|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CPT | NEW PATIENT | **#** | **CHG** | **CPT** | PROCEDURES | # | **CHG** | **CPT** | MEDICATIONS | **#** | **CHG** |
| **99201** | Brief |  | ***43.88*** | 36415 | Venipuncture |  | ***10.00*** | J3420 | B12 injection |  | ***.04*** |
| **99202** | Expanded |  | ***75.67*** | 36410 | Venipuncture (MD) |  | ***29.89*** | J0295 | Ampicillin IV |  | ***7.04*** |
| **99203** | Detailed |  | ***111.29*** | 82270 | Hemoccult (1-3) |  | ***10.00*** | J1580 | Gentamicin IV |  | ***2.13*** |
| **99204** | Comprehensive |  | ***160.85*** | 90659 | Flu vaccine |  | ***10.00*** | J2310 | Narcan |  | ***2.26*** |
| **99205** | Complex |  | ***201.52*** | G0008 | Admin vaccine |  | ***10.00*** | A4550 | Surgery Tray |  | ***9.95*** |
|  |  **CONSULTATION**  |  |  | 90632 | Hep A vaccine |  |  | J3360 | Valium |  | ***10*** |
| **99241** | Brief |  | ***61.37*** | 90703 | Tetanus vaccine |  | ***3.42*** | J2180 | Demerol |  | ***10*** |
| **99242** | Expanded |  | ***109.32*** | 90732 | Pneumococcal vaccine |  | ***11.88*** | J2912 | Sodium Chloride |  | ***10*** |
| **99243** | Detail |  | ***143.97*** | 90746 | Hep B vaccine |  |  | J2250 | Versed |  |  |
| **99244** | Comprehensive |  | ***202.53*** | 99141 | Admin of IV med |  |  | J2310 | Narcan |  | ***2.26*** |
| **99245** | Complex |  | ***264.29*** | 93000 | EKG |  | ***37.98*** |  |  |  |  |
|  |  **ESTAB PATIENT** |  |  | 46600 | Anoscopy |  | ***57.07*** |  |  |  |  |
| **99211** | Brief |  | ***25.33*** | 85651 | ESR |  | ***10.00*** |  |  |  |  |
| **99212** | Expanded |  | ***44.40*** | 86580 | PPD |  | ***14.20*** |  |  |  |  |
| **99213** | Detail |  | ***61.99*** | 87077 | HP Rapid Urease Asy |  | ***35.00*** |  |  |  |  |
| **99214** | Comprehensive |  | ***96.13*** | 45300 | Rigid Sigmoidoscopy |  | ***74.93*** |  |  |  |  |
| **99215** | Complex |  | ***141.57*** | 81002 | Urinalysis |  |  |  |  |  |  |
|  |  |  |  | G0010 | Admin Hep B Vaccine |  | ***6.66*** |  |  |  |  |
| **Procedure** | **No Biopsy** | **Bx** | **Hot Bx** | **Snare Polypt’my** | **Modifier** |
| Flex sigmoidoscopy | 45330 | ***125.32*** | 45331 | ***151.85*** | 45333 | ***235.58*** | 45338 | ***281.18*** | -52 -53 |
| Colonoscopy | 45378 | ***480.56*** | 45380 | ***510.30*** | 45384 | ***570.54*** | 45385 | ***625.07*** | -52 -53 |
| COLONOSCOPY COVERED DX FAMILY OR PERSONAL HX |
|  | **DIAGNOSIS** | DX# |  | **DIAGNOSIS** | DX# |  | **DIAGNOSIS** | DX# |  |  **2ND DIAGNOSIS** |
| 008.43 | Colitis (infectious) |  | 562.11 | Diverticulitis |  | 556.2 | Ulc proctitis |  | V16.0 | Fam/hx Colon Ca |
| 558.1 | Colitis (radiation) |  | 562.13 | Divertic w/bldg |  | 556.3 | Ulc proctosigmd |  | V10.00 | Hx GI Malig – Pers |
| 211.3 | Colon (benign neop) |  | 792.1 | GI Bldg (occult) |  | 556.5 | Ulc colitis (Left) |  | V10.03 | Hx Malg/Esph – Pers |
| 211.4 | Rectal Polyp |  | 578.1 | GI Bldg (lower) |  | 556.6 | Ulc colitis (univ) |  | V10.04 | Hx Malg/Stom – Pers |
| 153.4 | Ca Colon (AC) |  | 569.81 | Intestinal fistula |  | G0121 | Colon Ca Screening |  | V10.06 | Hx Malg/Rec/An – Per |
| 153.3 | Ca Colon (Sigmd) |  | 560.2 | Intest obst (volv) |  |  |  |  | V10.07 | Hx Malg/Liver – Pers |
| 154.1 | Ca Colon (Rectum) |  | 560.81 | Intest obstr (adhsn) |  |  | 2nd DIAGNOSIS |  | V12.70 | Hx Digest Dis – Pers |
| 555.1 | Crohn’s colitis |  | 557.0 | Ischemic Bowel Dis |  | 009.2 | Diarrhea,infectious |  | V12.72 | Hx Colon/Plyp – Pers |
| 555.0 | Crohn’s ileitis |  | 564.7 | Megacolon |  | 564.4 | Diarrhea,post-op |  | 280.0 | Anemia (Iron Def) |
| 555.2 | Crohn’s ileocolitis |  | 008.45 | Pseudomem colitis |  | 564.5 | Diarrhea,functional |  | 564.1\* | Irritable Bwl Synd |
| **Procedure** | **No Biopsy** | **Biopsy** | **Polypt’my** | **Electrocty** | **Bougie** | **TTS Dilat** | **Dil w/wire** |
| Upper GI Endoscopy | 43235 | ***337.34*** | 43239 | ***361.90*** | 43251 | ***286.28*** | 43255 | ***332.74*** | 43450 | ***120.60*** | 43249 | ***227.01*** | 43248 | ***245.22*** |
| Small Bowel Endos\*\* | 44360 | ***212.89*** | 44361 | ***234.03*** | 44364 | ***302.15*** | 44366 | ***351.50*** |  |  |  |  |  |  |
| UPPER GI ENDOSCOPY COVERED DX |
|  | **DIAGNOSIS** | **DX#** |  | **DIAGNOSIS** | **DX#** |  | **DIAGNOSIS** | **DX#** |  | **2ND DIAGNOSIS** | **DX#** |
| 530.0 | Achalasia |  | 530.5 | Esoph motor dis |  | 792.1 | GI bldg (occult) |  | V16.0 | Fam/Hx Malig Neo |  |
| 285.1 | Anemia (Post-hem) |  | 530.81 | Esph reflx (GERD) |  | 553.3 | Hiatus hernia |  | V17.0 | Fam/Hx Dig Dis Unsp |  |
| 281.0 | Anemia (Pern) |  | 530.3 | Esoph stricture |  | 151.0 | Stomach cancer |  | V71.1 | Fam/Obs Mal Neo NF |  |
| 530.2 | Barrett’s esoph |  | 456.0 | Esoph varices |  |  |  |  | 579.0\*\* | Malabsorption |  |
| 532.30 | Duod ulcer (acute) |  | 150.4 | Esoph cancer |  |  |  |  | 536.8 | Dyspepsia |  |
| 532.00 | Duod ulcer (w/bldg) |  | 530.11 | Esophagitis |  |  |  |  | 789.01 | Abd pain (RUQ) |  |
| 535.60 | Duodenitis |  | 211.1 | Gastric neoplasm |  |  | PROCEDURES | **CHG** | **DX#** | 789.02 | Abd pain (LUQ) |  |
| 787.2 | Dysphagia |  | 531.30 | Gast ulcer (acute) |  | 91010 | Esoph Man - Pro | ***138.28*** |  | 789.03 | Abd pain (RLQ) |  |
| 530.82 | Esophageal bldg |  | 531.00 | Gast ulcer (w/bldg) |  | 91010 | Esoph Man- Tec | ***46.11*** |  | 789.04 | Abd pain (LLQ) |  |
| 530.6 | Esoph divertic |  | 578.0 | GI bldg (upper) |  | 91033 | 24Hr pH – Pro | **171.36** |  | 280.0\*\* | Anemia (Iron Def) |  |
| 935.1 | Esoph foreign body |  | 578.1 | GI bldg (lower) |  | 91033 | 24Hr pH – Tec | **75.55** |  | V12.71 | Pers hx peptic dis |  |
| 530.7 | Esophageal lac |  |  |  |  |  |  |  |  | V10.04 | Pers hx stom ca |  |
| Date | **Time** | **Patient** | **Reason** | **Prior Balance** |  |
| **Ticket no** | **Dr #** | **Doctor** | **Location** | **Dob** | **Today’s Charge** | MD’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ins: Mca-1 Mca-2 |
| **Patient No** | **Responsible Party** | **Phone #** | **Referring Dr** | **Adjustments** | other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] dp [ ] ins+dif [ ] ins +20% [ ] ins only [ ] mc |
| Sex | **M** | **F** | **Address** | **City/State** | **Zip Code** | **CoPay** | Recall# 3 4 5 6 7 8 9 10 11 12Weeks\_\_\_\_\_\_ Months \_\_\_\_\_\_\_ Years \_\_\_\_\_\_ |
| Recap | Over 90 Over 60 Over 30 Current Total Due | **pt** | **bc** | **cs** | **Pay Choice** | **Today’s Payment** | **I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am** |
| Insurance Company | **ba** | **sct** | **Policy ID** | **Relationship****To Insured** |  | **responsible to pay non-covered services and I hereby authorize the release of pertinent medical** |
|  |  |  |  | **s****e****l** | **s****p****o** | **c****h****i** | **o****t****h** | **BALANCE****DUE** | **information to insurance carriers.** |
|  |  |  |  | **f** | **s****e** | **l****d** | **e****r** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Patient Signature** |