

CARDIOLOGY/THALLIUM

Provider # Federal ID #

LOCATIONS (CIRCLE ONE)

1A 9B
 4A OTHER _____
 6A
 12

#

REFERRING MD: (PLEASE PRINT FULL NAME)

(AREA CODE)

PHONE NUMBER (IF NON CMG PROVIDER)

ICD9 CODE 1	ICD9 CODE 2	ICD9 CODE 3	ICD9 CODE 4
-------------	-------------	-------------	-------------

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

AUTHORIZATION NUMBER:

INJURY DATE

CHANGE DATE TO

CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION
OFFICE VISIT - NEW PATIENTS			TREADMILL / THALIUM STRESS TESTS			94760		OXIMETRY; SGL DETERMINATION
99201		LEVEL 1, BRIEF; 10 min	93015		STRESS TEST / TREADMILL	94761		OXIMETRY; MULT. DETERMIN.
99202		LEVEL 2, LIMITED; 20 min	78465		SPECT	94762		BY CONT. OVERNIGHT MONITOR.
99203		LEVEL 3, EXPANDED; 30 min	36410		VENIPUNCTURE REQ MD SKILL	99195		PHLEBOTOMY
99204		LEVEL 4, COMPREHENSIVE; 45 min	02594		THALLIUM	36415*		VENIPUNCTURE
99205		LEVEL 5, COMPREHENSIVE; 60 min	02593		CARDIOLYTE / MYLOVIEW	ADMINISTRATION/INJECTIONS/SOLUTIONS		
99025		NEW PT. INITIAL VISIT W/PROC.	J1245		DIPYRIDAMOLE per 10mg	90780		IV INFUSION THERAPY; UP TO 1HR
OFFICE VISITS - EST. PATIENTS			J0280		AMINOPHYLLINE per 250 mg	90781		EA. ADD'L HR UP TO 8: hrs
99211		LEVEL 1, BRIEF; 5 min	J0150		ADENOSINE per 6mg DOSE VIAL	96372		SUB Q OR IM INJECTION
99212		LEVEL 2, LIMITED; 10 min	ECHOCARDIOGRAPHY					
99213		LEVEL 3, EXPANDED; 15 min	93307		ECHOCARDIOGRAPHY; COMPLETE	J0570		BICILLIN LA 1.2 M.U.
99214		LEVEL 4, COMPREHENSIVE; 25 min	93308		ECHO; F/U OR LIMITED	03338		BREVITAL UP TO 500mg
99215		LEVEL 5, COMPREHENSIVE; 40min	93312		TRANSESOPHAGEAL/PROBE/IMAGE	J7060		DEXTROSE & WATER (500ml)
99024		POST OP FU @ N/C	N/C			J3010		FENTANYL UP TO 2ML
OUTPATIENT CONSULTATIONS - NON MEDICARE			93314		IMAGE AQUISION, INT & REPT	J1940		FUROSEMIDE (LASIX) 20mg
99241		LEVEL 1: 15 min	93320		DOPPLER ECHO	J7120		LACTATED RINGERS (500cc)
99242		LEVEL 2: 30 min	93321		DOPPLER; F/U OR LTD STUDY	J1160		LANOXIN (DIGOXIN) .5 mg
99243		LEVEL 3: 40 min	93325		DOPPLER COLOR FLOW MAP.	J7040		NORMAL SALINE (500cc)
99244		LEVEL 4: 60 min	93350		STRESS ECHO W/TREADMILL	03339		VERAPAMIL HCL 5MG/2ML AMP
99245		LEVEL 5: 80 min	PACEMAKER CHECKS			J2250		VERSED(MIDOLOZAN) 1mg
CARDIOVASCULAR PROCEDURES			93731		DUAL CHAMBER W/O REPROGRAM.	TRAYS (ADD TO SURGICAL PROCEDURE)		
92950		CPR	93732		DUAL CHAMBER W/ REPROGRAM	02645		IV TRAY
92960		CARDIOVERSION	93733		DUAL CHAMBER TELEPH. ANALYS.	02097		SUTURE TRAY W/ANESTHESIA
93000		EKG W/INTERP. & REPORT	93734		SINGLE CHAMBER W/O REPROGRAM	02098		TRAY, MED. W/SPEC. ROOM
93005		EKG, TRACING ONLY	93735		SINGLE CHAMBER W/REPROGRAM	02095		TRAY/RM/SPEC EQUIP
93010		EKG; INTERPRETATION & REPORT	93736		SGL CHAMBER TELEPH. ANALYS.	02094		TRAY, SMALL W/ANESTHESIA
93012		POST SYMPTOM RHYTHM STRIP	93737		CARDIOVERTER/DEFIB;W/O REPROG	MATERIALS AND SUPPLIES		
		TRACING ONLY	93738		CARDIOVERTER/DEFIB/W/REPROG.	02030		BUTTERFLIES
93014		POST SYMPTOM RHYTHM STRIP	93797		CARDIAC REHAB SESSIONS	02029		CATHLON
		PHYS. REV. W/INTERP & REPORT	MISCELLANEOUS TEST/PROCEDURES			02027		IV TUBING
93040		RHYTHM STRIP W/INT & REPORT	90471		IMMUNIZATION ADMIN. 1 SHOT	02026		OXYGEN SUPPLIES
93224		HOLTER MONITOR; COMPLETE	90472		IMMUNIZATION ADMIN. EA ADD'L	02034		PHLEBOTOMY BOTTLE
93268		EVENT MONITOR W/MEMORY LOOP	90658		FLU SHOT; SPLIT VIRUS (V04.8)	02092		PHLEBOTOMY TUBING
93278		SIGNAL AVG.ECG W/WO ECG	90659		FLU SHOT; WHOLE VIRUS (V04.8)			
93784		AMB BP MONITOR/ 24 HRS	90732		PNEUMOCOCCAL VACCINE (V03.82)			
93790		AMB BP MONITOR-REV/INTERP	82270		OCCULT BLOOD			
AMB BP MONITOR NON-COVERED BY MEDICARE			82948		GLUCOSE FINGER STICK			

OTHER SURGERY / PROCEDURES CPT CODE/MODIFIERS*

FEE

1ST	\$
2ND	\$
3RD	\$
4TH	\$
5TH	\$
6TH	\$

*** MODIFIERS:**

- 22 UNUSUAL SERVICE (NEED REPORT)
- 25 SEPARATELY IDENTIFIABLE E/M SERVICE SAME DAY AS PROCEDURE
- 50 BILATERAL PROCEDURE
- 51 MULTIPLE PROCEDURES
- 52 REDUCED SERVICES
- 55 POST OPERATIVE MANAGEMENT ONLY

SPECIAL INSTRUCTIONS:

- ACCIDENT
- COORD. OF BENEFITS
- NON COVERED SERVICE
- THIRD PARTY LIEN
- WORKERS COMP
- OTHER; SPECIFY

- 56 PREOPERATIVE MANAGEMENT ONLY
- 62 TWO SURGEONS
- 78 RETURN TO OR FOR A RELATED PROC. DURING POST OP PERIOD
- 79 UNRELATED PROC BY SAME MD DURING POSTOP PERIOD
- 80 ASSISTANT SURGEON
- 99 MULTIPLE MODIFIERS

WWW.DONSELF.COM