

NEW PT EST PT

DATE OF SERVICE: _____

ACCNT BAL: _____

PTS NAME: _____

TODAYS CHARGES: _____

DOB: _____

TOTAL PAID: _____

INSURANCE: _____

MC _____ VS _____ DC _____ CASH _____ CK _____

INS COPAY/DED/COINS: _____

PAID BY: _____

ACCOUNT#: _____

RCPT#: _____

OFFICE VISIT		PROCEDURES		LABS	
99201	NEW PT - FOCUSED [10 MIN]	69210	CHEMISTEN REMOVAL_RT_LT	36415	VENIPUTURE
99202	NEW PT - LOW [20 MIN]	93000	EKG	36416	FINGER PRICK
99203	NEW PT - MODERATE [30 MIN]	94320	PULMONARY STRESS TEST	99000	LAB HANDALING
99204	NEW PT - INTERMEDIATE [45 MIN]	97002	WOUND(S) CARE	87804	FLU A&B
99205	NEW PT - HIGH [60 MIN]	94640	INHALATION TREATMENT	87811	COVID
99211	NURSE VISIT [5 MIN]	17613	ALBUTERAL	87880	STREP
99212	EST PT - FOCUSED [10 MIN]	94010	SPIROMETRY	85025	CBC
99213	EST PT - LOW [15 MIN]	94760	PULSE OX	86756	RSV
99214	EST PT - MODERATE [25 MIN]	92567	TYMPANOMETRY	82947	RBS
99215	EST PT - INTERMEDIATE [40 MIN]	16000	INITIAL TREATMENT OF BURN	81001	UA
PHYSICALS		10060	DRAINAGE OF SKIN ABCESS	81025	UA PREGNANCY
99381	NEW PT <1 YR	11750	REMOVAL OF NAIL BED	82770	FECAL OCCULT BLOOD
99382	NEW PT 1 - 4 YRS	54450	FORESKIN MANIPULATION	RADIOLOGY	
99383	NEW PT 5 - 11 YRS	10060	[L&D] [90 DAY GLOBAL PERIOD]	77080	DEXA SCAN
99384	NEW PT 12 - 17 YRS	79	Unrated Procedure or Service	71045	CHEST XRAY
99385	NEW PT 18 - 39 YRS	OTHER SERVICES		71046	CHEST XRAY 2 VIEWS
99386	NEW PT 40- 64 YRS	Q0091	CALL	74018	ABDOMEN 1 VIEW
99387	NEW PT 65 + YRS	Q0101	PELVIC AND BREST	73501	HIP UNI PELVIS 1 VIEWS
99391	EST PT <1 YR	99477	ADVANCE CARE PLANNING	73502	HIP UNI PELVIS 2-3 VIEWS
99392	EST PT 1 - 4 YRS	99483	COGNITIVE ASSEMENT (NO OV)	73503	HIP UNI PELVIS 4+ VIEWS
99393	EST PT 5 - 11 YRS	99091	TELEMONITORING	73521	HIL BIL W/PELVIS 2 VIEWS
99394	EST PT 12 - 17 YRS	S8301	PPE	73522	HIP BIL W/PELVIS 3-4 VIEWS
99395	EST PT 18 - 39 YRS	99050	AFTER HOURS (AFTER CLOSING)	73551	FEMUR 1 VIEW
99396	EST PT 40- 64 YRS	99051	EVENING/WEEKEND (AFTER 5)	73552	FUMUR 2 VIEWS
99397	EST PT 65 + YRS	G0180	HOME HEALTH CERT	VACCINE [] TVFC OR [] PVP	
99070	SPORTS PHYSICAL	G0179	HOME HEALTH RE-CERT	90700	DTAP VACCINE <10 YRS
THSTEPS CODE INDICATOR CODE (REQ)		G0181	HH SUPERVISION (MIN. 30MIN./MO.)	90686	FLU TVFC
NU	NOT USED (NO REFERRAL)	99080	SPECIAL REPORTS OR FORMS	90756	FLU PVP STOCK
ST	NEW SERVICE REQUESTED	99455	DISABILITY/WORKER COMP FORM	G0008	MCARE FLU
S2	UNDER TREATMENT	SCREENINGS		90555	HEP A
THSTEPS MODIFIER		99405	TABACCO COUNSELING 3-10 MIN	90744	HEP B PEDI
32	DAYCARE/HEADSTART	96407	TABACCO COUNSELING >10 MIN	70743	HEP B ADOLESENT
SC	TX HEALTH STEPS CATCH UP	G0447	BEHAV COUNSEL OBESITY 15MIN	90647	HIB
MCARE FOOT EXAM		G0473	BEHAV COUNSEL OBESITY GRP (2-10) 30 MIN	90651	HPV
**G0245	INITIAL FOOT EXAM	**G0446	INTEN BEHAV CONSUL FOR CARDIO DISEASE	90713	IPV
**G0246	FOLLOW UP EVAL OF FOOT EXAM	G0271	NUTRION THERAPY GP (2+) 30 MIN	90696	KINRIX(DTAP-IPV)
**G0247	ROUTINE FOOTCARE	G0444	MEDICARE DEPRESSION SCREENING	90620	MEN B
MCARE PHYSICALS		G8510	NEGATIVE	90734	MCV4
G0402	WELCOME 2 MCARE (1ST YR)	G8431	POSITIVE	90707	MMR
G0438	ANNUAL WELLNESS INTIAL	96127	GAD-7 ANXIETY SCREENING	90710	MMRV
G0439	ANNUAL WELLNESS SUB	96127	MDQ - MOOD DISORDER QUESTIONNAIRE	90670	PREVENAR/PCV13
TELEMEDICINE		96127	ADHD QUESTION	90723	PEDIRAX (DTAP-HEP B -IPV)
99441	TELEPHONE 5-10 MIN	G8431	MOM POST PARTUM 0-12 MO	90698	PENTACEL (DTAP - HIP - IPV)
99442	TELEPHONE 11-20 MIN	96110	PEDS/MCHAT 9/12/18 24/30 MO 3 & 4YRS	90732	PNEUMOCOCCAL SHOT
99443	TELEPHONE 21-30 MIN	U6	AUTISM SCREENING	G0009	MCARE ADMINISTRATION
HOSPITAL FOLLOW UP		96160	PHQ9 PATIENT - DEPRES SCREENING	90713	POLIOVIRUS IPV SC/IM
99495	FACE TO FACE 2 WEEK	96161	PHQ9 CARE GIVER - DEPRES SCREENING	90680	ROTAVIRUS
99496	FACE TO FACE 1 WEEK	84030	PKU	86580	TB/PPD TEST (Z11.1)
INJECTIONS		92587	COLESCREEN	F/U	TB/PPD TEST READING_ 99211
J0696	ROCEPHIN 250 - 500 - 750 - 1GM	99173	VISUAL ACUITY SCREENING_50	90714	TD (> 7 YRS)
J1100	DEXA 1 - 2 - 4 - 6 - 8 MG	92558	AUDIOPATH	90715	TDAP (>10 YRS)
J1815	INSULIN _____ UNITS	99429	FLORIDE_U5	90716	VARICELLA
**J3420	VITAMIN B12	OTHER SERVICES:			
J2550	PHENEGRAM				
J1885	TORADOL				
J3301	KENALOG				
96372	ADMIN X				

RTC: _____ DAYS _____ WEEKS _____ MONTHS _____ YR

DX: 1) _____ 2) _____ 3) _____ 4) _____

DX: 5) _____ 6) _____ 7) _____ 8) _____

DX: 9) _____ 10) _____ 11) _____ 12) _____

PROVIDERS SIGNATURE: _____