

ALLERGY

Provider # _____ Federal ID # _____

LOCATIONS (CIRCLE ONE)

- 13 UCC MAIN
- 10 SUNNYVALE

REFERRING MD: (PLEASE PRINT FULL NAME)

(AREA CODE): _____

PHONE NUMBER (IF NON CMG PROVIDER) _____

PT NAME		B #	
ACCT #	HX #		
RP		FC	HCL
ADDRESS		PCP	
CITY	ST	DOB	
ZIP	PHONE	SL	SEX
SS#	CERT#		
INS:	COPAY		
VISIT DATE:	APPT TYPE:		
DEPT:	PHYS.#:		
PHYS NAME:			

AUTHORIZATION NUMBER: _____

ICD9 CODE 1	ICD9 CODE 2	ICD9 CODE 3	ICD9 CODE 4	DATE OF INJURY	CHANGE DATE TO
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CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION	
OFFICE VISITS - NEW PATIENTS			ANTIGEN PREP. & MAINTENANCE			INJECTIONS; cont'd			
99201		LEVEL 1, BRIEF; 10 min				J0170		EPINEPHRINE/SUSPHRINE 1ML AMP	
99202		LEVEL 2, LIMITED: 20 min				J1470		GAMMA GLOBULIN IM; 2cc	
99203		LEVEL 3, EXPANDED: 30 min				J3030		IMITREX 6mg (X _____units)	
99204		LEVEL 4, COMPREHENSIVE: 45 min				J2765		REGLAN; 10mg	
99205		LEVEL 5, COMPREHENSIVE: 60 min				J0696		ROCEPHIN 250 mg (X _____units)	
99025		NEW PT. INITIAL VISIT W/PROC.				J3130		TESTOSTERONE, ENA, UP TO 200mg	
OFFICE VISITS - EST. PATIENTS			ALLERGY TESTING			IMMUNIZATIONS			
99211		LEVEL 1, BRIEF: 5 min	95146		...2 STINGING INSECT VENOM	15	6		
99212		LEVEL 2, LIMITED: 10 min	95147		...3 STINGING INSECT VENOM	15	6	90471	ADMINISTER 1 SGL OR COMB VAC
99213		LEVEL 3, EXPANDED: 15 min	95148		...4 STINGING INSECT VENOM	15	6	90472	ADMINISTER 2+ SGL OR COMB VAC
99214		LEVEL 4, COMPREHENSIVE: 25 min	95149		...5 STINGING INSECT VENOM	15	6	90718	Td (V06.5 OR INJURY CODE)
99215		LEVEL 5, COMPREHENSIVE: 40min	95165		PROFESSIONAL SERVICES FOR SUPERVISION & PROVISION OF ANTIGENS SINGLE OR MULTIPLE ANTIGENS SPECIFY NUMBER OF EXPECTED DOSES	52	26	90658	FLU: >3yrs (V04.8)
90025		OFFICE VISIT AT NO CHARGE						90746	HEP B, ADULT (V05.3)
OFFICE CONSULTATIONS									
99241		LEVEL 1: 15 min						90744	HEP B, PIDS/ADOLES (V05.3)
99242		LEVEL 2: 30 min						90732	PNEUMOCOCCAL (V03.82)
99243		LEVEL 3: 40 min							
99244		LEVEL 4: 60 min							
99245		LEVEL 5: 80 min							
						PROCEDURES			
99271		LEVEL 1						95075	INGESTION CHALLENGE TEST
99272		LEVEL 2						95180	RAPID DESENSITIZAT:EA HR X _____
99273		LEVEL 3						95065	DIRECT NASAL MUCOUS
99274		LEVEL 4							
99275		LEVEL 5							
PROLONGED SERVICES			ALLERGY TESTING			PULMONARY			
99354		OFFICE/OP 1st HOUR	95004		PERCUTANEOUS TESTS (PRICK) SPECIFY # OF TESTS _____			02026	OXYGEN ADMINISTRATION
99355		EA ADD'L 30 MINUTES X _____	95024		INTRACUTANEOUS TESTS SPECIFY # OF TESTS _____			02373	PEAK FLOW METER
ALLERGY IMMUNOTHERAPY			INJECTIONS						
CODE	DESCRIPTION	DOSES	95010		PERCUTANEOUS TESTS (PRICK) SPECIFY # OF TESTS _____			02798	AEROCHAMBER W/O MASK
PROFESSIONAL SERVICES, NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS SINGLE INJECTION:			95015		INTRACUTANEOUS TESTS SPECIFY # OF TESTS _____			02943	AEROCHAMBER W/MASK
95115	SINGLE INJECTION							94010	SPIROMETRY
95117	MULTIPLE INJECTIONS							94060	BRONCHOSPASM EVAL
PROFESSIONAL SERVICES INCLUDING PROVISION OF ALLERGEN EXTRACTS:								94640	AIRWAY INHALATION TRTMT
95130	1 STINGING INSECT VENOM		J0782		THER/DX INJECT; SUB Q OR IM			94760	OXIMETRY
95131	2 STINGING INSECT VENOM		J2060		ATIVAN, 2MG			99080	SPECIAL REPORT-INS FORMS/ REVIEW OF MEDICAL DATA
95132	3 STINGING INSECT VENOM		J3420		B-12 ; up to 1000 mcg				
95133	4 STINGING INSECT VENOM		J1200		BENADRYL UP TO 50mg				
95134	5 STINGING INSECT VENOM		J0702		CELESTONE SOLUSPAN 1cc				
			J0780		COMPAZINE, TO 10 MG				
			J0835		CORTROSYN, PER 0.25MG				
			J2175		DEMEROL PER 100mg				
			J1080		DEPO-TESTOSTERONE 200mg				
						MISCELLANEOUS			
						86490		COCCI SKIN TEST	
						86510		HISTO SKIN TEST	
						86735		MUMPS ANTIBODY	
						86580		PPD	
						86485		SKIN TEST; CANDIDIA	
						95028		CMI MULTITEST - DELAYED TYPE REACTION	

SPECIAL INSTRUCTIONS

- ACCIDENT
- COORDINATION OF BENEFITS
- NON-COVERED SERVICE
- THIRD PARTY LIEN
- WORKERS COMPENSATION
- OTHER: (SPECIFY) _____

*MODIFIERS:

- 22 UNUSUAL SERVICE (NEED REPORT!)
- 25 SEPARATELY IDENTIFIABLE E/M SERVICE BY SAME MD ON DAY OF PROC.
- 50 BILATERAL PROCEDURE
- 51 MULTIPLE PROCEDURES
- 43 FEE REDUCED BY MD
- 52 REDUCED SERVICES
- 55 POST-OPERATIVE MANAGEMENT ONLY
- 56 PREOPERATIVE MANAGEMENT ONLY