

# PHYSIATRY

Provider # \_\_\_\_\_ Federal ID # \_\_\_\_\_  
 LOCATIONS (CIRCLE ONE)

11	4A	9B
10	12	

# \_\_\_\_\_

REFERRING MD: (PLEASE PRINT FULL NAME) \_\_\_\_\_

(AREA CODE): \_\_\_\_\_

PHONE NUMBER (IF NON CMG PROVIDER) \_\_\_\_\_

PT NAME		B #	
ACCT #	RP	HX #	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:	
INJURY DATE	CHANGE DATE TO

ICD9 CODE 1	ICD9 CODE 2	ICD9 CODE 3	ICD9 CODE 4
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CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION
<b>OFFICE VISIT - NEW PATIENTS</b>			64480		INJECT ANEST/STEROID;CERV/THOR, EA AD
99201		LEVEL 1, BRIEF: 5 min	64483		INJ ANEST/STER FACET JT;LUMBAR 1LVL
99202		LEVEL 2, LIMITED: 10 min	64484		ANE/STER FACET JT LUMB. EA ADDL LVL
99203		LEVEL 3, EXPANDED: 15 min	64520		INJ ANESTHETIC LUMBAR/THORACIC
99204		LEVEL 4, COMPREHENSIVE: 25 min	99141		CONSCIOUS SEDATION
99205		LEVEL 5, COMPREHENSIVE: 40min	<b>RADIOLOGY</b>		
99025		NEW PT. INITIAL VISIT W/*PROC.	72040	26	X-RAY SPINE, CERVICAL, AP & LAT
<b>OFFICE VISITS - EST. PATIENTS</b>			72070	26	X-RAY SPINE,THORACIC; AP & LAT
99211		LEVEL 1, BRIEF: 5 min	72100	26	X-RAY SPINE, LUMBOSACRAL; AP & LAT
99212		LEVEL 2, LIMITED: 10 min	72200	26	X-RAY SI JOINTS LESS THAN 3 VIEWS
99213		LEVEL 3, EXPANDED: 15 min	72275	26	EPIDUROGRAPHY
99214		LEVEL 4, COMPREHENSIVE: 25 min	72295	26	DISKOGRAPHY, LUMBAR, RAD SUP. & INT.
99215		LEVEL 5, COMPREHENSIVE: 40min	73525	26	HIP ARTHROGRAPHY
90025		OFFICE VISIT; NO CHARGE	73542	26	RAD EXAM S I JT ARTRHOG. RAD SUP/INT
99024		POST OP FU @ N/C	76005	26	FLOUROSCOPY
99358		PROLONGED ATTD. 1ST HOUR	<b>NEUROLOGY/ NEUROMUSCULAR PROCEDURES</b>		
99359		PROLONGED ATTD. EA ADD'L 30 MIN	95860		EMG, 1 EXTREMITY
<b>OFFICE CONSULTATIONS (Report back to PCP)</b>			95861		EMG, 2 EXTREMITIES
99241		LEVEL 1: 15 min	95863		EMG, 3 EXTREMITIES
99242		LEVEL 2: 30 min	95864		EMG, 4 EXTREMITIES
99243		LEVEL 3: 40 min	95867		EMG, CRANIAL NERVES, UNILATERAL
99244		LEVEL 4: 60 min	95868		EMG, CRANIAL NERVES, BILATERAL
99245		LEVEL 5: 80 min	95900		NERVE COND/MTR,W/OUT F-WAVE(EA)
<b>ARTHROCENTESIS/ASPIRATION/INJECTION JOINT:</b>			95903		NERVE COND/MTR, W/F-WAVE (EA)
20600*		SMALL JOINT/BURSA OR CYST	95904		NERVE COND;SENSORY
20605*		INTERMED JOINT/BURSA OR CYST	95934		H-REFLEX,GASTROCNEMIUS/SOLEUS
20610*		LARGE JOINT/BURSA OR CYST	<b>DRUGS , INJECTABLES, AND SUPPLIES</b>		
20550*		TRIGGER POINT	J0704		CELESTONE PER 3MGS
<b>INJECTION, DRAINAGE, OR ASPIRATION; SPINE</b>			J2000		LIDOCAINE 50CCS
27096		INJ SI JOINT	J2250		VERSED, 1MG/ML, PER 1MG
62273		EPIDURAL BLOOD PATCH	02088		HINGED KNEE BRACE
62284		INJ PROC MYELOGRAPHY/CT NOT C1-C2	02582		KNEE IMMOBILIZER
62289		INJ LUMBAR EPIDURAL;THERAP	02065		SACRO-LUMBAR SUPPORT
62290		INJ FOR DISKOG.EA LEVEL/LUMBAR	02011		TENNIS ELBOW SLEEVE
62291		INJ FOR DISKOG.EA LEVEL/CERV	02703		INJECTION TRAY
62310		CERV/THORAC INJ-THERAPEUTIC	02771		WRIST SPLINT, UNIVERSAL
62311		LUMBAR INJ - THERAPEUTIC	<b>REPORTS/ TELEPHONE CALLS</b>		
<b>INJECT ANESTHETIC AGENT AND/OR STEROID:</b>			99080		SPECIAL REPORTS
64405		GREATER OCCIPITAL NERVE	99081		PR-2 FORM
64425		ILIOINGUINAL,ILIOHYPOGASTRIC	99049		MISSED APPT. WC ONLY
64450		OTHER PERIPHERAL NERVE OR BRNCH	99358		RECORD RVW EA 15 MIN. WC ONLY
64470		INJ ANEST/STER FACET JT;CERV/THOR 1LVL	ML101		MEDICAL/LEGAL 75 MIN
64472		ANESTH/STEROID FACET JT EA ADDL LVL	ML102		MEDICAL/LEGAL 150 MIN
64475		FACET JT.NERVE,LUMBAR. SGL LEVEL	99371		PHONE CALL:SIMPLE / BRIEF; WC ONLY
64476		FACET JT.NERVE,MULTIPLE LEVELS	99372		PHONE CALL: INTERMEDIATE; WC ONLY
64479		INJECT ANEST/STEROID;CERV/THOR, 1 LVL	99373		PHONE CALL: COMPLEX; WC ONLY