

Modern Concepts Medical Group

Account Number	Date

Montebello
 East Los Angeles
 Pasadena

Patient Account Information: Phone: _____ D.O.B. _____	Patient Insurance Information: Policy #1: _____ ID#: _____ Policy #2: _____ ID#: _____	CO-PAY _____	Eligibility Information: Is Patient Eligible? <input type="radio"/> Yes <input type="radio"/> No Verification Number: _____
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Office Visit		
New Patients	Code	Fee
<input type="checkbox"/> Low - focus/straightforward	99201	
<input type="checkbox"/> Low - expanded problem focused	99202	
<input type="checkbox"/> Low - Detail History & Exam	99203	
<input type="checkbox"/> Mod - Comprehensive Hist & Exam	99204	
<input type="checkbox"/> High - Comprehensive H&E complex	99205	

Established Patients		
	Code	Fee
<input type="checkbox"/> E&M No physician required	99211	
<input type="checkbox"/> E&M Low focus/straightforward	99212	
<input type="checkbox"/> E&M Low Expanded Problem Focus	99213	
<input type="checkbox"/> E&M Moderate Detailed	99214	
<input type="checkbox"/> E&M High Comprehensive	99215	
<input type="checkbox"/> Well Patient Exam NEW or ESTAB	993XX	

In House Lab	
<input type="checkbox"/> Blood Glucose Check	82947
<input type="checkbox"/> Hemocue Hemoglobin	85018
<input type="checkbox"/> Hemocult	82270
<input type="checkbox"/> Urine Microalbumin	82044
<input type="checkbox"/> Glycated Hemoglobin	83036
<input type="checkbox"/> Rapid Strep Test	87880
<input type="checkbox"/> Urine Dip Chemistry	81000
<input type="checkbox"/> Urine Pregnancy Test	81025
<input type="checkbox"/> Lipid Profile	80061
<input type="checkbox"/> ALT (GPT)	84460
<input type="checkbox"/> AST	84450

Vaccines			
<input type="checkbox"/> DTP / DTaP	9070x	<input type="checkbox"/> MMR	90707
<input type="checkbox"/> DTP w/ HIB	90721	<input type="checkbox"/> PneumoVax	90732
<input type="checkbox"/> HIB	90737	<input type="checkbox"/> Influenza	90659
<input type="checkbox"/> OPV / IPV	9071x	<input type="checkbox"/> Td (Adult)	90718
<input type="checkbox"/> Hepatitis A	9063x	<input type="checkbox"/> PPD	86580
<input type="checkbox"/> Hep B Child	90744	<input type="checkbox"/> PCV / Prevnar	90669
<input type="checkbox"/> Hepatitis B Adult	90746	<input type="checkbox"/> Varicella	90716

Medications		
<input type="checkbox"/> Ampicillin 500 mg	J0290	
<input type="checkbox"/> Ancef 500mg	J0690	
<input type="checkbox"/> Benadryl 50mg/ml	J1200	
<input type="checkbox"/> Bicillin LA 1.2 mil. units	X7460	
<input type="checkbox"/> Ceftriaxone ?? mg _____	X5864	
<input type="checkbox"/> Depo-Medrol	J1020	
<input type="checkbox"/> Dexamethasone 4mg	J1094	
<input type="checkbox"/> Estrodiol 40 mg	J1060	
<input type="checkbox"/> Gentamycin 80 mg	J1580	
<input type="checkbox"/> Insulin Regular U/100	J1820	
<input type="checkbox"/> Kenalog/Triamcinolone per 10 mg	J3301	
<input type="checkbox"/> Lidocaine 1/2% (epi)	J2000	
<input type="checkbox"/> Lorazepam 1 mg	J2060	
<input type="checkbox"/> Nubain 10 mg	J2300	
<input type="checkbox"/> Testosterone Cypionate 200mg	J1080	
<input type="checkbox"/> Tigan 200 mg	J3250	
<input type="checkbox"/> Toradol 60mg IM	J1885	
<input type="checkbox"/> Vitamin B12	J3420	

Contraceptive Injections	
<input type="checkbox"/> Lunelle	J3490
<input type="checkbox"/> Depo-Provera	X6051

Write In Procedures
<input type="checkbox"/>
<input type="checkbox"/>

Procedures	
<input type="checkbox"/> Pulse Oximeter	94760
<input type="checkbox"/> Aspiration of Cyst	10160
<input type="checkbox"/> Audiometry	92551
<input type="checkbox"/> Colposcopy ?? w/ Biopsy	5745x
<input type="checkbox"/> Cryo of Cervix w/ colpo	57511
<input type="checkbox"/> Cryotherapy of skin	17110
<input type="checkbox"/> Ear Lavage / Disimpact	69210
<input type="checkbox"/> EKG w/ Interpretation	93000
<input type="checkbox"/> Endometrial Biopsy	58100
<input type="checkbox"/> Foreign Body Removal	6xxxx
<input type="checkbox"/> Genital Wart BX (sofp)	57500
<input type="checkbox"/> Incise / Drain	10060
<input type="checkbox"/> IUD (I or R) w/ supplies	5830x
<input type="checkbox"/> Joint / Heel Injection (circle?)	20610
<input type="checkbox"/> Wound / Lac	120xx
<input type="checkbox"/> Lesion/ Cyst excision	11402
<input type="checkbox"/> Nail excision / removal	11750
<input type="checkbox"/> Nebulizer Therapy or Test?	9466x
<input type="checkbox"/> Pap Smear	88150
<input type="checkbox"/> Skin Tag Removal >> #	1120x
<input type="checkbox"/> Snellen	92081
<input type="checkbox"/> Spirometry	94010
<input type="checkbox"/> Bronchospasm	94060
<input type="checkbox"/> Flow/Volume Loop	94375
<input type="checkbox"/> Slow Vital Capacity	94150
<input type="checkbox"/> Trigger Point Inj.	20550
<input type="checkbox"/> Vaginal Lesion Destroy	56501

Diagnosis:	
1. _____	3. _____
2. _____	4. _____
<input type="radio"/> Well Child Exam V20.2	

<input type="radio"/>	<input type="radio"/> 403.11 Benign HTN, Renal dz w/ heart fail	<input type="radio"/> 250.60 DM II w/neuropathy	<input type="radio"/> 482.89 Pneumonia
<input type="radio"/>	<input type="radio"/> 403.01 Malignant HTN renal dz w/renal fail	<input type="radio"/> 250.01 DM type I w/o complication	<input type="radio"/> 714.0 Rheumatoid Arthritis
<input type="radio"/>	<input type="radio"/> 401.1 Essential Hypertension	<input type="radio"/> 250.50 DM II w/Ophth Manifestations	<input type="radio"/> 599.0 UTI
<input type="radio"/>	<input type="radio"/> 428.0 CHF	<input type="radio"/> 780.6 Fever	<input type="radio"/> 492.8 Pulse Ox - Emphysema
<input type="radio"/> 789.00 Abdominal Pain	<input type="radio"/> 491.21 Chronic Bronchitis w/exacerbation	<input type="radio"/> 535.50 Gastritis - Unspecified	<input type="radio"/> 493.00 Pulse Ox - Asthma
<input type="radio"/> 466.0 Acute Bronchitis	<input type="radio"/> 372.00 Conjunctivitis	<input type="radio"/> 300.02 Generalized Anxiety Disorder	<input type="radio"/> 413.0 EKG - Angina Decubitus
<input type="radio"/> 533.00 Acute Peptic Ulcer	<input type="radio"/> 564.00 Constipation	<input type="radio"/> 784.0 Headache	<input type="radio"/> 786.51 EKG -Chest Pain
<input type="radio"/> 461.9 Acute Sinusitis	<input type="radio"/> 692.9 Contact Dermatitis	<input type="radio"/> 785.2 Heart Murmur	<input type="radio"/> 496 EKG - COPD
<input type="radio"/> 463 Acute Tonsillitis	<input type="radio"/> 585 CRF	<input type="radio"/> 272.4 Hyperlipidemia	<input type="radio"/> 414.01 EKG - CAD
<input type="radio"/> 465.9 Acute URI	<input type="radio"/> 250.00 DM II	<input type="radio"/> 244.9 Hypothyroidism	<input type="radio"/> 571.8 LFT - Liver dz nonalcoholic
<input type="radio"/> 477.0 Allergic Rhinitis	<input type="radio"/> 250.02 DM II Uncontrolled	<input type="radio"/> 380.4 Impacted Cerumen	<input type="radio"/> 573.3 LFT - Hepatitis
<input type="radio"/> 427.31 Atrial Fibrillation	<input type="radio"/> 250.70 DM II periph circulatory	<input type="radio"/> 296.20 Major Depression Single Episode	<input type="radio"/> V58.69 LFT or Lipid - Statin Tx
<input type="radio"/> 402.11 Benign HTN heart dz w/ heart fail	<input type="radio"/> 250.40 DM II w/ Renal Failure	<input type="radio"/> 382.9 Otitis Media	<input type="radio"/> 272.8 Lipid - Dyslipidemia

Nurse / Lab Orders:
<input type="checkbox"/> Lab Draw (36415)
Physician Signature: _____

Follow-Up:
<input type="radio"/> 1 week
<input type="radio"/> 4 week
<input type="radio"/> 3 month
<input type="radio"/> PRN
<input type="radio"/> _____

Charges \$	_____
Previous \$	_____
Payment \$	_____
Balance \$	_____