

# FAMILY PRACTICE

Provider # \_\_\_\_\_ Federal ID # \_\_\_\_\_

**LOCATIONS: CIRCLE ONE**

10 \_\_\_\_\_ 1R \_\_\_\_\_ OTHER \_\_\_\_\_  
 15 \_\_\_\_\_  
 17 \_\_\_\_\_  
 1C \_\_\_\_\_

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

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

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

PT NAME		B #	
ACCT #	HX #	FC	HCL
RP		PCP	
ADDRESS		DOB	
CITY	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 \_\_\_\_\_

ICD9 CODE 1	ICD9 CODE 2	ICD9 CODE 3	ICD9 CODE 4
99201	LEVEL 1, BRIEF; 10 min	10061*	I&D ABSCESS/CYST, SIMPLE
99202	LEVEL 2, LIMITED; 20 min	11200	I&D ABSCESS, COMPL. OR MULT.
99203	LEVEL 3, EXPANDED; 30 min	11200	SKIN TAG REMOVAL, UP TO 15
99204	LEVEL 4, COMPREHENSIVE; 45 min	11201	SKIN TAG REMOVAL, EA ADDL 10
99205	LEVEL 5, COMPREHENSIVE; 60 min	17000	DEST.BEN LESION,ANY METHD, 1st
99205	NEW PT. INITIAL VISIT W/PROC.	17003	2nd THROUGH 14th LESIONS EA
99205		17004	DEST BEN LES. ANY METH. > 15
<b>PREVENTIVE EXAM - NEW PATIENTS</b>			
99381	PREVENTIVE MEDICINE < 1 YEAR	93000	EKG, COMPLETE
99382	PREVENTIVE MEDICINE, 1 - 4	93005	EKG, TRACING ONLY
99383	PREVENTIVE MEDICINE, 5-11	20550	INJ TENDON/LIGAMENT/CYST/TRIGGER PT
99384	PREVENTIVE MEDICINE, 12-17	20600*	INJECT.SMALL JT/BURSA/CYST
99385	PREVENTIVE MEDICINE, 18-39	20605*	INJECT. INT. JOINT/BURSA/CYST
99386	PREVENTIVE MEDICINE, 40-64	20610*	INJECT.MAJOR JOINT/BURSA/CYST
99387	PREVENTIVE MEDICINE, 65+	94150	VITAL CAPACITY; SEPARATE PROC
99387		69210	REMOVAL IMPACTED CERUMEN
<b>OFFICE VISITS - EST. PATIENTS</b>			
99211	LEVEL 1, BRIEF; 5 min	45330	SIGMOIDOSCOPY; FLEXIBLE
99212	LEVEL 2, LIMITED; 10 min	94010	SPIROMETRY W/GRAPHIC RECORD
99213	LEVEL 3, EXPANDED; 15 min	91065	HYDROSTAT TEST FROM DON SELF
99214	LEVEL 4, COMPREHENSIVE; 25 min	93922	ABI BASIC
99215	LEVEL 5, COMPREHENSIVE; 40min	93923	ABI SEGMENTAL
<b>PREVENTIVE EXAM - EST. PATIENTS</b>			
99391	PREVENTIVE MEDICINE < 1 YEAR	95923	SUDOMOTOR
99392	PREVENTIVE MEDICINE, 1 - 4	95921	ANS TESTING
99393	PREVENTIVE MEDICINE, 5-11	96103	COGNITIVE TEST - PSYCHOL TEST
99394	PREVENTIVE MEDICINE, 12-17	96120	COGNITIVE TEST - NEUROPSYCH
99395	PREVENTIVE MEDICINE, 18-39	90782	SUB Q OR IM INJECTION OF MED
99396	PREVENTIVE MEDICINE, 40-64	J3420	B-12 ; up to 1000 mcg
99397	PREVENTIVE MEDICINE, 65+	J0702	CELESTONE SOLUSPAN 1cc
<b>INITIAL NURSING FACILITY CARE</b>			
99301	LEVEL 1, ANNUAL ASSESSMENT	J2175	DEMEROL PER 100mg
99302	LEVEL 2, NEW PROBLEM	J1460	GAMMA GLOBULIN; IM 1cc
99303	LEVEL 3, INITIAL ADMIT TO NH	J2000	LIDOCAINE
99303	LEVEL 3, MAJOR PROBLEM	J2550	PHENERGAN UP TO 50 mg
<b>SUBSEQUENT NURSING FACILITY CARE</b>			
99311	LEVEL 1, STABLE NH VISIT	J0696	ROCEPHIN 250 mg X _____ UNITS
99312	LEVEL 2, MINOR PROBLEM	J3030	IMITREX 6mg X _____ UNITS
99313	LEVEL 3, MAJOR PROBLEM	J1055	DEPO-PROVERA 150mg (CONTRACEPTIVE)
<b>PROCEDURES</b>			
94640	AIRWAY INHALATION TREATMENT	J1070	DEPO-TESTOSTERONE 100mg
46600	ANOSCOPY;DIAGNOSTIC	J1080	DEPO-TESTOSTERONE 200mg
92551	AUDIOMETRY AIR ONLY	J9215	INTERFERON .05cc
		J3301	KENALOG, PER 10mg

TRAYS (ADD TO SURGICAL PROCEDURES)	DESCRIPTION
02094	TRAY, SMALL W/ANESTHESIA
02097	SUTURE TRAY W/ANESTHESIA
02098	TRAY, MEDIUM W/SPEC. ROOM(SIG)
02095	TRAY, LARGE + RM + SPEC. EQUIP
<b>SUPPLIES</b>	
02113	CANVAS KNEE BRACE
02010	CANVAS WRIST SUPPORT
02112	ELASTIC ANKLE WRAP
02018	ELASTIC ANKLET
02579	FINGER SPLING
02129	RIB BELT
02525	SLING
02488	STERI-STRIPS
02033	SUTURE REMOVAL KIT
02011	TENNIS ELBOW SUPPORT
02084	UNIVERSAL THUMB SPLINT
OTHER: SPECIFY _____	
G0438	AWV - FIRST IN LIFETIME
G0439	ANNUAL AWV
G0442	ALCOHOL MISUSE SCREEN
<b>CASTS/SPLINTS</b>	
29065	LONG ARM CAST
29075	SHORT ARM CAST
29105	LONG ARM SPLINT
29125	SHORT ARM SPLINT
29405	SHORT LEG CAST
29515	SHORT LEG SPLINT
02220	CAST MATERIAL, PLASTER, ARM
02221	CAST MATERIAL, PLASTER, LEG
02222	CAST MATERIAL, FIBERG, ARM
02223	CAST MATERIAL, FIBERG, LEG

**FRACTURE MANAGEMENT:**

INITIAL \_\_\_\_\_

FOLLOW-UP 99024 (NO CHARGE VISIT) V54.8 \_\_\_\_\_

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

**NOTE THAT DON HAS INCLUDED CODES 91065, 93922, 93923, 95921, 95923, G0438, G0439, G0442 and G0444 to the above superbill. Any FP NOT PERFORMING THESE NEEDS TO TALK TO DON**

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