

# Modern Concepts Medical Group

Account Number	Date

Montebello     East Los Angeles     Pasadena

<b>Patient Account Information:</b>  Phone: _____ D.O.B. _____	<b>Patient Insurance Information:</b> Policy #1: _____ ID#: _____ Policy #2: _____ ID#: _____	<b>CO-PAY</b>  _____	<b>Eligibility Information:</b> Is Patient Eligible? <input type="radio"/> Yes <input type="radio"/> No Verification Number: _____
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Office Visit		
SOFN 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	

SOFN 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	

SOFN Education Codes	Code	Fee
<input type="checkbox"/> Individual Initial Visit ONLY	Z9751	
<input type="checkbox"/> Individual Counsel 15 minutes	Z9752	
<input type="checkbox"/> Individual Counsel 30 minutes	Z9753	
<input type="checkbox"/> Individual Counsel 45 minutes	Z9754	

In House Lab		
<input type="checkbox"/> Blood Glucose Check	82947	
<input type="checkbox"/> Hemoglobin	85018	
<input type="checkbox"/> Hematocrit	85013	
<input type="checkbox"/> Lab Draw	36415	
<input type="checkbox"/> Urine Dip Chemistry	81000	
<input type="checkbox"/> Urine Pregnancy Test	81025	
<input type="checkbox"/> Chlamydia DFA	87270	
<input type="checkbox"/> Chlamydia DNA	87490	
<input type="checkbox"/> Chlamydia Culture	87110	
<input type="checkbox"/> Chlamydia w/ amp	87491	
<input type="checkbox"/> VDRL RPR	86592	
<input type="checkbox"/> Treponema DFA	87285	
<input type="checkbox"/> GC DNA w/ amp	87591	
<input type="checkbox"/> GC DNA Probe	87590	
<input type="checkbox"/> GC Culture	87081	
<input type="checkbox"/> Inf. agent antigen detect(direct probe)	87800	
<input type="checkbox"/> HIV Confirmation	86689	
<input type="checkbox"/> HIV - I	87601	
<input type="checkbox"/> HIV - II	87602	
<input type="checkbox"/> HIV - I & HIV - II Single Assay	87603	

Vaccines			
<input type="checkbox"/> Hepatitis B Adult	90746	<input type="checkbox"/> Hep B Child	90744

Procedures		
<input type="checkbox"/> Insert IUD(paragard)/Remove IUD	5830X	
<input type="checkbox"/> Fit Diaphragm Cap	57170	
<input type="checkbox"/> Remove Norplant	11976	
<input type="checkbox"/> Destruction Vulvar Lesion	56501	
<input type="checkbox"/> Destruction Vag. Lesion	57061	
<input type="checkbox"/> Chem. Destruction (male)	54050	
<input type="checkbox"/> Cryo-Destruction (male)	54056	
<input type="checkbox"/> Biopsy Cutaneous (male)	54100	
<input type="checkbox"/> Colpo _____ with biopsy (female)	5745X	
<input type="checkbox"/> Cryotherapy (female)	57460	
<input type="checkbox"/> LEEP - path rep req (female)	57460	

Contraceptive Dispersed		
<input type="checkbox"/> Lunelle	J3490	
<input type="checkbox"/> Depo-Provera	X6051	
<input type="checkbox"/> Ortho-Evra (Patch)	X7728	
<input type="checkbox"/> Nuvaring	X7730	
<input type="checkbox"/> Condoms	X1500	

Medications		
<input type="checkbox"/> Benadryl 50mg/ml	J1200	
<input type="checkbox"/> Bicillin 1.2 mil (x2 units)	X7460	
<input type="checkbox"/> Ceftriaxone 250mg/Rocephin	X5864	
<input type="checkbox"/> Compazine 10 mg (2 ml)	J0780	
<input type="checkbox"/> Benthazine 300,000 cc	X5772	
<input type="checkbox"/> RhoGam Injection	X6098	
<input type="checkbox"/> Podophyllum	Z7610	

Primary SOFP Diagnosis Codes		
<input type="checkbox"/> Oral Contraception - Evaluation	S10.1	
<input type="checkbox"/> Oral Contraception - Maintenance	S10.2	
<input type="checkbox"/> Oral Contraception - Complicated (TAR)	S10.3	
<input type="checkbox"/> Contraception Injection - Evaluation	S20.1	
<input type="checkbox"/> Contraception Injection - Maintenance	S20.2	
<input type="checkbox"/> Contraception Injection - Complicated (TAR)	S20.3	
<input type="checkbox"/> Implant - Maintenance	S30.2	
<input type="checkbox"/> Implant - Complicated (TAR)	S30.3	
<input type="checkbox"/> IUD - Evaluation	S40.1	
<input type="checkbox"/> IUD - Maintenance	S40.2	
<input type="checkbox"/> IUD - Complicated (TAR)	S40.3	
<input type="checkbox"/> Barrier - Evaluation	S50.1	
<input type="checkbox"/> Barrier - Maintenance	S50.2	
<input type="checkbox"/> Barrier - Complicated (TAR)	S50.3	
<input type="checkbox"/> Pregnancy Test ONLY	S60.1	
<input type="checkbox"/> Pregnancy Confirmation	S60.2	
<input type="checkbox"/> BTL Evaluation	S70.1	
<input type="checkbox"/> BTL Surgery	S70.2	
<input type="checkbox"/> BTL Complicated (TAR)	S70.3	
<input type="checkbox"/> Vasectomy - Evaluation	S80.1	
<input type="checkbox"/> Vasectomy - Maintenance	S80.2	
<input type="checkbox"/> Vasectomy - Complicated (TAR)	S80.3	
<input type="checkbox"/> Infertility - Evaluation (Female)	S90.11	
<input type="checkbox"/> Infertility - Evaluation (Male)	S90.12	
<input type="checkbox"/> Infertility - Evaluation (Couple)	S90.13	
<input type="checkbox"/> Infertility Management	S90.2	

<input type="checkbox"/> <b>Vaginitis 616.10</b>	<input type="radio"/> Gram Stain	87205
	<input type="radio"/> Wet Mount	87210
<input type="checkbox"/> <b>Genital Herpes 054.1</b>	<input type="radio"/> HSV Stain	87207
	<input type="radio"/> HSV Culture	87252
	<input type="radio"/> HSV DFA	87274
<input type="checkbox"/> <b>UTI 595.0</b>	<input type="radio"/> U/A (qualitative)	81005
	<input type="radio"/> U/A Culture	87086
<input type="checkbox"/> <b>Syphilis 091.0</b>	<input type="radio"/> Quantative	86593
	<input type="radio"/> FTA Confirm.	86781
	<input type="radio"/> Dark Field	8716X

<input type="checkbox"/> <b>Genital Warts 078.19</b>	<input type="radio"/> Lesion Destruction (Vulvar)	56501
	<input type="radio"/> Lesion Destruction (Vaginal)	57061
	<input type="radio"/> Excisional Biopsy (Female)	57500
	<input type="radio"/> Chem. Destroy Penile Lesion	54050
	<input type="radio"/> Cryo Destroy Penile Lesion	54056
	<input type="radio"/> Bpsy Cutaneous, Penile Les.	54100
<input type="checkbox"/> <b>Gonorrhea Urethral 098.0</b>	<input type="radio"/> Gram Stain	87205
<input type="checkbox"/> <b>Gonorrhea Cervical 098.98</b>	<input type="radio"/> Ceftriaxone	X5864
<input type="checkbox"/> <b>Chlamydia (Cervicitis) 099.53</b>		
<input type="checkbox"/> <b>Chlamydia (Urethral)</b>	<input type="radio"/> Gram Stain	87205

<input type="checkbox"/> <b>PID 614.3</b>	<input type="radio"/> Blood Counts	85004 + 85025
	<input type="radio"/> Gram Stain	87205
	<input type="radio"/> ESR	8565X
	<input type="radio"/> Ceftriaxone	X5864
<input type="checkbox"/> <b>Dysplasia 622.1</b>	<input type="radio"/> Colpo w/o Biopsy	57452
	<input type="radio"/> Colpo w/Biopsy	57454
	<input type="radio"/> Cryotherapy	57511
	<input type="radio"/> LEEP	57460

**Nurse / Lab Orders:**

**Follow-Up:**

1 week

4 week

3 month

PRN

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<b>Charges</b>	\$
<b>Previous</b>	\$
<b>Payment</b>	\$
<b>Balance</b>	\$

**Superbill Number:** \_\_\_\_\_

Physician Signature: \_\_\_\_\_