

<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)						
			99X	99X	990	991	994	995	996	997	86	87	C101	
Consultation	<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"/>	/ /
Admission Premium	<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"/>	/ /
Repeat Consult	<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"/>	<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"/>	<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"/>	/ /
Partial Assess	<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"/>	<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"/>	/ /
CrCU Vent (Day 1)	<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"/>	/ /
CrCU No Vent (Day 1)	<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"/>	/ /
MRP Day2	<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"/>	/ /
MRP Day3	<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"/>	/ /
MRP Day1 (Post ICU)	<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"/>	/ /
MRP Day2 (Post ICU)	<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"/>	/ /
MRP Discharge	<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"/>	/ /

LEGEND:
M-F 07-17: 990 (1st), 960 (trvl), 991 (adt'l pt.) M-F 17-24: 994 (1st), 962 (trvl), 995 (adt'l pt.)
Any day 24-07: 996 (1st), 964 (trvl), 997(adt'l pt) E409 - M-F 17-24 & W/E 07-24
Wnd 7-24: K998/C986 (963 trvl), K999/C987 (adt'l) E410 - Any day 24-07

ADMINISTRATION		DATES (D/M/Y)	
CCAC Application	<input type="checkbox"/> K070	/	/
LTCF Health Report	<input type="checkbox"/> K038	/	/
Death Certificate	<input type="checkbox"/> C771 (incl. in A/C777)	/	/
Report to MTO	<input type="checkbox"/> K035	/	/
Form 1	<input type="checkbox"/> K623	/	/
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	/ /

INPT VISITS	<input type="checkbox"/> C132/C137/C139	<input type="checkbox"/> E083	<input type="checkbox"/> C138	<input type="checkbox"/> C121	MONTH:					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	
<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31

INPT VISITS	<input type="checkbox"/> C132/C137/C139	<input type="checkbox"/> E083	<input type="checkbox"/> C138	<input type="checkbox"/> C121	MONTH:					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	
<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31

PROCEDURE	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	/ /
Other resus 1 st 15 min (no ICU)	<input type="checkbox"/> G395		/ /
Other resus q 15 min thereafter	<input type="checkbox"/> G391	<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	/ /
Thoracentesis - therapeutic	<input type="checkbox"/> Z332	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Paracentesis - therapeutic	<input type="checkbox"/> Z591	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Lumbar puncture	<input type="checkbox"/> Z804	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /

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

<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)						
			99X	99X	990	991	994	995	996	997	86	87	C101	
Consultation	<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"/>	/ /
Admission Premium	<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"/>	/ /
Repeat Consult	<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"/>	<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"/>	<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"/>	/ /
Partial Assess	<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"/>	<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"/>	/ /
CrCU Vent (Day 1)	<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"/>	/ /
CrCU No Vent (Day 1)	<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"/>	/ /
MRP Day2	<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"/>	/ /
MRP Day3	<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"/>	/ /
MRP Day1 (Post ICU)	<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"/>	/ /
MRP Day2 (Post ICU)	<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"/>	/ /
MRP Discharge	<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"/>	/ /

LEGEND:
M-F 07-17: 990 (1st), 960 (trvl), 991 (adt'l pt.) M-F 17-24: 994 (1st), 962 (trvl), 995 (adt'l pt.)
Any day 24-07: 996 (1st), 964 (trvl), 997(adt'l pt) E409 - M-F 17-24 & W/E 07-24
Wnd 7-24: K998/C986 (963 trvl), K999/C987 (adt'l) E410 - Any day 24-07

ADMINISTRATION		DATES (D/M/Y)	
CCAC Application	<input type="checkbox"/> K070	/	/
LTCF Health Report	<input type="checkbox"/> K038	/	/
Death Certificate	<input type="checkbox"/> C771 (incl. in A/C777)	/	/
Report to MTO	<input type="checkbox"/> K035	/	/
Form 1	<input type="checkbox"/> K623	/	/
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	/ /

INPT VISITS	<input type="checkbox"/> C132/C137/C139	<input type="checkbox"/> E083	<input type="checkbox"/> C138	<input type="checkbox"/> C121	MONTH:					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	
<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31

INPT VISITS	<input type="checkbox"/> C132/C137/C139	<input type="checkbox"/> E083	<input type="checkbox"/> C138	<input type="checkbox"/> C121	MONTH:					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	
<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31

PROCEDURE	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	/ /
Other resus 1 st 15 min (no ICU)	<input type="checkbox"/> G395		/ /
Other resus q 15 min thereafter	<input type="checkbox"/> G391	<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	/ /
Thoracentesis - therapeutic	<input type="checkbox"/> Z332	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Paracentesis - therapeutic	<input type="checkbox"/> Z591	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /
Lumbar puncture	<input type="checkbox"/> Z804	<input type="checkbox"/> E409 <input type="checkbox"/> E410	/ /

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