EmeritusDX
Together, We Save Lives
181 TECHNOLOGY DRIVE, SUITE 100, IRVINE, CA 92618 **(800-959-2846)**

RESPIRATORY/ENT REQUISITION

LAB USE ONLY

CLIENT INFORMATION *(Please check requesting physician)*

CHECK ONE: ☐ TC ONLY ☐ GLOBAL ☐ PC ONLY

PATIENT INFORMATION *(Green highlighted sections are required information)*

Please attach a patient face sheet and front and back of primary and secondary insurance card:

PATIENT NAME REQUIRED

☐**See Attached**

Name (Last, First):_____
Date of Birth: _____/_____/_____ Sex: M F SS#:_____
Address: _____
City: _____State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Medical Record #: _____

BILLING INFORMATION

Primary: ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Patient ☐ Client
Insurance: _____ Policy # _____ Group #: _____
Ins. Address: _____ City: _____ State: _____ Zip: _____
Policy Holder: _____ DOB: _____
Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other
Secondary: ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Patient ☐ Client
Insurance: _____ Policy # _____ Group #: _____
Ins. Address: _____ City: _____ State: _____ Zip: _____

I hereby authorize the release to EmeritusDX/Freedom of any medical and insurance information necessary to process claims for services provided by EmeritusDX/Freedom. I hereby authorize EmeritusDX/Freedom to pursue all necessary appeals of full or partial denials of payment in relation to services provided by EmeritusDX/Freedom.

Patient Signature _____

CLINICAL INFORMATION

Collection Date: _____ **Clinical History:** _____

PHYSICIAN NOTICE Physician is required to (1) submit ICD-10 diagnosis supported in patient's medical record as documentation of medical necessity, or (2) explain and have the patient sign an ABN.

ICD-10 Codes:

CYTOLOGY

☐ **FNA**
Source _____
☐ **Other**
Source _____

MOLECULAR TESTING

☐ **RespiratoryDX™** *(See back for details)*

☐ **COVID PlusDX™** *(See back for details)*

	SIDE		SPECIMEN TYPE				OTHER SOURCE
A	☐ LEFT ☐ BILATERAL	☐ RIGHT ☐ N/A	☐ NASAL SEPTUM ☐ FRONTAL ☐ TONSIL	☐ MAXILLARY ☐ SPHENOID ☐ UVULA	☐ ETHMOID ☐ SINUS CONTENTS ☐ OTHER	☐ TURBINATES ☐ CONCHA BULLOSA	
B	☐ LEFT ☐ BILATERAL	☐ RIGHT ☐ N/A	☐ NASAL SEPTUM ☐ FRONTAL ☐ TONSIL	☐ MAXILLARY ☐ SPHENOID ☐ UVULA	☐ ETHMOID ☐ SINUS CONTENTS ☐ OTHER	☐ TURBINATES ☐ CONCHA BULLOSA	
C	☐ LEFT ☐ BILATERAL	☐ RIGHT ☐ N/A	☐ NASAL SEPTUM ☐ FRONTAL ☐ TONSIL	☐ MAXILLARY ☐ SPHENOID ☐ UVULA	☐ ETHMOID ☐ SINUS CONTENTS ☐ OTHER	☐ TURBINATES ☐ CONCHA BULLOSA	
D	☐ LEFT ☐ BILATERAL	☐ RIGHT ☐ N/A	☐ NASAL SEPTUM ☐ FRONTAL ☐ TONSIL	☐ MAXILLARY ☐ SPHENOID ☐ UVULA	☐ ETHMOID ☐ SINUS CONTENTS ☐ OTHER	☐ TURBINATES ☐ CONCHA BULLOSA	
E	☐ LEFT ☐ BILATERAL	☐ RIGHT ☐ N/A	☐ NASAL SEPTUM ☐ FRONTAL ☐ TONSIL	☐ MAXILLARY ☐ SPHENOID ☐ UVULA	☐ ETHMOID ☐ SINUS CONTENTS ☐ OTHER	☐ TURBINATES ☐ CONCHA BULLOSA	
F	☐ LEFT ☐ BILATERAL	☐ RIGHT ☐ N/A	☐ NASAL SEPTUM ☐ FRONTAL ☐ TONSIL	☐ MAXILLARY ☐ SPHENOID ☐ UVULA	☐ ETHMOID ☐ SINUS CONTENTS ☐ OTHER	☐ TURBINATES ☐ CONCHA BULLOSA	
G	☐ LEFT ☐ BILATERAL	☐ RIGHT ☐ N/A	☐ NASAL SEPTUM ☐ FRONTAL ☐ TONSIL	☐ MAXILLARY ☐ SPHENOID ☐ UVULA	☐ ETHMOID ☐ SINUS CONTENTS ☐ OTHER	☐ TURBINATES ☐ CONCHA BULLOSA	

By submission of this requisition and accompanying sample(s), I authorize and direct you to perform the testing indicated above, (I) certify that the ordered tests are reasonable and medically necessary by the diagnosis or treatment of this patient's condition. (I) certify that, to the extent required by the laws of the state in which I provide healthcare services, I have obtained this patient's informed consent to undergo any testing requested hereby, and to have the results reported to me and (I) agree to provide you a copy of this persons signed and dated consent form per your request.

PHYSICIAN/AUTHORIZED SIGNATURE _____ *Signature required on this order or in the patient's medical record*

DATE _____/_____/_____

NAME: _____ NAME: _____ NAME: _____ NAME: _____

DOB: _____ DOB: _____ DOB: _____ DOB: _____

Please make a copy of this document for your records.

ENT ICD-10 CODES

ICD-10 CODE	DIAGNOSIS DESCRIPTION	ICD-10 CODE	DIAGNOSIS DESCRIPTION
	Ear		**Nose**
H66.3x1	Other chronic suppurative otitis media, right ear	G47.33	Obstructive sleep apnea (adult)(pediatric)
H66.3x2	Other chronic suppurative otitis media, left ear	J34.2	Deviated nasal septum
H66.3x3	Other chronic suppurative otitis media, bilateral	J32.9	Chronic sinusitis, unspecified
H65.21	Chronic serous otitis media, right ear	J32.0	Chronic maxillary sinusitis
H65.22	Chronic serous otitis media, left ear	J32.1	Chronic frontal sinusitis
H65.23	Chronic serous otitis media, bilateral	J32.2	Chronic ethmoidal sinusitis
H65.05	Acute serous otitis media, recurrent, left ear	J32.3	Chronic sphenoidal sinusitis
H65.06	Acute serous otitis media, recurrent, bilateral	J32.4	Chronic pansinusitis
H65.31	Chronic mucoid otitis media, right ear	J32.8	Other chronic sinusitis
H65.32	Chronic mucoid otitis media, left ear	R04.0	Epistaxis
H65.33	Chronic mucoid otitis media, bilateral	J33.8	Other polyp of sinus
H65.411	Chronic allergic otitis media, right ear	J34.3	Hypertrophy of nasal turbinates
H65.412	Chronic allergic otitis media, left ear		
H65.491	Other chronic nonsuppurative otitis media, right ear		**Throat**
H65.492	Other chronic nonsuppurative otitis media, left ear	J36	Peritonsillar abscess
H65.493	Other chronic nonsuppurative otitis media, bilateral	J35.2	Hypertrophy of adenoids
H65.499	Other chronic nonsuppurative otitis media, unspecified ear	J35.01	Chronic Tonsillitis
H65.91	Unspecified nonsuppurative otitis media, right ear	J35.1	Hypertrophy of tonsils
H65.92	Unspecified nonsuppurative otitis media, left ear		
H65.93	Unspecified nonsuppurative otitis media, bilateral		**Neoplasm**
H66.001	Acute suppurative otitis media without spontaneous rupture of ear drum, right ear	D49.1	Neoplasm of unspecified behavior of respiratory system
H66.002	Acute suppurative otitis media without spontaneous rupture of ear drum, left ear	C32.9	Malignant neoplasm of larynx, unspecified
H66.003	Acute suppurative otitis media without spontaneous rupture of ear drum, bilateral	C32.0	Malignant neoplasm of glottis
H66.004	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, right ear	C32.1	Malignant neoplasm of supraglottis
H66.005	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, left ear	C32.2	Malignant neoplasm of sub glottis
H66.006	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral	C32.3	Malignant neoplasm of laryngeal cartilage
H66.011	Acute suppurative otitis media with spontaneous rupture of ear drum, right ear	C32.8	Malignant neoplasm of overlapping sites of larynx
H66.012	Acute suppurative otitis media with spontaneous rupture of ear drum, left ear	D49.0	Neoplasm of unspecified behavior of digestive system
H66.013	Acute suppurative otitis media with spontaneous rupture of ear drum, bilateral	D37.01	Neoplasm of uncertain behavior of lip
H66.014	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, right ear	D37.02	Neoplasm of uncertain behavior of tongue
H66.015	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, left ear	D37.05	Neoplasm of uncertain behavior of pharynx
H66.016	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, bilateral	R22.0	Localized swelling, mass and lump, head
J35.02	Chronic adenoiditis	R22.1	Localized swelling, mass and lump, neck
H65.30	Chronic mucoid otitis media, unspecified ear	L72.1	Pilar and trichodermal cyst
H65.31	Chronic mucoid otitis media, right ear	L72.3	Sebaceous cyst
H65.32	Chronic mucoid otitis media, left ear		
H65.33	Chronic mucoid otitis media, bilateral		**Salivary**
H71.01	Cholesteatoma of attic, right ear	D11.0	Benign neoplasm of parotid gland
H71.02	Cholesteatoma of attic, left ear	D11.7	Benign neoplasm of other major salivary glands
H71.03	Cholesteatoma of attic, bilateral	D11.9	Benign neoplasm of major salivary gland, unspecified
H71.11	Cholesteatoma of tympanum, right ear	D37.04	Neoplasm of uncertain behavior of minor salivary glands
H71.12	Cholesteatoma of tympanum, left ear	K11.20	Sialoadenitis, unspecified
H71.13	Cholesteatoma of tympanum, bilateral	K11.21	Acute sialoadenitis
H71.21	Cholesteatoma of mastoid, right ear	K11.22	Acute recurrent sialoadenitis
H71.22	Cholesteatoma of mastoid, left ear	K11.23	Chronic sialoadenitis
H71.23	Cholesteatoma of mastoid, bilateral		
H60.41	Cholesteatoma of right external ear		
H60.42	Cholesteatoma of left external ear		

RespiratoryDX™

- ACINETOBACTER BAUMANNII
- CHLAMYDIA PNEUMONIAE
- EPSTEIN-BARR VIRUS
- KLEBSIELLA AEROGENES
- METHICILLIN RESISTANCE (MECA)
- PARAINFLUENZA VIRUS 3
- SARS-COV-2
- STREPTOCOCCUS PNEUMONIAE
- ADENOVIRUS
- CORONAVIRUS 229E/NL63
- HAEMOPHILUS INFLUENZAE
- KLEBSIELLA PNEUMONIAE
- MORAXELLA CATARRHALIS
- PSEUDOMONAS AERUGINOSA
- SERRATIA MARCESCENS
- STREPTOCOCCUS PYOGENES (GROUP A)
- BOCAVIRUS
- CORONAVIRUS OC43/KHU1
- INFLUENZA VIRUS A
- LEGIONELLA PNEUMOPHILA
- MYCOPLASMA PNEUMONIAE
- RESPIRATORY SYNCYTIAL VIRUS A & B
- STAPHYLOCOCCUS AUREUS
- BORDETELLA PERTUSSISS/B. PARAPERTUSSIS/B. HOLMESII
- ENTEROBACTER CLOACAE COMPLEX
- INFLUENZA VIRUS B
- METAPNEUMOVIRUS
- PARAINFLUENZA VIRUS 1 & 2
- RHINOVIRUS/ENTEROVIRUS
- STREPTOCOCCUS AGALACTIAE (GROUP B)

COVID PlusDX™

- SARS-COV-2
- STREPTOCOCCUS PNEUMONIAE
- INFLUENZA VIRUS A
- MYCOPLASMA PNEUMONIAE
- INFLUENZA VIRUS B
- RESPIRATORY SYNCYTIAL VIRUS A & B

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