

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
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PT NAME	B #
ACCT #	HX #
RP	FC HCL
ADDRESS	PCP
CITY	DOB
ST	SL SEX
ZIP	PHONE
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				02525	SLING
99205		LEVEL 5, COMPREHENSIVE: 40min		04160	IN-OFFICE PEAK FLOW MEASURE: N/C	02039		SPACER; EZ OR ACE	
99025		NEW PT. INITIAL VISIT W/PROC.		04341	SCREENING VISUAL EXAM	02008		SPLINT; FINGER	
PREVENTIVE EXAM - NEW PATIENTS			87880	-QW	STREP AG SCREEN, DIRECT	02086		SPLINT; WRIST, NEOPRENE	
99381		PREVENTIVE MEDICINE < 1 YEAR		87210	WET MOUNT	02771		SPLINT; WRIST, UNIVERSAL	
99382		PREVENTIVE MEDICINE, 1 - 4		92551	SCREENING TEST, PURE TONE, AIR	02488		STERI STRIPS	
99383		PREVENTIVE MEDICINE, 5-11		92567	TYMPANOMETRY	02033		SUTURE REMOVAL KIT	
99384		PREVENTIVE MEDICINE, 12-17		94760	EAR OR PULSE OXIMETRY, SINGLE				
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