

<input type="checkbox"/> MANUAL REVIEW Hospital Name:	
Physician:	Referring MD Name:
Admission Date: (DD / MM / YY) / /	Referring MD Provider #:
Discharge Date: (DD / MM / YY) / /	Diagnostic Code:

CONSULTS / VISITS	A	C	K	C	PREMIUM*										98	99	DATES (D/M/Y)
					990	991	994	995	996	997	86	87	C101				
Consultation	<input type="checkbox"/>	<input type="checkbox"/>	135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	
ICU Admission Premium (00-07:00)	<input type="checkbox"/>	G556														/ /	
Repeat Consult	<input type="checkbox"/>	136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	
Specific Assess	<input type="checkbox"/>	133	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	
Specific R/A	<input type="checkbox"/>	134	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	
Comprehensive Consultation	<input type="checkbox"/>	130	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	
Pronounce Death	<input type="checkbox"/>	777	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /	

NON-VENTED				VENTED				DATES (D/M/Y)	
G400 (1)	G401 (2-30)	G402 (30+)	G557 (1)	G558 (2-30)	G559 (30+)	A138			
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TIME-BASED SERVICES	# UNITS (1 Unit=20min, 2=46, 3=76)	DATES (D/M/Y)
Interview POA <input type="checkbox"/> K002	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	/ /
Individual counsel <input type="checkbox"/> K013 (1 st 3)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	/ /
Family critical council <input type="checkbox"/> K015	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	/ /
Case conference <input type="checkbox"/> K121	Minutes <input type="checkbox"/> ₁₀ <input type="checkbox"/> ₁₆ <input type="checkbox"/> ₂₆ <input type="checkbox"/> ₃₆ <input type="checkbox"/> ₄₆	/ /
Death Certificate <input type="checkbox"/> C771	(incl. in A/C777)	/ /

PROC. NOT in DAY CODES	CODE	PREMIUM*	DATES (D/M/Y)
Bronchoscopy (+E636 for BAL)	<input type="checkbox"/> Z327	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Repeat bronch w/n 1 week	<input type="checkbox"/> Z359	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Hypothermia induction	<input type="checkbox"/> G210	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
SVC Dialysis catheter	<input type="checkbox"/> G324	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Femoral Dialysis catheter	<input type="checkbox"/> G327	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Lumbar Puncture	<input type="checkbox"/> Z804	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Diagnostic Thoracentesis	<input type="checkbox"/> Z331		/ /
Therapeutic Thoracentesis	<input type="checkbox"/> Z332	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Chest tube	<input type="checkbox"/> Z341	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Diagnostic Paracentesis	<input type="checkbox"/> Z590		/ /
Therapeutic Paracentesis	<input type="checkbox"/> Z591	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Tracheostomy	<input type="checkbox"/> Z741	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Tracheostomy Tube Change	<input type="checkbox"/> Z326	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Post-pyloric Feeding Tube	<input type="checkbox"/> Z540	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /

PROCEDURE -- DAY CODES	CODE	PREMIUM*	DATES (D/M/Y)
Resus 1 st 15 min (ICU)	<input type="checkbox"/> G521		/ /
Resus 2 nd 15 min	<input type="checkbox"/> G523		/ /
Resus q 15 min thereafter	<input type="checkbox"/> G522	<input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄	/ /
ABG	<input type="checkbox"/> Z459	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Arterial line	<input type="checkbox"/> G268	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Central venous line	<input type="checkbox"/> G269	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Intubation	<input type="checkbox"/> G211	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
NG -- diagnostic	<input type="checkbox"/> G355		/ /
NG -- therapeutic	<input type="checkbox"/> G356	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
DC cardioversion	<input type="checkbox"/> Z437	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Swan-Ganz Insertion	<input type="checkbox"/> Z438	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /

OTHER CODES / PREMIUMS / UNITS / ETC.	DATES (D/M/Y)
	/ /
	/ /
	/ /

***PREMIUMS - CONSULTS / VISITS / NON-ELECTIVE PROCEDURES**

990 (960 travel) -- M-F 07-17, 1 st pt	991 -- M-F 07-17, each additional pt
994 (962 travel) -- M-F 17-24, 1 st pt	995 -- M-F 17-24, each additional pt
996 (964 travel) -- Any day 24-07, 1 st pt	997 -- Any day 24-07, each additional pt
K998/C986 (963 travel) -- Wnd 07-24, 1 st pt	K999/C987 -- Wnd 07-24, each additional pt
E409 / C109 -- M-F 17-24 & W/E 07-24	E410 / C110 -- Any day 24-07
C101 -- Pt in ICU / CCU (add to 990-999)	