

(FRONT)

- Provider Name
- Provider Name
- Provider Name
- Provider Name
- Provider Name
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- Provider Name
- Provider Name
- Provider Name
- Provider Name

ADMISSION DATE: _____ DISCHARGE DATE: _____ DOCTOR'S SIGNATURE: _____

Initial Hospital Care	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
99221 Level I																															
99222 Level II																															
99223 Level III																															
Subsequent Hspt Care																															
99231 Level I																															
99232 Level II																															
99233 Level III																															
Discharge Mgt																															
99238 < 30min																															
99239 > 30min																															
Prolonged Services																															
99356 1st hr																															
99357 add 30 m																															
Admit/DC (Same day)																															
99234 Level I																															
99235 Level II																															
99236 Level III																															

GC - This service has been performed in part by a resident under the direction of a teaching physician

DIAGNOSIS #1 _____ DIAGNOSIS #2 _____

(BACK)

PATIENT NAME: _____ REFERRING MD: _____

(Consults only)

Initial Consult ER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
99251 Level I 99241																															
99252 Level II 99242																															
99253 Level III 99243																															
99254 Level IV 99244																															
99255 Level V 99245																															
Critical Care																															
99291 30-74 mn																															
99292 add 30 m																															
Skilled Nursing, Initial																															
99301 Level I																															
99302 Level II																															
99303 Level III																															
Skilled Nursing, subseq																															
99311 Level I																															
99312 Level II																															
99313 Level III																															
Skilled Nursing, D/C Mgt																															
99315 < 30 min																															
99316 > 30 min																															

GC - This service has been performed in part by a resident under the direction of a teaching physician

Rev. 06/00

DIAGNOSIS #1 _____ DIAGNOSIS #2 _____