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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 12  Weeks\_\_\_\_\_\_ 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** | | | | | | | | | | | | | | | | |