

INTERNAL MEDICINE

Provider # _____ Federal ID # _____

LOCATIONS (CIRCLE ONE)

10
 15
 1Y
 1C

1E NURSING HOME _____
 OTHER: _____

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	INJURY DATE	CHANGE DATE TO
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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: _____

CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION
OFFICE VISITS - NEW PATIENTS			10060		I&D ABSCESS/CYST, SIMPLE	INJECTIONS; cont'd		
99201		LEVEL 1, BRIEF; 10 min	20550		INJ TENDON/LIGAMENT/CYST/TRIG. PT	J1055		DEPO-PROVERA 150mg
99202		LEVEL 2, LIMITED; 20 min	20600*		INJECT.SMALL JT/BURSA/CYST	J1080		DEPOTESTOSTERONE, 1cc, 200MG
99203		LEVEL 3, EXPANDED; 30 min	20605*		INJECT. INTERM. JOINT/BURSA/CYST	J3010		FENTANYL CITRATE, UP TO 2ml
99204		LEVEL 4, COMPREHENSIVE; 45 min	20610*		INJECT.MAJOR JOINT/BURSA/CYST	J1460		GAMA GLOBULIN IM, 1cc
99205		LEVEL 5, COMPREHENSIVE; 60 min	11730		NAIL AVULSION SIMPLE; SINGLE	J1644		HEPARIN PER 1000U
99025		NEW PT. INITIAL VISIT W/PROC.	11732		NAIL AVULSION, SIMPLE,ea add'l	J2000		LIDOCAINE, 50cc
OFFICE VISITS - EST. PATIENTS			94760		OXIMETRY, EAR OR PULSE	03315		MARCAINE
99211		LEVEL 1, BRIEF; 5 min	Q0091		PAP SMEAR, HANDLING ONLY	J9250		METHOTREXATE, 5mg
99212		LEVEL 2, LIMITED; 10 min	49080*		PARACENTESIS, INITIAL	J1600		MYOCHRYSLINE/AUROLATE to 50mg
99213		LEVEL 3, EXPANDED; 15 min	49081*		PARACENTESIS, SUBSEQUENT	J2550		PHENERGAN UP TO 50 mg
99214		LEVEL 4, COMPREHENSIVE; 25 min	04160		PEAK FLOW RATE	J0696		ROCEPHIN 250mg X UNITS
99215		LEVEL 5, COMPREHENSIVE; 40min	69210		REMOVAL IMPACTED CERUMEN	J2910		SOLGANAL up to 50mg
PREVENTIVE EXAM - NEW PATIENTS			11300		SHAVE BIOPSY: .05cm OR LESS	J3130		TESTOSTERONE, ENA, TO 200mg
99385		PREVENTIVE MEDICINE, AGE 18-39	11301		SHAVE BIOPSY: 0.6 - 1.0 cm	J1885		TORADOL PER 15mg X UNITS
99386		PREVENTIVE MEDICINE, AGE 40-64	11302		SHAVE BIOPSY: 1.1 - 2.0 cm	J2250		VERSED 1mg/ml
99387		PREVENTIVE MEDICINE, AGE 65+	11303		SHAVE BIOPSY: OVER 2.0 cm	J7060		DEXTROSE AND WATER 500ml=1unit
PREVENTIVE EXAM - EST. PATIENTS			11100		SKIN BIOPSY; SINGLE	J7040		NORMAL SALINE, 500ml = 1 unit
99395		PREVENTIVE MEDICINE, AGE 18-39	11200		SKIN TAG REMOVAL, UP TO 15	SUPPLIES		
99396		PREVENTIVE MEDICINE, AGE 40-64	11201		SKIN TAG REMOVAL, EA ADDL 10	02074		ACE WRAP 4"
99397		PREVENTIVE MEDICINE, AGE 65+	94010		SPIROMETRY	02075		ACE WRAP 6"
OFFICE OR OUTPATIENT CONSULTATIONS			93015		TREADMILL W/INTERP AND REPORT	02798		AERO-CHAMBER W/O MASK
99241		LEVEL 1: 15 min	ENDOSCOPY			02005		ARM SLING
99242		LEVEL 2: 30 min	46600		ANOSCOPY/DIAGNOSTIC	02029		CATHLON
99243		LEVEL 3: 40 min	45330		FLEX SIG	02066		CERVICAL COLLAR
99244		LEVEL 4: 60 min	45331		FLEX SIG W/BIOPSY	02011		ELBOW SSPORT
99245		LEVEL 5: 80 min	DIAGNOSTICS			02087		KNEE SUPPORT, NEOPRENE
CONFIRMATORY / 2nd OPINION CONSULTATIONS			87072		CLO TEST	02387		KWIK KOLD ICE PACK
99271		LEVEL 1	88170		FINE NEEDLE ASPIRATION	02026		OXYGEN SUPPLIES
99272		LEVEL 2	82948		GLUCOSE FINGER STICK	02373		PEAK FLOW METER
99273		LEVEL 3	82270		OCCULT BLOOD 1-3 SPECIMENS	02033		SUTURE REMOVAL KIT
99274		LEVEL 4	86580		PPD	02084		THUMB SPLINT
99275		LEVEL 5	81000		URINALYSIS, DIPSTICK	A4351		URINARY CATHETER
NURSING FACILITY CARE (SPECIFY LOCATION)			81025		URINE PREGNANCY TEST	02010		WRIST SPLINT
99301		LEVEL 1, ANNUAL ASSESSMENT	IMMUNIZATIONS / INJECTIONS			TRAYS (ADD TO SURGICAL PROCEDURES)		
99302		LEVEL 2, NEW TRTMT PLAN	90471		ADMINISTER 1 IMMUNIZATION	02534		EYE TRAY
99303		LEVEL 3, INITIAL ADMISSION TO NH	90472		ADMINISTER ea ADD'L VACCINE	02645		IV TRAY
99311		LEVEL 1 FU: STABLE NH VISIT	90658		FLU (V04.8)	02097		SUTURE TRAY W/ANESTHESIA
99312		LEVEL 2 FU: MINOR PROBLEM	90732		PNEUMOVAX (V03.82)	02096		TRAY, LARGE W/SPEC. RM
99313		LEVEL 3 FU: MAJOR PROBLEM	90703		DT (V06.5 OR INJURY CODE)	02098		TRAY MED. W/SPEC RM (SIG TRAY)
99315		NURSING FAC DISCH DAY < 30MIN	90707		MMR (V06.4)	02094		TRAY SMALL W/ANESTHESIA
99316		NURSING FAC DISCH DAY > 30MIN	90780		IV INFUSION THERAPY UP TO 1 HR	02795		TRAY, SMAL W/O ANESTHESIA
PROCEDURES			90781		IV INFUSION THERAPY 2-8 HRS EA	MISCELLANEOUS		
94640		AIRWAY INHALATION TREATMENT	90782		THER/DX INJECT; SUB Q OR IM			
88170		FINE NEEDLE BIOPSY	90788		IM INJECTION OF ANTIBIOTIC			
53670		CATHETERIZATION; SIMPLE	J3302		ARISTOCORT FORTE PER 5 mg			
17000		DEST.BEN LESION,ANY METHD, 1st	J3303		ARISTOSPAN PER 5 mg			
17003		2nd THROUGH 14th LESIONS EA	J3420		B-12 UP TO 1000mcg			
17004		DEST BEN LES. ANY METH. > 15	J0702		CELESTONE per 3mg			
57170		DIAPHRAGM FITTING	J0780		COMPAZINE UP TO 10mg			
93010		EKG INTERPRETATION ONLY	J0835		CORTROSYN PER 0.25mg			
93000		EKG, COMPLETE	J2175		DEMEROL PER 100mg			
10120*		FOREIGN BODY REMOVAL; SIMPLE	J1030		DEPO MEDROL 40 mg			

SPECIAL INSTRUCTIONS:

- ACCIDENT
- COORDINATION OF BENEFITS
- NON-COVERED SERVICE
- THIRD PARTY LIEN
- 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
- 52 REDUCED SERVICES
- 55 POST-OPERATIVE MANAGEMENT ONLY
- 56 PREOPERATIVE MANAGEMENT ONLY
- USE SURGICAL CODE WITH 55 OR 56 MOD.
- 43 FEE REDUCED BY MD