

GASTROENTEROLOGY

Provider # Federal ID #

LOCATIONS (CIRCLE ONE)

1A 6A
1Y 6D
9A 9B
4A 5C

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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
ZIP	ST
PHONE	SL SEX
SS#	CERT#
INS:	COPAY
VISIT DATE:	APPT TYPE:
DEPT:	PHYS. #:
PHYS NAME:	

AUTHORIZATION NUMBER:

INJURY DATE

CHANGE DATE TO

CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION	CODE	MOD	DESCRIPTION
OFFICE VISIT - NEW PATIENTS			UPPER GI ENDOSCOPY			LOWER GI ENDOSCOPY		
99201		LEVEL 1, BRIEF; 10 min	ESOPHAGOSCOPY;			FLEXIBLE SIGMOIDOSCOPY;		
99202		LEVEL 2, LIMITED; 20 min	43200		W/WO COLLECTION OF SPECIMAN	45330		DIAGNOSTIC
99203		LEVEL 3, EXPANDED; 30 min	43202		W/BIOPSY, SINGLE OR MULTIPLE	45331		W/BIOPSY
99204		LEVEL 4, COMPREHENSIVE; 45 min	43204		INJECT. SCLEROSIS OF ESOPH.VARICES	45332		W/REMOVAL FB
99205		LEVEL 5, COMPREHENSIVE; 60 min	43205		W/BAND LIGATION OF ESOPH. VAR.	45333		W/REM. TUMOR/POLYP/LESION
99205		NEW PT. INITIAL VISIT W/PROC.	43215		W/REMOVAL OF FB			HOT BIOPSY OR CAUTERY
OFFICE VISITS - EST. PATIENTS			43219		W/INSERT OF TUBE OR STENT	45334		W/CONTROL OF BLEEDING
99211		LEVEL 1, BRIEF; 5 min	43220		W/BALLOON DILATION	45337		W/DECOMPRES. VOLVOLUS
99212		LEVEL 2, LIMITED; 10 min	43226		W/INSERT GUIDE WIRE FOLLOWED	45338		W/REM OF TUMOR/POLYP OR LES.
99213		LEVEL 3, EXPANDED; 15 min			BY DILATION OVER GUIDE WIRE			BY SNARE TECHNIQUE
99214		LEVEL 4, COMPREHENSIVE; 25 min	ESOPHAGOGASTRODUODENOSCOPY:			COLONOSCOPY; THROUGH STOMA		
99215		LEVEL 5, COMPREHENSIVE; 40min	43235		W/WO COLLECTION OF SPECIMAN	44388		DIAGNOSTIC
99024		POST OP FU @ N/C	43239		W/BIOPSY; SINGLE OR MULT	44389		W/BIOPSY; SINGLE OR MULTIPLE
OFFICE OR OUTPATIENT CONSULTATIONS			43243		W/INJECT. SCLEROSIS OF ESOPH.	44392		W/REM TUMOR/POLYP BY HOT BX
99241		LEVEL 1; 15 min			OR GASTRIC VARICES	44394		W/REM TUMOR/POLYP BY SNARE
99242		LEVEL 2; 30 min	43244		W/BAND LIGATION OF ESOPH OR	COLONOSCOPY;		
99243		LEVEL 3; 40 min			GASTRIC VARICES	45378		DIAGNOSTIC
99244		LEVEL 4; 60 min	43246		W/PEG PLACEMENT	45379		W/REMOVAL OF FB
99245		LEVEL 5; 80 min	43247		W/ FB REMOVAL	45380		W/BIOPSY; SINGLE OR MULTIPLE
CONFIRMATORY / 2nd OPINIONS (PT. REQUEST)			43248		W/INSERT GUIDE WIRE WITH	45383		W/ABLATION OF TUMOR/POLYP
99271		LEVEL 1			DILATION OF ESOPHAGUS			
99272		LEVEL 2	43249		W/BALLOON DILATE. ESOPH.	45384		W/REM TUMOR/POLYP BY HOT BX
99273		LEVEL 3	43250		W/REM TUM/POLYP BY:			OR BIPOLAR CAUTERY
99274		LEVEL 4			HOT BIOPSY OR BIPOLAR CAUTERY	45385		W/REMOVAL OF TUMOR,POLYP
99275		LEVEL 5	43251		SNARE TECHNIQUE			BY SNARE TECHNIQUE
INITIAL INPATIENT CONSULTATION			43255		W/CONTROL OF BLEEDING	MISCELLANEOUS DIAGNOSTICS/INJECTIONS		
99251		LEVEL 1; 20 min	MISCELLANEOUS PROCEDURES PROCEDURES			87072		CLO-TEST
99252		LEVEL 2; 40 min	43450*		DILATION OF ESOPHAGUS:SGL/MULT	82938		GASTRIN AFTER SECRETIN STIMULAT.
99253		LEVEL 3; 55 min	43760*		CHANGE OF GASTROSTOMY TUBE	83014		H-PYLORI; DRUG ADMIN/SAMPLE COL.
99254		LEVEL 4; 80 min	46600		ANOSCOPY	82270		OCCULT BLOOD
99255		LEVEL 5; 110 min	49080*		PERITONEOCENTESIS; INITIAL	86580		PPD
INITIAL HOSPITAL CARE			49081*		PERITONEOCENTESIS; SUBSEQ.	J3420		B-12 UP TO 1000mg
99221		LEVEL 1	47000*		LIVER BIOPSY; NEEDLE	90471		ADMINISTRATION 1 IMMUNIZATION
99222		LEVEL 2	99195		PHLEBOTOMY	90472		ADMIN 2+ IMMUNIZATIONS;ea add'l
99223		LEVEL 3				90658		FLU VACCINE
SUBSEQUENT HOSPITAL CARE			MISC. INFORMATION			90632		HEP A
LEVEL OF CARE			DATES OF SERVICE			90746		HEP B
99231		STABLE, RECOVERING				SURGICAL TRAYS		
99232		MINOR COMPLIC./OR NEW PROB				02299		PARACENTESIS TRAY
99233		MAJOR COMPL. OR NEW PROB				02098		MEDIUM TRAY W/SPEC ROOM/SIG
99238		DISCH. < 30 MINUTES				02027		IV SUPPLIES
99239		DISCH. > 30 MINUTES				02034		PHLEBOTOMY BOTTLE

OTHER SURGERY / PROCEDURES CPT CODE/MODIFIERS*

FEE

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

* 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
-43 FEE REDUCED BY MD
-56 PREOPERATIVE MANAGEMENT ONLY
-57 DECISION FOR SURGERY

SPECIAL INSTRUCTIONS:

- ACCIDENT
 - COORD. OF BENEFITS
 - NON COVERED SERVICE
 - THIRD PARTY LIEN
 - WORKERS COMP
 - OTHER; SPECIFY
- 62 TWO SURGEONS
-78 RETURN TO OR FOR A RELATED PROC. DURING POST OP
-79 UNRELATED PROC BY SAME MD DURING POSTOP
-80 ASSISTANT SURGEON
-99 MULTIPLE MODIFIERS