

PEDIATRICS

Provider # Federal ID #

LOCATION: (CIRCLE ONE)

10 SUNNYVALE MAIN 1T 515 SOUTH DRIVE
 15 SANTA CLARA 1R PEDS EVENING
 1C WEST VALLEY

#

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

AUTHORIZATION NUMBER:

| | |
|-----------------|----------------|
| DATE OF INJURY: | CHANGE DATE TO |
|-----------------|----------------|

| CODE | MOD | DESCRIPTION | CODE | MOD | DESCRIPTION | CODE | MOD | DESCRIPTION |
|---|-----|---|---|--------------------|-----------------------------------|--|-----|-------------------------------|
| OFFICE VISITS - ESTABLISHED PATIENTS | | | 29065 | | APPLICATION LONG ARM CAST | FRACTURE MANAGEMENT: | | |
| 99025 | | OFFICE VISIT - NO CHARGE | N/C | 29075 | APPLY SHORT ARM CAST | INITIAL | | |
| 99024 | | POST OP VISIT @ N/C | N/C | 29125 | APPLY SHORT ARM SPLINT | | | |
| 99211 | | LEVEL 1, BRIEF: 5 min | | 29130 | APPLY FINGER SPLINT | | | |
| 99212 | | LEVEL 2, LIMITED: 10 min | | 02222 | CAST MATERIALS, ARM; FIBER | FOLLOW-UP 99024 (NO CHARGE VISIT) <input type="checkbox"/> | | |
| 99213 | | LEVEL 3, EXPANDED: 15 min | | 02223 | CAST MATERIALS, LEG; FIBER | MISCELLANEOUS SUPPLIES AND TRAYS | | |
| 99214 | | LEVEL 4, COMPREHENSIVE: 25 min | | 30300 | FB REMOVAL; NOSE | 02943 | | AEROCHAMBER W/MASK |
| 99215 | | LEVEL 5, COMPREHENSIVE: 40min | | 30901 | EPISTAXIS CONTROL | 02798 | | AEROCHAMBER W/O MASK |
| PREVENTIVE EXAM - EST. PATIENTS | | | 36000 | | ESTABLISH ACCESS TO VEIN | 02073 | | BANDAGE, ACE, 3" |
| 99391 | | PREVENTIVE MEDICINE < 1 YEAR | | 02027 | IV SUPPLIES | 02074 | | BANDAGE, ACE, 4" |
| 99392 | | PREVENTIVE MEDICINE, 1 - 4 | | 53670 | BLADDER CATHETERIZATION | 02620 | | BRACE, AIRCAST, ANKLE |
| 99393 | | PREVENTIVE MEDICINE, 5-11 | | 62270* | LUMBAR PUNCTURE | 02528 | | CERVICAL COLLAR |
| 99394 | | PREVENTIVE MEDICINE, 12-17 | | 02477 | LUMBAR PUNCTURE TRAY | 02007 | | CLAVICLE STRAP |
| 99395 | | PREVENTIVE MEDICINE, 18-39 | | 69200 | FB REMOVAL; EAR | 02767 | | GOLD / STEEL POST EARRING |
| OFFICE VISITS - NEW PATIENTS | | | 69210 | | REMOVE IMPACTED CERUMEN | 02387 | | KWIK COLD |
| 99201 | | LEVEL 1, BRIEF: 5 min | | 94640 | AIRWAY INHALATION TREATMENT | 02458 | | NEBULIZER MASK |
| 99202 | | LEVEL 2, LIMITED: 10 min | | J7620 | ALBUTEROL .083%/ml,PER ML | 02052 | | NEBULIZER TUBING |
| 99203 | | LEVEL 3, EXPANDED: 15 min | | J0170 | EPINEPHRINE UP TO 1 ml AMP | 02373 | | PEAK FLOW METER |
| 99204 | | LEVEL 4, COMPREHENSIVE: 25 min | | DIAGNOSTICS | | | | |
| 99205 | | LEVEL 5, COMPREHENSIVE: 40min | | 04160 | IN-OFFICE PEAK FLOW MEASURE: N/C | 02525 | | SLING |
| 99025 | | NEW PT. INITIAL VISIT W/PROC. | | 04341 | SCREENING VISUAL EXAM | 02039 | | SPACER; EZ OR ACE |
| PREVENTIVE EXAM - NEW PATIENTS | | | 87880 | -QW | STREP AG SCREEN, DIRECT | 02008 | | SPLINT; FINGER |
| 99381 | | PREVENTIVE MEDICINE < 1 YEAR | | 87210 | WET MOUNT | 02086 | | SPLINT; WRIST, NEOPRENE |
| 99382 | | PREVENTIVE MEDICINE, 1 - 4 | | 92551 | SCREENING TEST, PURE TONE, AIR | 02771 | | SPLINT; WRIST, UNIVERSAL |
| 99383 | | PREVENTIVE MEDICINE, 5-11 | | 92567 | TYMPANOMETRY | 02488 | | STERI STRIPS |
| 99384 | | PREVENTIVE MEDICINE, 12-17 | | 94760 | EAR OR PULSE OXIMETRY, SINGLE | 02033 | | SUTURE REMOVAL KIT |
| 99385 | | PREVENTIVE MEDICINE, 18-39 | | 86580 | PPD (V74.1) | | | |
| PROLONGED SERVICE | | | IMMUNIZATIONS & ADMINISTRATION | | | THERAPEUTIC INJECTIONS | | |
| 99354 | | FACE TO FACE, FIRST HOUR | | 90471 | ADMINISTER ONE INJECTION | 90782 | | SUB-Q OR IM INJECTION |
| 99355 | | FACE TO FACE, EA ADDL 30 MIN | | 90472 | ADMINISTER EA. ADD'L X | 90788 | | IM INJECTION OF ANTIBIOTIC |
| PROCEDURES | | | 90700 | | DTaP (V06.1) | 90780 | | IV INFUSION UP TO 1HR |
| 10060 | | I&D ABSCESS; SIMPLE OR SINGLE | | 90721 | DTaP/ HIB (V06.8) | 90781 | | IV INFUSION EA ADD'L HR TO 8 |
| 10120 | | FB REMOVAL SKIN | | 90658 | FLU: (V04.8) | J7060 | | 5% DEXTROSE/WATER (500ml = 1) |
| 12001* | | SIMPLE REP; OTH THAN FACE TO 2.5cm | | 90633 | HEP A; 2 DOSE SCHED (V05.3) | J0570 | | BICILLIN LA 1.2 MU |
| 12002* | | SIMPLE REP.OTH THAN FACE, 2.6 TO 7.5 cm | | 90744 | HEP B; (V05.3) | J1095 | | DECADRON LA, PER 8mg |
| 12011* | | REPAIR FACIAL WOUND, TO 2.5cm | | 90748 | HEP B/HIB (V05.3 & V03.81) | J2175 | | DEMEROL 100mg/cc |
| 12013* | | SIMPLE REP. FACE 2.6 - 7.5cm | | 90645 | Hib, HbOC, 4 DOSE SCH. (V03.81) | J1100 | | DEXAMETHASONE UP TO 4mg/ml |
| 02097 | | SUTURE TRAY W/ANESTHESIA | | 90647 | Hib, PRP-OMP; 3 DOSE SCH (V03.81) | J0170 | | EPINEPHRINE UP TO 1 ml AMP |
| 16000 | | INIT LOCAL TRTMT 1 DEG BURN | | 90707 | MMR (V06.4) | J1460 | | GAMA GLOBULIN to 1cc |
| 16020* | | TREAT SM. BURN W/O ANESTH | | 90669 | PNEUMOCOCCAL (PREVNAR) (V03.82) | J2550 | | PHENERGAN 25mg/cc |
| 16025* | | TREAT MED BURN; W/O ANEST | | 90713 | POLIO; INJECTABLE (V04.0) | J0696 | | ROCEPHIN PER 250mg X |
| 02301 | | BURN TRAY | | 90712 | POLIO; ORAL (V04.0) | J2920 | | SOLU-MEDROL UP TO 40 mg |
| 17000 | | DEST.BEN LESION,ANY METHD, 1st | | 90680 | ROTAVIRUS (V05.8) | J2912 | | SODIUM CHLORIDE, 0.9% X |
| 17003 | | 2nd THROUGH 14th LESIONS EA | | 90718 | Td; Adult (V06.5 OR INURY CODE) | | | |
| 69090 | | EAR PIERCING | | 90716 | VARICELLA (V05.4) | | | |

SPECIAL INSTRUCTIONS:

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

- 22 UNUSUAL SERVICE (NEED REPORT)
- 25 SEPARATELY IDENTIFIABLE E/M SERVICE BY SAME MD ON DAY OF PROC.
- 50 BILATERAL PROCEDURE
- 51 MULTIPLE PROCEDURES

MODIFIERS:

- 43 FEE REDUCED BY MD
- 52 REDUCED SERVICES
- 55 POST-OPERATIVE MANAGEMENT ONLY
- 56 PREOPERATIVE MANAGEMENT ONLY