP & LATERAL	72040	
<input type="checkbox"/> CHEST - AP & LATERAL	71020	
<input type="checkbox"/> CHEST - SINGLE FILM	71010	
<input type="checkbox"/> ELBOW - RIGHT	73070	
<input type="checkbox"/> ELBOW - LEFT	73070	
<input type="checkbox"/> FACIAL BONES - 3 OR MORE	70150	
<input type="checkbox"/> FEMUR - LEFT	73550	
<input type="checkbox"/> FEMUR - RIGHT	73550	
<input type="checkbox"/> FINGER OR FINGERS	73140	
<input type="checkbox"/> FOOT - LEFT	73620	
<input type="checkbox"/> FOOT - RIGHT	73620	
<input type="checkbox"/> FOREARM - LEFT	73090	
<input type="checkbox"/> FOREARM - RIGHT	73090	
<input type="checkbox"/> HAND - LEFT	73120	
<input type="checkbox"/> HAND - RIGHT	73120	
<input type="checkbox"/> HIPS - BOTH	73520	
<input type="checkbox"/> IVP	74400	
<input type="checkbox"/> KNEE - LEFT	73560	
<input type="checkbox"/> KNEE - RIGHT	73560	
<input type="checkbox"/> LUMBO SPINE - AP & LA	72100	
<input type="checkbox"/> NASAL BONES	70160	
<input type="checkbox"/> ORBITS	70200	

RADIOLOGY (con't)		
<input type="checkbox"/> PARANASAL SINUSES	70220	
<input type="checkbox"/> PELVIS - AP ONLY	72170	
<input type="checkbox"/> SKULL - FOUR OF MORE V	70260	
<input type="checkbox"/> SKULL - LESS THAN FOUR	70250	
<input type="checkbox"/> TIBIA - FIBULA - LEFT	73590	
<input type="checkbox"/> TIBIA - FIBULA - RIGHT	73590	
<input type="checkbox"/> UP GI & SM INTST STD	74249	
<input type="checkbox"/> UPPER GI SERIES	74246	
<input type="checkbox"/> VOIDING CYSTOGRAM	74455	
<input type="checkbox"/> WRIST - LEFT	73100	
<input type="checkbox"/> WRIST - RIGHT	73100	
<input type="checkbox"/> ORTHOPAEDIC TECHNICIAN (CAST)		
<input type="checkbox"/> ORTHOPAEDIC TECHNICIAN (Cast Removal Window)		
<input type="checkbox"/> ORTHOPAEDIC TECHNICIAN CONSULT		
<input type="checkbox"/> ORTHOPAEDIC TECHNICIAN (SPLINT)		
<input type="checkbox"/> OTHER _____		

ULTRASOUND		
<input type="checkbox"/> BRAIN ULTRASOUND	76506	
<input type="checkbox"/> GALLBLADDER U/S	76705	
<input type="checkbox"/> LIVER U/S	76705	
<input type="checkbox"/> PELVIC U/S	76856	
<input type="checkbox"/> RENAL U/S	76770	
<input type="checkbox"/> OTHER _____		

CAT SCAN		
<input type="checkbox"/> C.T. SCAN - BRAIN - PLAIN	70450	
<input type="checkbox"/> C.T. BODY - ABDOMEN - BOTH	74170	
<input type="checkbox"/> C.T. BRAIN - BOTH	70470	
<input type="checkbox"/> C.T. SCAN - ABDOMEN - PLAIN	74150	
<input type="checkbox"/> OTHER _____		

NUCLEAR MEDICINE		
<input type="checkbox"/> BONE SCAN	78306	
<input type="checkbox"/> DMSA RENAL	78700	
<input type="checkbox"/> GALLIUM SCAN	78802	
<input type="checkbox"/> LASIX RENAL SCAN	78708	
<input type="checkbox"/> MAG 3 RENOGAM	78707	
<input type="checkbox"/> TESTICULAR SCAN	78761	
<input type="checkbox"/> THYROID SCAN	78010	
<input type="checkbox"/> OTHER _____		

MRI ♦		
<input type="checkbox"/> ABDOMEN (PLAIN)	74181	
<input type="checkbox"/> EXTREMITY (UPPER)	73218	
<input type="checkbox"/> BRAIN	70551	
<input type="checkbox"/> SPINE (LUMBAR)	72158	
<input type="checkbox"/> OTHER _____		

(Anesthesia or sedation required for MRI)

CARDIOLOGY		
<input type="checkbox"/> CARDIAC DOPPLER	93320	
<input type="checkbox"/> ECHO-REALTIME - COMP-M MODE	93303	
<input type="checkbox"/> ECHO-REALTIME - COMP-M MODE	93320	
<input type="checkbox"/> ECHO-REALTIME - COMP-M MODE	93325	
<input type="checkbox"/> HOLTER MONITOR/SCAN 24 HR.	93225	
<input type="checkbox"/> ROUTINE EKG	93005	
<input type="checkbox"/> STRESS TEST	93017	
<input type="checkbox"/> OTHER _____		

PULMONARY CARE		
<input type="checkbox"/> FLOW VOLUME SCREEN PFT	94360	
<input type="checkbox"/> FLOW VOL PRE & POST SCREENING PFT	86890	

NEURO-DIAGNOSTIC SERVICES		
<input type="checkbox"/> SSER 1-2 EXT	95925	
<input type="checkbox"/> BERA	92585	
<input type="checkbox"/> VER 95930		
<input type="checkbox"/> EMG - 2 EXT	95861	
<input type="checkbox"/> SNC - 1 - 2 NERVES	95904	
<input type="checkbox"/> MNC - 1 - 2 NERVES	95900	
<input type="checkbox"/> ERG 92275		
<input type="checkbox"/> BUNDLE OF HIS	93600	
<input type="checkbox"/> FACIAL EMG	95868	
<input type="checkbox"/> NEURO-MUSCULAR TRANSMISSION	95937	
<input type="checkbox"/> BIOFEEDBACK - INITIAL VIS.	90900	
<input type="checkbox"/> BEHAVIOR THERAPY 1 HR.		
<input type="checkbox"/> REG. EEG	95819	
<input type="checkbox"/> EEG 24 HRS.	95950	
<input type="checkbox"/> EEG W/VIDEO MONITORING	95951	
<input type="checkbox"/> POLYSOMNOGRAM	95810	
<input type="checkbox"/> MULT. SLEEP LATENCY TEST	95805	
<input type="checkbox"/> MEP 1 - 2	95925	
<input type="checkbox"/> OTHER _____		

REHABILITATIVE SERVICES*		
AUDIOLOGY		
<input type="checkbox"/> IMPEDANCE AUDIOMETRY		
<input type="checkbox"/> PURE-TONE AUDIOMETRY		
<input type="checkbox"/> BASIC AUDIOLOGY CONSULT		
<input type="checkbox"/> BASIC AUDIOLOGY CONSULT & CENTRAL TESTING		
<input type="checkbox"/> OTHER _____		

OCCUPATIONAL THERAPY		
<input type="checkbox"/> CRANIAL REMODELING HELMET		
<input type="checkbox"/> EVALUATION ONLY		
<input type="checkbox"/> EVALUATION AND INTERVENTION		
<input type="checkbox"/> OTHER _____		

PHYSICAL THERAPY		
<input type="checkbox"/> EVALUATION ONLY		
<input type="checkbox"/> EVALUATION AND INTERVENTION		
<input type="checkbox"/> OTHER _____		

SPEECH-LANGUAGE PATHOLOGY		
<input type="checkbox"/> SPEECH-LANGUAGE-COMMUNICATION CONSULT ONLY		
<input type="checkbox"/> CONSULT AND INTERVENTION		
<input type="checkbox"/> FEEDING EVALUATION AND INTERVENTION		
<input type="checkbox"/> OTHER _____		

*** APPOINTMENT NECESSARY**

♦ Appointments available at:
Citas disponibles en:
 Miami Children's Hospital, the MCH South Dade Center (Palmetto Bay), and the MCH Dan Marino Center (Weston).

* Appointments available at:
Citas disponibles en:
 Miami Children's Hospital, the MCH South Dade Center (Palmetto Bay), the MCH Dan Marino Center (Weston) and Miami Children's Rehabilitative Services - Miami Lakes