**Primary Care Superbill**

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| **Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  | **Date of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Patient Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Age\_\_\_\_\_** |  |
|  |  |  |  |  |  |  |
| **OFFICE VISITS** | **New PT** | **Est. PT** | **Laboratory** |  |  |  |
|  | \_\_\_\_99201 | \_\_\_\_99211 | \_\_\_\_81002 | Urinalysis |  |
|  | \_\_\_\_99202 | \_\_\_\_99212 | \_\_\_\_82967 | Glucose |  |
|  | \_\_\_\_99203 | \_\_\_\_99213 | \_\_\_\_85610 | Protime |  |
|  | \_\_\_\_99204 | \_\_\_\_99214 | \_\_\_\_36415 | Venipuncture |  |
|  | \_\_\_\_99205 | \_\_\_\_99215 |  |  |  |  |
|  |  |  |  |  |  |  |
| **Annual Wellness Visit** |  | **Procedures** |  |  | **Injections** |  |
| Initial Wellness Exam | \_\_\_\_G0438 | EKG w/ Interpretation | \_\_\_\_93000 |  | Flu | \_\_\_\_90658 |
| Subsequent Wellness Exam | \_\_\_\_G0439 | Cerumen Removal | \_\_\_\_69210 |  | Pneumovax | \_\_\_\_90732 |
|  |  |  |  |  |  |  |
| **Quality Indicator Codes** |  |  |  |  |  |  |
| Med List Docd In Rcrd | \_\_\_\_1159F | Systolic BP < 130 MM HG | \_\_\_\_3074F |  | Diastolic BP < 80 MM HG | \_\_\_\_3078F |
| Rvw Meds By RX/DR In Rcrd | \_\_\_\_1160F | Systolic BP 130 - 139 MM HG | \_\_\_\_3075F |  | Diastolic BP 80-89 MM HG | \_\_\_\_3079F |
| Fxnl Ststus Assessed | \_\_\_\_1170F | Systolic BP >= 140 MM HG6 IT | \_\_\_\_3077F |  | Diastolic BP >= 90 MM HG | \_\_\_\_3080F |
| Body Mass Index Docd | \_\_\_\_3008F | PHQ9 >9 | \_\_\_\_G9393 |  |  |  |
|  |  |  |  |  |  |  |
| **Diagnosis** | **Code** | **Diagnosis** | **Code** |  | **Diagnosis** | **Code** |

Abdominal Pain \_\_\_\_R109

Abnormal EKG \_\_\_\_R9431

Actinic Keratosis \_\_\_\_L570

Allergic Rhinitis \_\_\_\_J309

Alzheimer's Disease \_\_\_\_G309

Anemia, Iron Deficiency \_\_\_\_D509

Anemia, Chronic Dis./Kidney \_\_\_\_D631

Anemia, Chronic Dis./Neoplastic \_\_\_\_D630

Anemia, Chronic Dis./ Other \_\_\_\_D638

Anemia, NOS \_\_\_\_D649

Angina Pectoris \_\_\_\_I209

Anxiety \_\_\_\_F419

Aortic Aneurysm \_\_\_\_I719

Aortic Atherosclerosis \_\_\_\_I700

Aortic Valve Disorder \_\_\_\_I359

Arrhythmia \_\_\_\_I499

Arthritis, generalized, NOS \_\_\_\_M1991

ASHD/CAD \_\_\_\_I251

CAD, unspecified \_\_\_\_I251

Asthma, Unspecified \_\_\_\_J45909

Asthma w/acute exacerbation \_\_\_\_J45901

Asthma, Extrinsic \_\_\_\_J45909

Atrial Fibrillation \_\_\_\_I4891

Backache, NOS \_\_\_\_M549

Back Pain- lower \_\_\_\_M545

Cartilage disease, NOS \_\_\_\_M949

BPH w/o Urinary Obstruction \_\_\_\_N400

Bradycardia \_\_\_\_R001

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| Cardiomyopathy, dilated | \_\_\_\_I420 | Dermatitis |  |
| Cardiomyopathy, unsp | \_\_\_\_I429 |  | **Diabetes** |
| Carotid Artery Disease w/o |  | Type II or unspecified type |
| mention of cerebral infarction | \_\_\_\_I6529 |  |  |
| Carpal Tunnel Synd unsp limb | \_\_\_\_G5600 | Type I [Juvenile type] |
| Unspecified Cataract | \_\_\_\_H269 |  |  |
| Cellulitis, NOS | \_\_\_\_L0390 | Type II or unsp.type w/hyperglycemia |
| Cerumen Impaction, unsp ear | \_\_\_\_H6120 |  |  |
| Chest Pain, NOS | \_\_\_\_R079 | Type I w/hyperglycemia |
| Congestive Heart Failure | \_\_\_\_I5020 |  |  |
| Conjunctivitis | \_\_\_\_H10.9 | DM2 w/diabetic nephropathy |
| Constipation | \_\_\_\_K59.00 | DM 2 w/CKD (list level below) |
| COPD, NOS | \_\_\_\_J44.9 | Level of CKD\_\_\_\_\_\_\_\_\_ |
| Chr Obs Bronchitis,w/ exacerbation | \_\_\_\_J44.1 | DM2 w/unsp diab retin w/o mac edema |
| Cough | \_\_\_\_R05 |  |  |
| **CVA/ Late Effects** |  | DM2 w mod prolif retinopathy w/o |
| Cognitive deficits | \_\_\_\_I6911 | macular edema |
| Apraxia post CVA | \_\_\_\_I69190 |  |  |
| Aphasia | \_\_\_\_I69120 | DM 2 w/diab polyneuropathy |
| Dysphasia | \_\_\_\_I69121 | DM2 w/autonomic diab polyneuropathy |
| Fluency disorder | \_\_\_\_I69023 | DM2 w/oth neuro comp-- (list below) |
| Other speech/language disorder | \_\_\_\_I6902 |  |  |
| Hemiplegia, unsp. Side | \_\_\_\_I69059 | DM2 w/foot ulcer (list site below) |
| Hemiplegia affecting R dom. Side | \_\_\_\_I69051 | SIDE: | AREA: |
| Speech & Language deficits | \_\_\_\_I69928 | DM2 w/other ulcer (list below) |
| Disturbances of vision post CVA | \_\_\_\_I69998 | SIDE: | AREA: |
| Dysphagia | \_\_\_\_R1310 | DM2 Hypoglycemia w/o coma |
| Ataxia | \_\_\_\_R270 |  |  |
| Cystitis, Acute w/o hematuria | \_\_\_\_N3090 |  |  |

\_\_\_\_L309

\_\_\_\_E119

\_\_\_\_E109

\_\_\_\_E1165

\_\_\_\_E1065

\_\_\_\_E1121

\_\_\_\_E1122

\_\_\_\_E11329

\_\_\_\_E11359

\_\_\_\_E1142

\_\_\_\_E1143

\_\_\_\_E1149

\_\_\_\_E11621

\_\_\_\_E11622

\_\_\_\_E11649

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| *Internal Medicine, Page 2* |  |  |  |  |  |
| Bronchitis, Acute Unsp | \_\_\_\_J209 | DVT, unsp femoral vein | \_\_\_\_I8010 | Diarrhea | \_\_\_\_R197 |
| Bronchitis, Chronic NOS | \_\_\_\_J42 | Depression,MDD, single epis unsp | \_\_\_\_F329 | Diverticulosis, unsp site w/o bleeding | \_\_\_\_K5790 |
| Bursitis, NOS | \_\_\_\_M719 | Depression, MDD single epis mod. | \_\_\_\_F321 | Dyspnea, unsp | \_\_\_\_R0600 |
| Edema | \_\_\_\_R609 | Neuralgia | \_\_\_\_M792 | Respiratory Failure, Acute, unsp | \_\_\_\_J9600 |
| Fatigue, NOS | \_\_\_\_R5383 | Neuropathy, mononeuropathy unsp | \_\_\_\_G589 | RA w/ RA Factor, unsp site | \_\_\_\_M059 |
| Fibromyalgia | \_\_\_\_M797 | Neuropathy, Idio Peripheral | \_\_\_\_G609 | Sebaceous Cyst | \_\_\_\_L723 |
| GERD w/o esophagitis | \_\_\_\_K219 | Obesity, Unsp | \_\_\_\_E669 | Seizures, unsp | \_\_\_\_R569 |
| Gout, idiopathic site unspecified | \_\_\_\_M1000 | Old Myocardial Infarction | \_\_\_\_I252 | Sinusitis, Acute | \_\_\_\_J0190 |
| Headache | \_\_\_\_R51 | Osteoarthritis, polyosteo unsp | \_\_\_\_M159 | Sinusitis, Chronic | \_\_\_\_J329 |
| Headache, Migraine unsp | \_\_\_\_G43909 | Osteoarthrosis, site unsp | \_\_\_\_M1990 | Sleep Apnea, unsp | \_\_\_\_G4730 |
| Hematuria, NOS | \_\_\_\_E319 | Osteoporosis, age related unsp | \_\_\_\_M810 | Stress Reaction, acute | \_\_\_\_F430 |
| Hypercholesterolemia | \_\_\_\_E780 | Parkinson's Disease | \_\_\_\_G20 | Syncope | \_\_\_\_R55 |
| Hyperlipidemia, Unspecified | \_\_\_\_E785 | Pharyngitis, Acute | \_\_\_\_J029 | Tendonitis, unspecified site | \_\_\_\_M779 |
| Hyperlipidemia, Mixed | \_\_\_\_E782 | Peptic Ulcer, Acute w/o hemorrhage | \_\_\_\_K273 | TIA | \_\_\_\_G459 |
| Hypertension, Essential (unsp) | \_\_\_\_I10 | Phlebitis ,unsp lower extremity | \_\_\_\_I8000 | Tonsillitis | \_\_\_\_J0390 |
| Hypertension, Secondary | \_\_\_\_I59 | Pneumonia, unsp organism | \_\_\_\_J189 | Ulcerative Colitis, Unspecified | \_\_\_\_K5190 |
| Hypertensive CKD stage 5 | \_\_\_\_I120 | Polymyalgia Rheumatica | \_\_\_\_M353 | Ulcer, Duodenal | \_\_\_\_K269 |
| Hypertensive CKD stage 1-4 | \_\_\_\_I129 | Polyps, Colon | \_\_\_\_K653 | Ulcer, Gastric with hemorrhage | \_\_\_\_K250 |
| Hypertensive Heart dis w/failure | \_\_\_\_I110 | Prostatitis | \_\_\_\_N419 | URI | \_\_\_\_J069 |
| Hypertensive Heart dis w/o failure | \_\_\_\_I119 | PUD | \_\_\_\_K273 | UTI | \_\_\_\_N390 |
| Hypertension, Renovascular | \_\_\_\_I150 | PVD | \_\_\_\_I739 | Varicose Veins, asympt. Unsp extremity | \_\_\_\_I8390 |
| Hypothyroidism, NOS | \_\_\_\_E039 | Rectal Bleeding | \_\_\_\_K625 | Ventricular Premature Depolarization | \_\_\_\_I439 |
| Idio Peripheral Neuropathy | \_\_\_\_G9009 | Renal Failure, Acute | \_\_\_\_N179 | Vertigo | \_\_\_\_R42 |
| Insomnia | \_\_\_\_F5101 | Renal Failure, Chronic , Stage 1 | \_\_\_\_N181 | Viral Syndrome | \_\_\_\_B9789 |
| Irritable Bowel | \_\_\_\_K589 | Renal Failure, Chronic , Stage 2 | \_\_\_\_N182 | **DIAGNOSIS:** |  |
| Joint Pain,unspecified knee | \_\_\_\_M25569 | Renal Failure, Chronic , Stage 3 | \_\_\_\_N183 |  |  |
| Joint Pain, Unspecified Shoulder | \_\_\_\_M25519 | Renal Failure, Chronic , Stage 4 | \_\_\_\_N184 |  |  |
| Lumbago (low back pain) | \_\_\_\_M545 | Renal Failure, Chronic , Stage 5 | \_\_\_\_N185 |  |  |
| Lumbar Disc Disease | \_\_\_\_M5136 | Renal Failure, Chronic , ESRD | \_\_\_\_N186 |  |  |
| Malnutrition, protein-calorie unsp | \_\_\_\_E46 | Renal Failure, Chronic, NOS | \_\_\_\_N189 |  |  |
| Mitral Valve Disorder, unsp | \_\_\_\_I349 | Renal Insufficiency, Acute | \_\_\_\_N289 |  |  |

**FOLLOW UP VISIT**

**LOCATION/ POS**

Doctor Name

Address

City, State, Zip

Phone Number

Tax ID #

**REFERRAL NEEDED**

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