

FAY - WEST MEDICAL SUPERBILL FORM

IHS MD SB v3 © 02/08

Patient Name

Service Date:

Treating Physician:

Dr. DiLeo

<p><b>NEW PATIENT</b></p> <p><input type="checkbox"/> Limited Simple (30m) 99203</p> <p><input type="checkbox"/> Comprehensive (45min) 99204</p> <p><input type="checkbox"/> Complex (50m) 99205</p> <p><b>NEW PATIENT CONSULT</b></p> <p><input type="checkbox"/> Brief (40m) 99243</p> <p><input type="checkbox"/> Full Consult (60m) 99244</p> <p><input type="checkbox"/> Very Complex (80m) 99245</p> <p><b>ESTABLISHED PATIENT</b></p> <p><input type="checkbox"/> Very Brief FU 99212</p> <p><input type="checkbox"/> Limited/Simple FU (10m) 99213</p> <p><input type="checkbox"/> Comprehensive FU (25m) 99214</p> <p><input type="checkbox"/> Complex FU (40m) 99215</p>	<p><b>DRUGS</b></p> <p><input type="checkbox"/> Lasix, 40 mg J1940</p> <p><input type="checkbox"/> Flu (DX V04.8) 90658</p> <p><input type="checkbox"/> O2 Cannula A4615</p> <p><input type="checkbox"/> Vit K Injection J3430</p> <p><input type="checkbox"/> Pneumonia ( DX V03.82) 90732</p> <p><input type="checkbox"/> MC Flu Admin Fee G0008</p> <p><input type="checkbox"/> MC Pneumonia Admin Fee G0009</p> <p><input type="checkbox"/> IM Injections 90772</p> <p><input type="checkbox"/> IV Injections 90774</p> <p><input type="checkbox"/> Diagnostic Drug Inf 90765</p> <p><b>C TELEM &amp; HOLTER MONITOR</b></p> <p><input type="checkbox"/> Holter Hookup 93225</p> <p><input type="checkbox"/> Holter Scan 93226</p> <p><input type="checkbox"/> Holter Review &amp; Interp 93227</p> <p><input type="checkbox"/> Cardiac Telem Hookup 93270</p> <p><input type="checkbox"/> CTelm Monitoring 93271</p> <p><input type="checkbox"/> CTelm Interpretation 93272</p> <p><input type="checkbox"/> CTelm Interp &amp; Report 93014</p>	<p><b>OTHER PROCEDURES</b></p> <p><input type="checkbox"/> EKG 93000</p> <p><input type="checkbox"/> Stress Test 93015</p> <p><input type="checkbox"/> Cardiac Spect Rest-Stress Image 99203</p> <p><input type="checkbox"/> Spect Wall Motion <span style="color: blue;">FC</span> 78478</p> <p><input type="checkbox"/> Spect Wall Motion X2 <span style="color: blue;">TC</span> 78478</p> <p><input type="checkbox"/> Spect Ejection Fraction <span style="color: blue;">FC</span> 78480</p> <p><input type="checkbox"/> Spect Ejection Fraction X2 <span style="color: blue;">TC</span> 78480</p> <p><input type="checkbox"/> Resting Spect Resting Image <span style="color: blue;">FC</span> 78464</p> <p><input type="checkbox"/> Resting Spect Resting Image <span style="color: blue;">TC</span> 78464</p> <p><input type="checkbox"/> Tomographic Spect / Multi <span style="color: blue;">FC</span> 78465</p> <p><input type="checkbox"/> Tomographic Spect / Multi <span style="color: blue;">TC</span> 78465</p> <p><input type="checkbox"/> Gated Blood Pool MUGA <span style="color: blue;">FC</span> 78472</p> <p><input type="checkbox"/> Gated Blood Pool MUGA <span style="color: blue;">TC</span> 78472</p> <p><input type="checkbox"/> Nurse Visit 99211</p> <p><input type="checkbox"/> Home Visit                      minuetts _____</p>
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**OTHER**

**PROCEDURES** ( write in ):

**DIAGNOSIS CODES**

- AAA 441.4
- ABD PAIN 789.0
- ABNORMAL EKG 794.31
- ANGINA UNSTABLE 411.1
- ARTIFICIAL VALVE V43.3
- ATRIAL FIBRILLATION 427.31
- CAD 414.01
- CARDIOMYOPATHY 425.4
- CARDIAC PACEMAKER V53.31
- CAROTID BRUIT 785.9
- CHEST PAIN UNSPECIFIED 786.50
- COR PULMONALE 416.9
- CHRONIC RENAL DISEASE UNSPEC. 585.9
- COPD 496
- COUGH 786.2
- CVA UNSPECIFIED 428.0
- DIZZINESS 780.4

- DVT 453.9
- DYSPNEA 786.09
- EDEMA 782.3
- FATIGUE 780.7
- GERD 530.81
- HEART MURMUR 785.2
- HYPERLIPIDEMIA 272.2
- IDDM 250.01
- MITRAL VALVE PROLAPSE 424.0
- MITRAL REGURGITATION 394.1
- NIDDM 250.00
- PULMONARY EMBOLISM 415.1
- PVC 427.69
- PVD 443.9
- RENAL INSUFFICIENCY 593.9
- SINUSITIS 461.9
- SVT 785.0
- TIA 435.9

**OTHER**

**DX** ( write in ):