

ONCOLOGY CLINIC

BILL AREAS

- MF Clinic
- MH Onc Pro
- WA CCC

LOCATIONS

2 5 CC/Cancer Center
 2 OH Outpatient

HOSPITAL

1 6 8 CC/Cancer Center

PROVIDERS

- | | | |
|---|--|---|
| <input type="radio"/> 2871 Adler | <input type="radio"/> 50665 Ford | <input type="radio"/> 51060 Phan |
| <input type="radio"/> 52792 Ai | <input type="radio"/> 52307 Ganjoo | <input type="radio"/> 2838 Pinto |
| <input type="radio"/> 50673 Advani | <input type="radio"/> 52246 Guardino | <input type="radio"/> 490 Porzig |
| <input type="radio"/> 52007 Bohlen | <input type="radio"/> 704 Horning | <input type="radio"/> 52668 Quinn, NP |
| <input type="radio"/> 1121 Carlson | <input type="radio"/> 52525 Huang | <input type="radio"/> 51604 Reddy |
| <input type="radio"/> 52132 Chen, D | <input type="radio"/> 309 Jacobs | <input type="radio"/> 50604 Renschler |
| <input type="radio"/> 51848 Chen, M | <input type="radio"/> 52653 Kuo | <input type="radio"/> 520 Rosenberg |
| <input type="radio"/> 2400 Chu | <input type="radio"/> 52482 Kurian | <input type="radio"/> 570 Siki |
| <input type="radio"/> 50921 Dodds, NP | <input type="radio"/> 52731 Lee | <input type="radio"/> 50922 Smith, NP |
| <input type="radio"/> 51911 Ekstrand | <input type="radio"/> 376 Levy | <input type="radio"/> 50662 Srinivas |
| <input type="radio"/> 51405 Felsher | <input type="radio"/> 434 Miller | <input type="radio"/> 602 Stockdale |
| <input type="radio"/> 50205 Fisher | <input type="radio"/> 52466 Nguyen | <input type="radio"/> 52040 Wakelee |
| <input type="radio"/> 51614 Fledderus, NP | <input type="radio"/> 51308 Petree, NP | <input type="radio"/> 51906 Weng |
| | | <input type="radio"/> 52308 Zitella, NP |

MRN
 NAME
 FSC

Date of Service / /

Ref Phy

Other Provider

AUTH #

Supervising Physician for Nurse Practitioner

SAR #

RAF #

TAR #

Injury Date / /

Injury Type

WC CLAIM #

PAFR signed

3/3 = Hx, Exam and Medical Decision

2/3 = HX and Medical Decision or Exam and Medical Decision

History and Exam: PF = Problem Focused; Exp = Expanded Problem Focused; Det = Detailed; Comp = Comprehensive
 Medical Decision Making: SF = Straightforward; Low = Low Complexity; Mod = Moderate Complexity; High = High Complexity

NEW PATIENT VISIT 3/3	MODIFIER
<input type="checkbox"/> 999201 PF Hx/Exam-SF	<input type="radio"/> 25
<input type="checkbox"/> 999202 Exp Hx/Exam-SF	<input type="radio"/> 25
<input type="checkbox"/> 999203 Detail Hx/Exam-Low	<input type="radio"/> 25
<input type="checkbox"/> 999204 Comp Hx/Exam-Mod	<input type="radio"/> 25
<input type="checkbox"/> 999205 Comp Hx/Exam-High	<input type="radio"/> 25

INITIAL CONSULT 3/3	MODIFIER
<input type="checkbox"/> 999241 PF Hx/Exam-SF	<input type="radio"/> 25
<input type="checkbox"/> 999242 Exp Hx/Exam-SF	<input type="radio"/> 25
<input type="checkbox"/> 999243 Det Hx/Exam-Low	<input type="radio"/> 25
<input type="checkbox"/> 999244 Comp Hx/Exam-Mod	<input type="radio"/> 25
<input type="checkbox"/> 999245 Comp Hx/Exam-High	<input type="radio"/> 25

OTHER SERVICES	
<input type="radio"/> 2220 - Admitted to the hospital	<input type="radio"/> Seen by Resident
<input type="radio"/> 2222 Left w/o being seen	<input type="radio"/> This service is part of a study Please list 98 account #
<input type="radio"/> 2224 No billable service provided	
<input type="radio"/> 88	<input type="radio"/> 2241 Bill primary for denial
Reason for no billable service <input type="text"/>	

ESTABLISHED CARE 2/3	MODIFIER
<input type="checkbox"/> 999211 Minimal Problem	<input type="radio"/> 25
<input type="checkbox"/> 999212 PF Hx/Exam-SF	<input type="radio"/> 25
<input type="checkbox"/> 999213 Exp Hx/Exam-Low	<input type="radio"/> 25
<input type="checkbox"/> 999214 Detail Hx/Exam-Mod	<input type="radio"/> 25
<input type="checkbox"/> 999215 Comp Hx/Exam-High	<input type="radio"/> 25

PROLONGED SERVICE
<input type="radio"/> I performed prolonged services and the medical record will reflect total time spent during this visit

Select code based on time ONLY if over 50% of the total face-to-face time was spent in counseling and/or coordination of care.

New Pt.	Min	Consult	Min	Est. Pt.	Min	MODIFIER
<input type="checkbox"/> 999201	10	<input type="checkbox"/> 999241	15	<input type="checkbox"/> 999211	05	<input type="radio"/> 25
<input type="checkbox"/> 999202	20	<input type="checkbox"/> 999242	30	<input type="checkbox"/> 999212	10	<input type="radio"/> 25
<input type="checkbox"/> 999203	30	<input type="checkbox"/> 999243	40	<input type="checkbox"/> 999213	15	<input type="radio"/> 25
<input type="checkbox"/> 999204	45	<input type="checkbox"/> 999244	60	<input type="checkbox"/> 999214	25	<input type="radio"/> 25
<input type="checkbox"/> 999205	60	<input type="checkbox"/> 999245	80	<input type="checkbox"/> 999215	40	<input type="radio"/> 25

PROCEDURES

- 949080 Abdominal paracentesis
- 911101 Biopsy of skin, each add'l lesion
- 911100 Biopsy of skin, single lesion
- 938220 BM aspiration, alone or w/ 938221 -non Medicare
- 160364 BM aspiration, must use w/ 938221 if Medicare
If Medicare & only aspiration performed use 938220
- 938221 BM biopsy, alone or w/ either 938220 or 160364
- 996450 Intrathecal chemo w/ lumbar puncture
- 931575 Laryngoscopy, diagnostic
- 992511 Nasopharyngoscopy w/ endoscope
- 996542 Omayia injection
- 996522 Refilling & maintenance of implantable pump
- 962270 Spinal puncture, lumbar, diagnostic
- 990772 Therapeutic injection administration
- 932000 Thoracentesis

MODIFIER

<input type="text"/>	<input type="text"/>
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MISCELLANEOUS

- 104212 Jamshidi Needle
- 104550 Surgical Tray

UNITS PRICE

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

DRUGS

- 199250 Methotrexate sodium, 5 mg.

UNITS PRICE

<input type="text"/>	<input type="text"/>
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UNITS PRICE MODIFIER

<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Procedure Code	Write-in procedure				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Procedure Code	Write-in procedure				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Procedure Code	Write-in procedure				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Procedure Code	Write-in procedure				
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Procedure Code	Write-in procedure				

- Check One**
- I was physically present and directly participating with the resident/fellow in the patient's care. (Use-GC modifier)
 - I personally provided the services indicated without resident/fellow involvement.

"I certify that (1) all services on this form were rendered and are hereby approved for billing (2) the medical record documentation will support the services provided and (3) the rendering of the services and the documentation in the medical record are in accordance with our teaching physician guidelines."

Draft



Provider Signature: _____

Date: / /

Indicate priority for each diagnosis, 1, 2, 3, 4
(PLEASE DO NOT CHOOSE MORE THAN FOUR DIAGNOSES)

HEAD AND NECK

- 147.1 Adenoid
- 191.9 Brain, unspecified
- 161.0 Glottis
- 143.9 Gum, NOS
- 145.2 Hard palate
- 148.9 Hypopharynx, NOS
- 149.9 Ill-defined, lips, oral cavity, pharynx
- 161.9 Larynx, NOS
- 140.9 Lip
- 160.2 Maxillary Sinus
- 145.9 Mouth, NOS
- 160.0 Nasal cavities
- 147.9 Nasopharynx
- 146.9 Oropharynx, unspecified
- 142.0 Parotid gland
- 149.0 Pharynx, unspecified
- 148.1 Pyriform sinus
- 142.9 Salivary Gland
- 170.0 Skull / Face
- 145.3 Soft palate
- 161.1 Supraglottic
- 141.0 Tongue, base
- 141.9 Tongue, unspecified
- 146.0 Tonsil
- 145.4 Uvula

BREAST

- 610.9 Dysplasia
- 233.0 In Situ
- 174.8 Female, malignant, unspecified
- 175.9 Male, malignant, unspecified
- 611.72 Nodule / mass

THORAX

- 162.9 Bronchus and lung, NOS
- 163.9 Pleura

ENDOCRINE

- 194.0 Adrenal Gland
- 259.2 Carcinoid syndrome
- 164.0 Thymus
- 193 Thyroid

GASTROINTESTINAL

- 156.2 Ampulla of Vater
- 154.3 Anus, unspecified
- 153.5 Appendix
- 156.9 Cholangiocarcinoma
- 153.9 Colon, NOS
- 156.1 Common bile duct
- 150.9 Esophagus, NOS
- 156.0 Gallbladder
- 211.7 Islets of Langerhans, benign
- 157.4 Islets of Langerhans, malignant
- 155.0 Liver, primary
- 157.9 Pancreas, unspecified
- 158.9 Peritoneal, primary
- 154.1 Rectum
- 152.9 Small intestine, unspecified
- 151.9 Stomach, unspecified

GENITOURINARY

- 188.5 Bladder neck
- 188.8 Bladder, unspecified
- 188.9 Bladder wall, NOS
- 189.0 Kidney, except pelvis
- 185 Prostate
- 187.7 Scrotum
- 186.9 Testis, NOS
- 187.8 Unspecified male genital

GYNECOLOGIC

- 180.9 Cervix
- 183.2 Fallopian tube
- 183.0 Ovary
- 179 Uterus, NOS
- 184.0 Vagina
- 184.4 Vulva, NOS

SKIN

- 692.82 Dermatitis due to Radiation
- 173.9 Malig neo skin NOS
- 172.9 Melanoma, NOS

BONE / SARCOMAS

- 170.9 Bone & cartilage, unspecified
- 171.9 Connective/ soft tissue

HEMATOLOGIC

- 042 AIDS
 - 285.9 Anemia
 - 288.0 Neutropenia, NOS
 - 287.5 Thrombocytopenia
 - 273.0 Waldenström's
 - 273.3 Waldenström's macroglobulinemia
- LYMPHOMA**
- 200.20 Burkitt's tumor
 - 200.00 Diffuse large cell
 - 201.90 Hodgkins disease, NOS
 - 202.80 Lymphoma, NOS
 - 238.7 Lymphoproliferative disease
 - 200.80 Mantle-zone
 - 202.10 Mycosis fungoides

METASTATIC TO

- 198.7 Adrenal Gland
- 198.5 Bone/bone marrow
- 198.3 Brain and spinal cord
- 198.4 Carcinomatous Meninges
- 199.0 Disseminated, unspec. primary/secondary
- 197.7 Liver
- 199.1 Localized, unspec. primary/secondary
- 197.0 Lung
- 196.0 Lymph nodes - head, face and neck
- 196.9 Lymph nodes, unspecified
- 197.6 Mesothelioma, Peritoneal
- 198.89 Other unspecified sites
- 197.2 Pleura
- 198.2 Skin

OTHER DIAGNOSES

- 789.00 Abdominal pain, unspec.
- 793.80 Abnormal mammogram
- 794.4 Abnormal renal study
- 789.5 Ascites
- 519.1 Bronchial obstruction
- 799.4 Cachexia
- 564.00 Constipation, unspecified
- 595.0 Cystitis
- 276.51 Dehydration
- 787.91 Diarrhea, NOS
- 453.9 DVT, unspecified
- 780.6 Fever, NOS
- 275.42 Hypercalcemia
- 276.7 Hyperkalemia
- 275.41 Hypocalcemia
- 276.8 Hypokalemia
- 528.6 Leukoplakia of tongue
- 787.01 Nausea w/vomiting
- 420.90 Pericardial effusion
- 511.9 Pleural effusion, acute
- 486 Pneumonia, unspecified
- 780.39 Seizure
- 336.9 Spinal cord compression
- 528.0 Stomatitis

STATUS CODES

- V58.11 Chemotherapy admission/encounter
- V67.2 Chemotherapy follow-up
- V16.3 Family Hx-breast malignancy
- V16.0 Family Hx-GI tract malignancy
- V26.33 Genetic counseling
- V18.9 Genetic disease carrier
- V10.3 Personal Hx-breast malignancy
- V10.72 Personal Hx-Hodgkin's disease
- V10.79 Personal Hx-Non Hodgkin's Lymphoma
- V12.72 Personal Hx-Colonic polyps
- V23.31 Testing for genetic disease carrier status

Draft



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Write-in diagnosis

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Write-in diagnosis