

CPST	OFFICE VISITS	CPST	PROCEDURES	CPST	PROCEDURES	CPST	PROCEDURES
9901	NEW PATIENT	4600	Anoscopy		OSTEOPATHIC MANIPULATIONS	80701	IMMUNIZATIONS
9902	Chief	4600	Ear Irrigation	9925	OMT 1-2	80701	OP
9902	Limited	4600	ENT/ENT and/or Endoscopy and Report	9926	OMT 3-4	80702	OTAP
9903	Intermediate	94864	Nebulizer	9927	OMT 5-6	80702	OT Pediatric (7 YRS or YOUNGER)
9904	Extended	94150	Pink Flow	9928	OMT 7-8	80718	DT Adult (7 YRS or OLDER)
9905	Comprehensive	94060	Pulmonary Function Test	9929	OMT 9-10	80718	Hep A CHILD 2 DOSE SCHEDULE
	ESTABLISHED PATIENT				SUPPLIES	80832	Hep A ADULT
99211	Chief	11100	Skin Biopsy (1)	A4440	Ac Bandage x	80832	Hep A CHILD (2 DOSE SCHEDULE)
99212	Limited	11100	Skin Biopsy (2 or 3)	A4440	Alr Cast	80834	Hep A CHILD 3 DOSE SCHEDULE
99213	Intermediate		FB REMOVAL	85841	Ankle Splint/Splint	90740	Hep B ADULT
99214	Extended	85220	Ear	A5953	Arm Sling	90740	Hep B CHILD (2 DOSE SCHEDULE)
99215	Comprehensive	10120	Subcutaneous Tissue, Simple	85842	Arm Cast	90740	Hep B and HB-COMB
	PROLONGED SERVICES	99500	Coma	85843	Cervical Pillow	90744	HB Vaccine (4 dose schedule)
99354	Prolonged Service, 31-74 minutes (additional)		INCISION & DRAINAGE	85842	Elbow Splint/Splint	90853	Lyne
99355	Prolonged Service, 75-104 minutes (additional)	10090	Abscess/Cutaneous Abscess, Simple/Single	85843	Flower Splint/Splint	90853	Meningococcal
		10140	Hematomas, Simple/Single	90740	Knee Brace	90771	Polio
99050	After Hours	11040	Debridement Skin Partial Thickness	A4572	Rib Belt	80712	IPV
99050	Sundays and Holidays		EXCISION BENIGN LESION	85842	Wrist Splint/Splint	80712	Oral Polio
99050	Emergency Service		TRUNK-ARM-LEGS	90740	Other Splint(s)	90853	Prevnar (5 YRS or YOUNGER)
99052	Services 10 PM - 8 AM	11400	UP TO 0.5 CM	99540	STRAPPING	90853	Pharyngeal/Pharyngeal
99059	Well Woman (Gyna)	11400	UP TO 0.5 CM TO 1.0 CM	29540	Ankle	90853	Rheumatism
99115	Neurodermatitis/Pruritus Exam	11400	UP TO 1.0 CM TO 1.5 CM	29540	Elbow & Wrist	90853	Rheumatism
99118	Neurodermatitis/Pruritus Exam	11400	UP TO 1.5 CM TO 2.0 CM	29540	Elbow & Wrist	90853	Rheumatism
	MEDICARE SCREENINGS	11201	Skin Tag Removal of excision of additional 10 lesions	29230	Forearm or Hand	90703	Tetanus/Tetoid
99010	Medicare Diabetes self mg training, individual	11300	Shaving Epidermal Lesions 0-5 CM	29540	Knee	80720	DTaP-10 (Tetanus)
99010	Medicare Diabetes self mg training, group	11300	Shaving Epidermal Lesions 6-1 CM	29540	Neck	80836	Imm (Wing Hep A and Hep B)
99010	Medicare Screening type, breast exam	11055	Pap/Colposcopy of lesion 1 CM		INJECTIONS	90718	Immunization
99002	Medicare Direct Rectal Exam	11056	UP TO 0.5 CM	J0800	ACHT 1 < 0.5 CM		IMMUNIZATION ADMINISTRATION
99002	Medicare PSA Exam		NECK-HEADS-FEET	90717	Adalery/Epinephrine (< 1 ml amp)	90471	Administration of Immunization (1)
	CONSULT			95115	Allergy	90471	Administration of 2 or more x
99241	Chief	11420	UP TO 0.5 CM	90710	Adrenal Int, Multiple	90078	Flu Admin Medication
99242	Limited	11420	0.6 CM TO 1.0 CM	J0690	Anticomp (500 mg)	90079	Pharmaceutical Medication
99243	Intermediate	11420	1.1 CM TO 1.5 CM	J3302	Anticomp (per 5 mg)	90079	Pharmaceutical Medication
99244	Extended	11620	Treatment of Sinus	90710	Anticomp (1.50 mg)	90079	Pharmaceutical Medication
99245	Comprehensive	16025	Treatment of Medium Sin	25470	Bit-Lin, 1.5 x 1,200,000 units	90056	Administration of Immunization x
	CONFIRMATORY CONSULTATIONS		OUTDOOR		LABORATORY		
99071	Chief		SCALP/NECK/FRONT/BACK/EXTREMITIES	90710	Contraceptive & 10 Scapem	80800	Collection and Ship of Specimen
99072	Limited	12001	UP TO 2.5 CM	11100	Decadron 1 mg	80910	Drug Screen Only (Laborg)
99073	Intermediate	12002	2.6 CM TO 7.5 CM	91004	Decadron-LA (per 8 mg)	82948	Finger/Glucose Only
99074	Extended	12003	7.6 CM TO 12.5 CM	92715	FACE-EARS-EYELIDS-NOSE	82710	Hemocult
99075	Comprehensive	12004	UP TO 2.5 CM	91020	Depo-Medro 250	85038	HBG Test
	WELLNESS NEW	12013	2.6 CM TO 8.5 CM	91020	Depo-Medro 40	86308	Mono
99081	INFANT UNDER ONE YEAR		ARTHRITIS/ENT		Depo-Medro Test	87800	Rapid Strep Test
99082	4-5 YRS	20550	Inject Soft Tissue - Infection Shoth, etc	92030	Immixe, 5 mg (not covered by Medicare)	90066	Repeat Test, USIC: rhMC
99083	5-11 YRS	20550	Small Joint Swabs, Finger, Toes, etc	91840	Laxer (x 20 mg)	81000	Urine Dip (non automated)
99084	12-17 YRS	20550	Major Joint Swabs, Ears, Ankle, Oral, buccal	12510	Penicillin (x 600,000 units)	8100	

DATE		TIME		PATIENT		REASON Months						PRIOR BALANCE		
TICKET NO.		DR#		DOCTOR		LOCATION		DOB		TODAYS CHARGE				
PATIENT NO.		RESPONSIBLE PARTY		PHONE		REFERRING DR.		TODAYS PAYMENT						
SEX		ADDRESS		CITY/STATE		ZIP		NEW BALANCE						
M	F											PAYMENT CHOICE		
OVER 90		OVER 60		OVER 30		CURRENT		TOTAL DUE		P.T.	B.C.	C.S.		
INSURANCE COMPANY		BA	SCT	POLICY IDENTIFICATION				RELATIONSHIP TO INSURED		CASH	CHKD	INS	CHG	CR CARD
								S E L F P O U S E C H I L D O T H E R				NEXT APPOINTMENT		
												Days _____ Weeks _____		
NOTES				I hereby authorize the release of medical information to insurance carriers concerning my illness and treatment and I hereby assign to the doctor all payments for medical services rendered to my depend-ent. I understand I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE.										
PATIENT / RESPONSIBLE PARTY														