

UROLOGY

Provider # Federal ID #

LOCATIONS (CIRCLE ONE)

- 10
- 12
- 4A
- 6A

#

REFERRING MD: (PLEASE PRINT FULL NAME)

(AREA CODE):

PHONE NUMBER (IF NON CMG PROVIDER)

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

AUTHORIZATION NUMBER:

ICD9 CODE 1	ICD9 CODE 2	ICD9 CODE 3	ICD9 CODE 4	INJURY DATE	CHANGE DATE TO
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CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION
OFFICE VISIT - NEW PATIENTS			UROLOGY PROCEDURES			TRAYS AND CATHETERS		
99201		LEVEL 1, BRIEF: 10 min	53670*		CATHETERIZATION (ADD TRAY)	02795		TRAY, SMALL W/O ANESTH
99202		LEVEL 2, LIMITED: 20 min	76705		BLADDER ULTRASOUND	02094		TRAY, SMALL W/ANEST
99203		LEVEL 3, EXPANDED: 30 min	54235		INJ CORPORA CAVERNOSA W/ PHARMACOLOGIC AGENT(S)	02097		SUTURE TRAY W/ANESTH
99204		LEVEL 4, COMPREHENSIVE: 45 min				02098		TRAY, MEDIUM W/SPEC. ROOM
99205		LEVEL 5, COMPREHENSIVE: 60 min	51726		COMPLEX CYSTOMETROGRAM	02096		TRAY, LARGE W/SPEC. ROOM
99025		NEW PT. INITIAL VISIT W*PROC.	51741		COMPLEX UROFLOWMETRY	02095		TRAY/ROOM/SPEC. EQUIP
OFFICE VISITS - EST. PATIENTS			52000		CYSTOURETHROSCOPY	02023		COUDE TIP CATHETER
99211		LEVEL 1, BRIEF: 5 min	55250		VASECTOMY UNI/BIL	02101		INSERT TRAY W/FOLEY, W/O BAG
99212		LEVEL 2, LIMITED: 10 min	76705		ULTRASOUND OF ABDOMEN	02389		STRAIGHT TIP CATHETER
99213		LEVEL 3, EXPANDED: 15 min				02390		LEG BAG LATEX
99214		LEVEL 4, COMPREHENSIVE: 25 min				02564		FOLEY CATHETER; LATEX W/COATING
99215		LEVEL 5, COMPREHENSIVE: 40min						
99024		POST OP FU @ N/C	N/C					
OFFICE / OUTPATIENT CONSULTATION			DRUGS & INJECTABLES					
99241		LEVEL 1: 15 min				90780		IV INFUSION TO 1hr
99242		LEVEL 2: 30 min				90781		IV INFUSION EA ADD'L HR TO 8
99243		LEVEL 3: 40 min				90782		SUB/Q OR IM INJECTION
99244		LEVEL 4: 60 min				90788		IM INJECTION OF ANTIBIOTIC
99245		LEVEL 5: 80 min				96400		CHEMO; SUB/Q OR IM
INPATIENT CONSULTATION						96410		CHEMO; INFUSION TO 1 hr
99251		LEVEL 1: 20 min				J9217		LUPRON DEPOT: 7.5mg
99252		LEVEL 2: 40 min				J3140		TESTOSTERONE UP TO 50mg
99253		LEVEL 3: 55 min				J0696		ROCEPHIN PER 250mg
99254		LEVEL 4: 80 min				J9202		ZOLADEX PER 3.6mg
99255		LEVEL 5: 110 min				J0270		CAVERJECT INJECTION
CONFIRMATORY / 2nd OPINION CONSULTATIONS								
99271		LEVEL 1						
99272		LEVEL 2						
99273		LEVEL 3						
99274		LEVEL 4						
99275		LEVEL 5						
PROLONGED SERVICES								
99354		PROLONGED SERVICE: 1ST HR						
99355		PROL. SERV. EA ADDL 30 MIN						

OFFICE SURGERY / PROCEDURE CPT CODE/MODIFIERS*

FEE

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

SPECIAL INSTRUCTIONS:

<input type="checkbox"/>	ACCIDENT
<input type="checkbox"/>	COORD. OF BENEFITS
<input type="checkbox"/>	NON COVERED SERVICE
<input type="checkbox"/>	THIRD PARTY LIEN
<input type="checkbox"/>	WORKERS COMP
<input type="checkbox"/>	OTHER; SPECIFY

*** 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

- 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