



## Environmental Lead Investigation (ELI) Request

Please complete all sections

Member Information		
Name	DOB	
Address	Member #	
Phone	Family Contact	
Provider Office Requesting ELI		
Provider Name	NPI	
Address	Phone #	
City, State, Zip	Fax # (REQUIRED)	
Contact Person		
ELI Service Provider		
Name	PROMISE ID	
Address	Phone #	
City, State, Zip	Fax # (REQUIRED)	
Specialty		
Check (✓) Applicable Diagnosis		
	T56.0X1 D	Toxic effect of lead and its compounds, accidental (unintentional), subsequent encounter
	T56.0x4A	Toxic effect of lead and its compounds, undetermined, initial encounter
	R78.71	Abnormal lead level in blood
	Z77.011	Contact with and (suspected) exposure to lead
Check (✓) Applicable Procedure (CPT/HCPS Codes and descriptions required)		
	T1029	Comprehensive environmental lead investigation, not including laboratory analysis

Please fax this completed form to **1-877-363-8120**. If you have any questions just call Provider Relations at **1-866-638-1232**.