



Occupational Medicine Services
Company Profile

Today's Date:

Company Information:

Company Name
Total Number of Employees
Physical Address
City
State Zip
Mailing Address
City
State Zip
Telephone
Fax Is Fax Secure?

Contact Information:

Contact #1
Telephone After Hours Contact
Cell Phone
Fax Is Fax Secure?
Email
Contact #2
Telephone After Hours Contact
Cell Phone
Fax Is Fax Secure?
Email

Third Party Administrator (TPA):

Company Name
Attention To
Address
City State Zip
Telephone
Fax Is Fax Secure?

Bill Worker's Compensation To:

Company Name
Attention To
Address
City State Zip
Telephone
Fax Is Fax Secure?
Drug Screen Type: Pre-employment Post Accident (by request) Just Cause
Random Post Accident (all accidents)

Bill Physicals To:

Company Name
Attention To
Address
City State Zip
Telephone
Fax Is Fax Secure?
Physical Type: Pre-employment DOT Other

Bill All Other Services To:

Company Name _____

Attention To _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Fax _____

Is Fax Secure?

OSHA Requirements: OSHA Respiratory Protection Program OSHA Hearing Conservation Program

Special Instructions:

Dedicated Occupational Medicine Specialty Centers (7 Locations)

Occupational Medicine Services

C-Code

<input type="checkbox"/> Physical Examination: Post-Offer /Pre-Employment (Atrium Form)	C0055
<input type="checkbox"/> Physical Examination: Post-Offer /Pre-Employment (Employer Form)	C0061
<input type="checkbox"/> Physical Examination: DOT (Standard DOT Form)	C002
<input type="checkbox"/> Physical Examination: Post DOT Follow-up Review	C0086
<input type="checkbox"/> Drug Screen: Blood Alcohol Testing (House Account-LabCorp)	C0011
<input type="checkbox"/> Drug Screen: Blood Alcohol Testing (Collection Only, Non-House Account)	C0010
<input type="checkbox"/> Drug Screen: Hair Testing (House Account-LabCorp)	C0081
<input type="checkbox"/> Drug Screen: Oral Fluid 5 Panel (House Account-LabCorp using Quantisal Kits)	C0079
<input type="checkbox"/> Drug Screen: POCT (Urine Rapid) 6 Panel (House Account-NexScreen Cups)	C0077
<input type="checkbox"/> Drug Screen: POCT (Urine Rapid) 10 Panel (House Account-NexScreen Cups)	C0078
<input type="checkbox"/> Drug Screen: Urine DOT 5 Panel (House Account-LabCorp)	C0026
<input type="checkbox"/> Drug Screen: Urine Non-DOT 5 Panel (House Account-LabCorp)	C0029
<input type="checkbox"/> Drug Screen: Urine Non-DOT 9 Panel (House Account-LabCorp)	C0028
<input type="checkbox"/> Drug Screen: Urine Non-DOT 10 Panel (House Account-LabCorp)	C0083
<input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (9 panel +Oxycodone, Meperidine, Tramadol) (House Account-LabCorp)	C0117
<input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (9 panel + Fentanyl, Meperidine, Tramadol) (House Account-LabCorp)	C0118

Dedicated Occupational Medicine Specialty Centers (7 Locations)

Occupational Medicine Services, Continued	C-Code
<input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (9 panel + Oxycodone, MDMA) (House Account-LabCorp)	C0116
<input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (10 panel + Oxycodone, MDMA) (House Account-LabCorp)	C0120
<input type="checkbox"/> Drug Screen: Urine DOT and Non-DOT Testing (Collection Only, Non-House Account)	C0027
<input type="checkbox"/> Drug Screen: Breath Alcohol Confirmation	C0012
<input type="checkbox"/> Drug Screen: Breath Alcohol Screening	C0013
<input type="checkbox"/> Radiology Service: Chest X-ray PA & Lateral w/Interpretation	C0020
<input type="checkbox"/> Radiology Service: Chest X-ray PA w/Interpretation	C0021
<input type="checkbox"/> Radiology Service: Lumbar Spine X-Ray (5 View w/Interpretation)	C0016
<input type="checkbox"/> Radiology Service: Lumbar Spine X-Ray (2 View w/Interpretation)	C0015
<input type="checkbox"/> EKG with Results Review	C0034
<input type="checkbox"/> Blood Draw (venipuncture)	C0122
<input type="checkbox"/> CBC w/Differential	C0106
<input type="checkbox"/> Comprehensive Metabolic Panel	C0091
<input type="checkbox"/> Executive Profile (Comprehensive Metabolic Profile, Lipid Profile, CBC with differential, Thyroid Profile)	C0115
<input type="checkbox"/> PPD Tuberculosis Testing/Reading	C0082
<input type="checkbox"/> Lipid Profile	C0092
<input type="checkbox"/> Liver Function Test	C0093
<input type="checkbox"/> Glucose	C0036
<input type="checkbox"/> Thyroid Panel (TSH)	C0103
<input type="checkbox"/> Urinalysis (Dipstick)	C0069
<input type="checkbox"/> Vaccinations: Hepatitis B (Series of 3: \$50/shot)	C0043
Bloodborne Pathogen Protocol for Source Employee Includes the Following Labs:	
<input type="checkbox"/> Bloodborne Pathogen: Hepatitis B Surface Antigen	C0042
<input type="checkbox"/> Bloodborne Pathogen: Hepatitis C Antibody	C0038
<input type="checkbox"/> Bloodborne Pathogen: HIV 1 & 2 Screening Test	C0085
Bloodborne Pathogen Protocol for Employee Exposure Includes the Following Labs:	
<input type="checkbox"/> Bloodborne Pathogen: Hepatitis B Surface Antibody/Titer	C0040
<input type="checkbox"/> Bloodborne Pathogen: Hepatitis C Antibody	C0038
<input type="checkbox"/> Bloodborne Pathogen: HIV 1 & 2 Screening Test	C0085

Dedicated Occupational Medicine Specialty Centers (7 Locations)

Occupational Medicine Services, Continued	C-Code
<input type="checkbox"/> Audiogram w/ Results Review (Booth or Audiometer)	C009
<input type="checkbox"/> Spirometry Test with Review	C0065
<input type="checkbox"/> Respirator Questionnaire Review Only	C0062
<input type="checkbox"/> Physical Examination: Respirator Clearance	C0056
<input type="checkbox"/> Vision Screening: Titmus	C0066
<input type="checkbox"/> Physical Examination: Asbestos	C0063
<input type="checkbox"/> Physical Examination: HAZ-MAT	C0119
<input type="checkbox"/> Physical Examination: Level II	C0084

Urgent Care Occupational Medicine Services (All Locations)

<input type="checkbox"/> Drug Screen: Urine DOT (House Account-LabCorp)	C0026
<input type="checkbox"/> Drug Screen: Urine Non-DOT 5 Panel (House Account-LabCorp)	C0029
<input type="checkbox"/> Drug Screen: Urine Non-DOT 9 Panel (House Account-LabCorp)	C0028
<input type="checkbox"/> Drug Screen: Urine Non-DOT 10 Panel (House Account-LabCorp)	C0083
<input type="checkbox"/> Drug Screen: Urine Non-DOT 12 Panel (9 panel + Oxycodone, Meperidine, Tramadol) (House Account-LabCorp)	C0117
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Atrium Health Contact Information

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