

Patient Name: \_\_\_\_\_

Insurance: Insurance Change  No  Yes      Patient Info. Change  No  Yes      Date: \_\_\_\_\_

**CPT**

EM SERVICES		
Consult	New	Est.
<input type="checkbox"/> 99242	<input type="checkbox"/> 99201	<input type="checkbox"/> 99211
<input type="checkbox"/> 99243	<input type="checkbox"/> 99202	<input type="checkbox"/> 99212
<input type="checkbox"/> 99244	<input type="checkbox"/> 99203	<input type="checkbox"/> 99213
<input type="checkbox"/> 99245	<input type="checkbox"/> 99204	<input type="checkbox"/> 99214
	<input type="checkbox"/> 99205	<input type="checkbox"/> 99215

PREVENTATIVE	
New Patient	Estab. Patient
<input type="checkbox"/> 99384 Age 12-17	<input type="checkbox"/> 99394 Age 12-17
<input type="checkbox"/> 99385 Age 18-39	<input type="checkbox"/> 99395 Age 18-39
<input type="checkbox"/> 99386 Age 40-64	<input type="checkbox"/> 99396 Age 40-64
<input type="checkbox"/> 99397 Age 65 +	<input type="checkbox"/> 99397 Age 65 +
<input type="checkbox"/> 59420 Antepartum <input type="checkbox"/> V22.0 <input type="checkbox"/> V22.1	
<input type="checkbox"/> 59430 Post -partum	
<input type="checkbox"/> 99024 Post Operative	

LABORATORY	
<input type="checkbox"/> 88174	Pap Smear
<input type="checkbox"/> 81002	Urinalysis
<input type="checkbox"/> 81025	Urine Preg. Test
<input type="checkbox"/> 99000	Specimen Handling
<input type="checkbox"/> 87220	KOH Wet Mount
<input type="checkbox"/> 87510	Gardnerella Probe
<input type="checkbox"/> 87880	Strep Screen
<input type="checkbox"/> 84703	Serum HCG
<input type="checkbox"/> 87480	Canida Probe
<input type="checkbox"/> 87660	Tric Probe
<input type="checkbox"/> 90782	Injection, Therapeutic
<input type="checkbox"/> Q0091	Pap Collection
<input type="checkbox"/>	

PROCEDURES	
<input type="checkbox"/> 11400	Excision Benign Lesion
<input type="checkbox"/> 11402	Excision Benign Lesion Ext.
<input type="checkbox"/> 11200	Remove Skin Tag
<input type="checkbox"/> 56501	Destruct Vulvar Lesion Simple
<input type="checkbox"/> 56515	Destruct Vulvar Lesion Ext.
<input type="checkbox"/> 56605	Biopsy Vulva/peritoneum 1 les.
<input type="checkbox"/> 56606	Add'l Biopsy / Add'l lesions
<input type="checkbox"/> 57135	Excision Vaginal Cyst
<input type="checkbox"/> 56405	I & D Vulva/ Perineum
<input type="checkbox"/> 56420	I & D Bartholin's Gland
<input type="checkbox"/> 57160	Insertion Pessary
<input type="checkbox"/> 57150	Irrigation Medicate Vagina
<input type="checkbox"/> 57180	Packing/Monsels ect. vag. hemorr.
<input type="checkbox"/> 57452	Colposcopy
<input type="checkbox"/> 57455	Colposcopy/Biopsy Cervix
<input type="checkbox"/> 57454	Colposcopy / Biopsy Cervix & ECC
<input type="checkbox"/> 57461	Colposcopy / Leep
<input type="checkbox"/> 57522	Leep
<input type="checkbox"/> 57511	Cryocautery Of Cervix
<input type="checkbox"/> 58100	Endometrial Biopsy
<input type="checkbox"/> 58300	IUD Insert
<input type="checkbox"/> 58301	IUD Chk/Remove
<input type="checkbox"/> 58323	Sperm Washing
<input type="checkbox"/> 57500	Cervical Biopsy
<input type="checkbox"/> 58322	IUI
<input type="checkbox"/> 57170	Diaphragm Fitting
<input type="checkbox"/> 51700	PST Instillation
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

PROCEDURES	
<b>Repair:</b>	
<input type="checkbox"/> 12001-12021	Simple
<input type="checkbox"/> 12031-12057	Intermed
<input type="checkbox"/> 13100-13160	Complex
<b>Catheterization:</b>	
<input type="checkbox"/> 51701	Bladder
<b>Drainage (Catheter)</b>	
<input type="checkbox"/> 56420	Bartholin's Gland
<input type="checkbox"/> 10060	Incision (Simple)

ULTRASOUNDS	
<input type="checkbox"/> 76075	Dexascan
<input type="checkbox"/> 76830	Transvaginal
<input type="checkbox"/> 76817	OB Transvaginal
<input type="checkbox"/> 76801	OB Fetal & Maternal Eval.< 14wks
<input type="checkbox"/> 76805	OB Fetal & Maternal Eval.> 14wks
<input type="checkbox"/> 76815	OB Ultrasound limited OB U/S
<input type="checkbox"/> 76816	OB Ultrasound Follow Up
<input type="checkbox"/> 76811	OB Full Anatomy
<input type="checkbox"/> 76831	Saline Infused U/S
<input type="checkbox"/>	

SUPPLIES	
<input type="checkbox"/> J7300	Copper IUD
<input type="checkbox"/> J7302	Mirena
<input type="checkbox"/> J7480	PST Solution

MODIFIERS	
-25	Seperate EM
-51	Multiple Procedure
-57	Decision For Surgery

**DIAGNOSIS: ICD-9 CODES**

GYN:	
<input type="checkbox"/> 795.01,795.02	Abnormal Cervical Cytology
<input type="checkbox"/> 626.8	Abnormal Uterine Bleeding
<input type="checkbox"/> 626.0	Amenorrhea
<input type="checkbox"/> V72.31	Annual GYN
<input type="checkbox"/> 285.9	Anemia
<input type="checkbox"/> 300.00	Anxiety
<input type="checkbox"/> 616.3, 616.2	Bartholin Gland Abscess / Cyst
<input type="checkbox"/> 611.72	Breast Mass
<input type="checkbox"/> 610.1	Breast / Fibrocystic
<input type="checkbox"/> 490	Bronchitis
<input type="checkbox"/> 112.1	Candidiasis
<input type="checkbox"/> 622.7	Cervical Polyp
<input type="checkbox"/> 622.10,11,12	Cervical Dysplasia CIN I, II, III
<input type="checkbox"/> 616.0	Chlamidia
<input type="checkbox"/> 078.11	Condyloma
<input type="checkbox"/> V25.01	Contraception, Initiation Oral
<input type="checkbox"/> V25.1	Contraception, Initiation IUD
<input type="checkbox"/> V25.41	Contraception, Surv-Oral
<input type="checkbox"/> V25.42	Contraception, Surv- IUD
<input type="checkbox"/> V25.49	Contraception Surv Other/Depo
<input type="checkbox"/> 618.0	Cystocele
<input type="checkbox"/> 311	Depression
<input type="checkbox"/> 256.9	Dysfunctional Ovulatory
<input type="checkbox"/> 625.3	Dysmenorrhea
<input type="checkbox"/> 788.1	Dysuria
<input type="checkbox"/> 615.9	Endometritis
<input type="checkbox"/> 617.9	Endometriosis
<input type="checkbox"/> 621.30	Endometrial Hyperplasia
<input type="checkbox"/> 621.0	Endometrial Polyp
<input type="checkbox"/> 780.79	Fatigue
<input type="checkbox"/> 487.1	Flu Syndrome
<input type="checkbox"/> 616.10	Gardnerella
<input type="checkbox"/> 611.6	Galactorrhrea
<input type="checkbox"/> 530.81	Gerd
<input type="checkbox"/> 455.5	Hemorrhoids, External
<input type="checkbox"/> 054.10	Herpes Genitalis

<input type="checkbox"/> 346.90	Headaches, Migraine
<input type="checkbox"/> 784.0	Headaches
<input type="checkbox"/> 599.7	Hematuria
<input type="checkbox"/> 259.9	Hormone Imbalance
<input type="checkbox"/> 244.9	Hypothyroid
<input type="checkbox"/> 401.9	Hypertension
<input type="checkbox"/> 242.90	Hyperthyroid
<input type="checkbox"/> 788.33	Incont-Mix
<input type="checkbox"/> 625.6	Incont - Stress
<input type="checkbox"/> 788.31	Incont - Urgent
<input type="checkbox"/> 595.1	Interstitial Cystitis
<input type="checkbox"/> 611.0	Mastitis
<input type="checkbox"/> 611.71	Mastodynia
<input type="checkbox"/> 626.2	Menometrorrhagia / Menorrhagia
<input type="checkbox"/> 627.2	Menopausal Symptoms
<input type="checkbox"/> 620.2	Ovarian Cyst
<input type="checkbox"/> 626.1	Oligomenorrhea
<input type="checkbox"/> 733.90	Osteopenia
<input type="checkbox"/> 733.00	Osteoporosis
<input type="checkbox"/> 256.4	PCOS
<input type="checkbox"/> 614.9	PID
<input type="checkbox"/> 625.9	Pelvic Pain Acute /Chronic
<input type="checkbox"/> 789.07	Pain Abdominal
<input type="checkbox"/> G0101	Pelvic Exam Medicare
<input type="checkbox"/> 789.39	Pelvic Mass
<input type="checkbox"/> 788.42	Polyuria
<input type="checkbox"/> 627.1	Postmenopausal bleeding
<input type="checkbox"/> 462	Sore Throat
<input type="checkbox"/> 034.0	Strep Throat
<input type="checkbox"/> 788.41	Urinary Frequency
<input type="checkbox"/> 599.0	Urinary Tract Infection
<input type="checkbox"/> 218.9	Uterine Fibroid
<input type="checkbox"/> 627.3	Vaginal Atrophy
<input type="checkbox"/> 623.5	Vaginal Discharge
<input type="checkbox"/> 616.10	Vaginitis/Vulvitis
<input type="checkbox"/> 958.3	Wound Infection
<input type="checkbox"/>	Weight Check - \$20.00 \$50.00 \$75.00

Obstetrics:	
<input type="checkbox"/> 634.02	Complete SAB
<input type="checkbox"/> 655.73	Decreased Fetal Movement
<input type="checkbox"/> 633.1	Ectopic Pregnancy
<input type="checkbox"/> 634.01	Incomplete SAB
<input type="checkbox"/> 640.03	Threat SAB
<input type="checkbox"/> V28.8	Antenatal screen for dates
<input type="checkbox"/> 648.20	Anemia in Pregnancy
<input type="checkbox"/> 641.93	Vaginal Bleeding
<input type="checkbox"/> 655.73	Decreased Fetal Movement
<input type="checkbox"/> 648.03	Gestational Diabetes
<input type="checkbox"/> 646.13	Edema in Pregnancy
<input type="checkbox"/> 643.13	Hyperemesis
<input type="checkbox"/> 642.33	Hypertention in Pregnancy
<input type="checkbox"/> 656.63	Large for Dates
<input type="checkbox"/> 632	Missed AB
<input type="checkbox"/> 787.01	Nausea & Vomitting
<input type="checkbox"/> 761.2	Oligohydramnios
<input type="checkbox"/> 641.13	Placenta Previa W / Hemorrhage
<input type="checkbox"/> 641.03	Placenta Previa Without / Hemorrhage
<input type="checkbox"/> 642.43	Pre-eclampsia (mild)
<input type="checkbox"/> 642.53	Pre-eclampsia (severe)
<input type="checkbox"/> 646.23	Proteinuria
<input type="checkbox"/> 656.53	Small For Dates
<input type="checkbox"/> 644.03	Threatened Preterm Labor
<input type="checkbox"/> V23.81	AMA
<input type="checkbox"/> V23.83	Young Primigravida
<input type="checkbox"/> V23.89	Other High Risk Preg.
<input type="checkbox"/> 054.9	HSVI
<input type="checkbox"/> 054.8	HSVII
<input type="checkbox"/> V25.49	Other Contraception
<input type="checkbox"/> 651.03	Twins
<input type="checkbox"/> V22.2	Pregnancy Incidental
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Follow-up: \_\_\_\_ Days \_\_\_\_ Weeks \_\_\_\_ Months      Provider's Signature: \_\_\_\_\_