Your Name or Office

Super bill

Address
City, State zip

Phone:

EIN

Update 3/01sda

 NEW PATIENT

*PLACE OF SERVICE*

 OFFICE HOME SNF

 REGIONAL HEALTH CENTER

 HOSPITAL

 OUTPT OBS ER

Hospital Initial Care

Level 1 99221 \_\_\_\_\_\_\_\_\_\_

Level 2 99222 \_\_\_\_\_\_\_\_\_\_

Level 3 99223 \_\_\_\_\_\_\_\_\_\_

Subsequent Care

Level 1 99231

Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level 2 99232

Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level 3 99233

Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge Day 99238or9\_\_\_\_\_\_\_\_\_\_\_

ADMIT \_\_\_\_\_\_\_ DISCHARGE\_\_\_\_\_\_\_\_\_

 CONSULT For Dr. \_\_\_\_\_\_\_\_­\_\_\_\_ UPIN#\_\_\_\_\_\_\_\_\_

 Confirm Initial

Level 1 99271 992\_\_1 \_\_\_\_\_\_\_\_\_\_\_

Level 2 99272 992\_\_2 \_\_\_\_\_\_\_\_\_\_\_

Level 3 99273 992\_\_3 \_\_\_\_\_\_\_\_\_\_\_

Level 4 99274 992\_\_4 \_\_\_\_\_\_\_\_\_\_\_\_

Level 5 99275 992\_\_5 \_\_\_\_\_\_\_\_\_\_\_\_

Consultation Followup (5 OR 4)(5=hosp)

Level 1 99261 \_\_\_\_\_\_\_\_\_\_

Level 2 99262 \_\_\_\_\_\_\_\_\_\_

Level 3 99263 \_\_\_\_\_\_\_\_\_\_

Emergency Room

Level 1 99281 \_\_\_\_\_\_\_\_\_\_

Level 2 99282 \_\_\_\_\_\_\_\_\_\_

Level 3 99283 \_\_\_\_\_\_\_\_\_\_

Level 4 99284 \_\_\_\_\_\_\_\_\_\_

Level 5 99285 \_\_\_\_\_\_\_\_\_\_

House Calls

NEW 99341 99342 99343,4,5 \_\_\_\_\_\_\_

EST. 99347,8,9,50 \_\_\_\_\_\_\_\_\_\_\_\_\_

ETT PERFORM 93016 \_\_\_\_\_\_\_

ETT REPORT 93018 \_\_\_\_\_\_\_

ETT COMPLETE 93015 \_\_\_\_\_\_\_

EKG COMPLETE 93000 \_\_\_\_\_\_\_\_

EKG INTERPRET 93010 \_\_\_\_\_\_\_\_

HOLTER REPORT 93227 \_\_\_\_\_\_

 or 93233

LUMBAR PUNCT. 62270 \_\_\_\_\_\_\_\_

PARACENTESIS 49080 \_\_\_\_\_\_\_\_

START IV BY DR 36000 \_\_\_\_\_\_\_\_

ARTERY PUNCT 36600 \_\_\_\_\_\_\_\_

VENOP BY DR. 36410 \_\_\_\_\_\_\_\_

THORACENTESIS 32000 \_\_\_\_\_\_\_\_

FLEX SIG 45330 \_\_\_\_\_\_\_\_

FLEX SIG W BIOPSY 45331 \_\_\_\_\_\_\_

PROCTO 45300 \_\_\_\_\_\_\_\_

ANOSCOPY 46600 \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RIDERS

after office hours 99050 \_\_\_\_\_\_\_

night 10PM-8AM 99052 \_\_\_\_\_\_\_

Sunday & Holiday 99054 \_\_\_\_\_\_\_

Outside pt. Request 99056 \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPO: 99374,5 g0181 for HH\_\_\_\_ 99377,8 g0182 for hospice\_\_\_\_\_

 99379,80 for snf\_\_\_\_\_\_

Critical Care

First Hour 99291 \_\_\_\_\_\_\_\_\_\_

Additional 30” 99292 \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Prolonged Detention

First Hour 99356 \_\_\_\_\_\_\_\_\_

Additional 30” 99356 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPR 92950 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intubate 31500 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SC Vein 36489 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Artery Line 36620 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RT Ht Cath 93502 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temp Pacer 33210 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temp Transcut. Pacer 2953 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thrombolysis 92977 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vent 1st day 94656 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vent F/u 94657 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gastric Intubation 91055 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OBSERVATION UNIT

Level 1 99218 \_\_\_\_\_\_\_\_\_\_

Level 2 99219 \_\_\_\_\_\_\_\_\_\_

Level 3 99220 \_\_\_\_\_\_\_\_\_\_

Followup 9921\_ \_\_\_\_\_\_\_\_\_\_

Discharge day 99217 \_\_\_\_\_\_\_\_\_\_

IN/out Same Day 99234, 5, 6 \_\_\_\_\_\_\_\_\_\_\_\_\_

day 2 of 3: 99211-5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skilled & Intermediate Nursing Facility

New or Admit Followup

99301 \_\_\_\_\_\_\_\_\_ 99311 \_\_\_\_\_\_\_\_\_\_

99302 \_\_\_\_\_\_\_\_\_ 99312 \_\_\_\_\_\_\_\_\_\_

99303 \_\_\_\_\_\_\_\_\_ 99313 \_\_\_\_\_\_\_\_\_\_

 Discharge: 99315 \_\_\_\_\_99316\_\_\_\_\_\_

pulse ox 94760

venopuncture 36415

guiac g0107

Inject trigger 20550 IM 90782 IA 2060\_\_

 PATIENT DOB

total cpt's this ticket