



1



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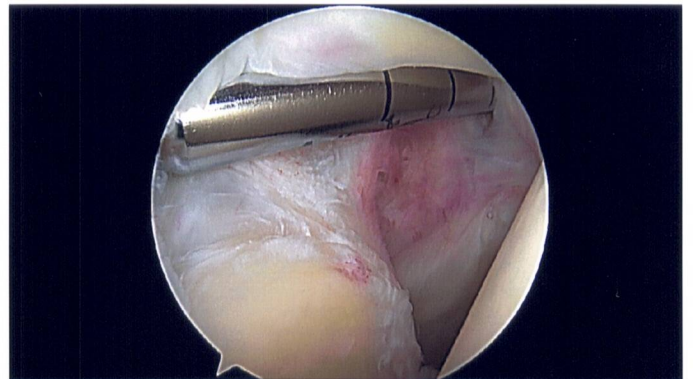
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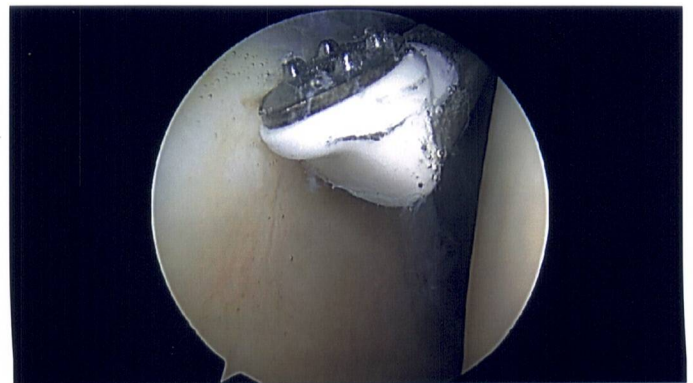
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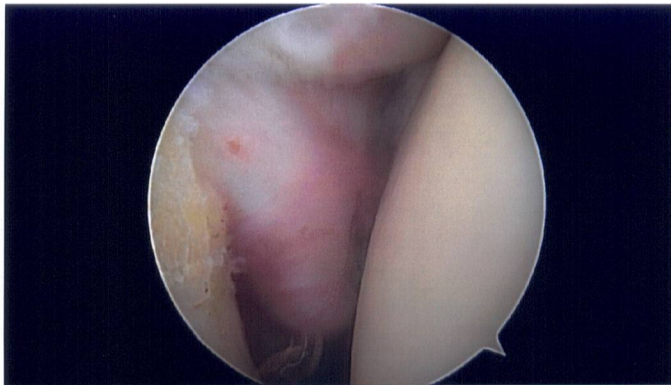


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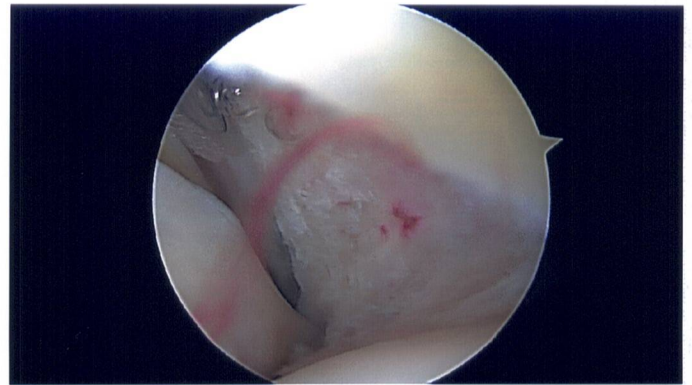


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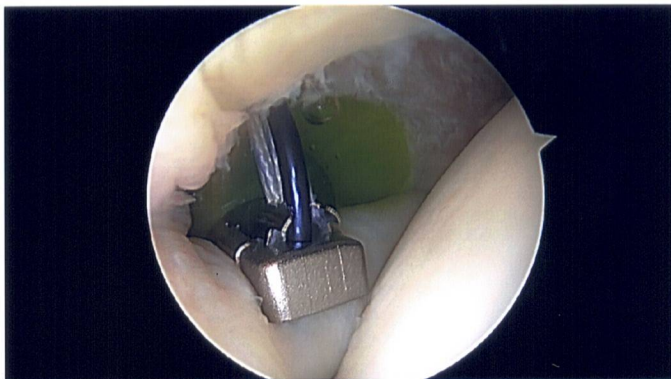
09/22/2022



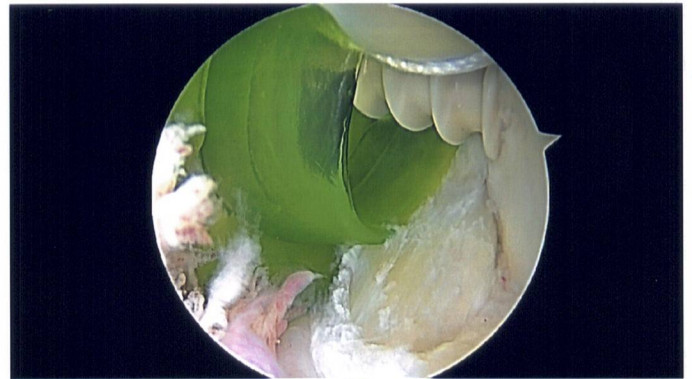
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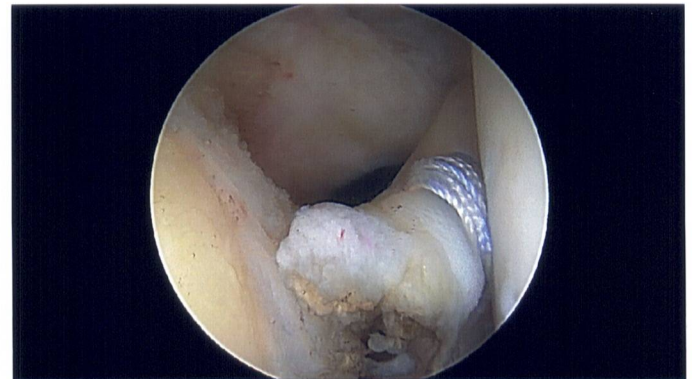
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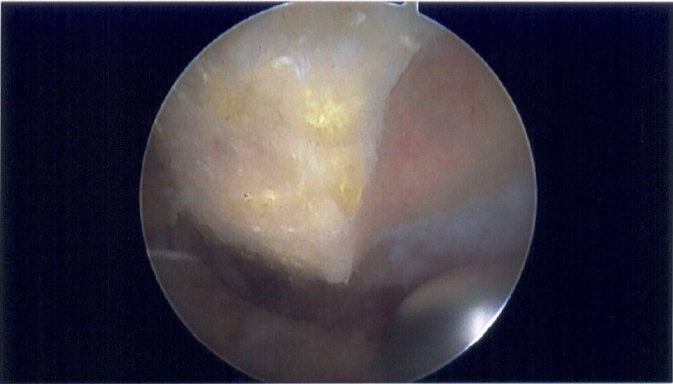
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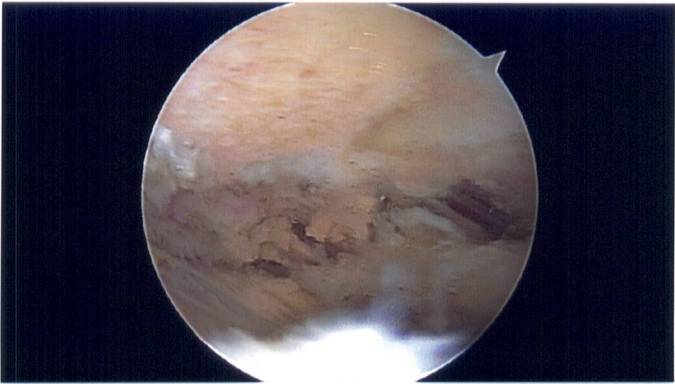
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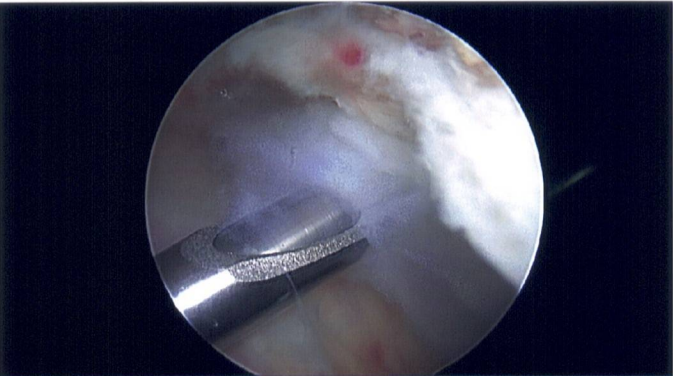
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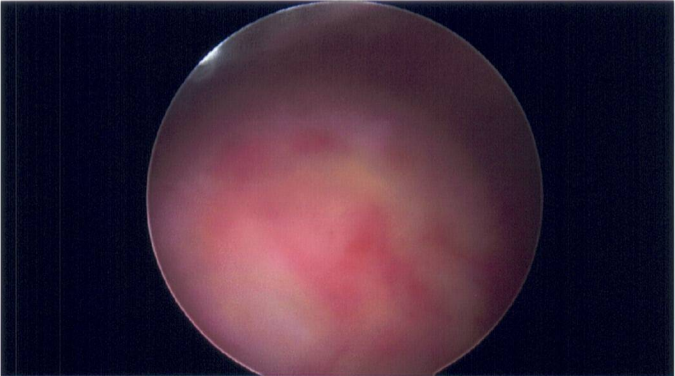
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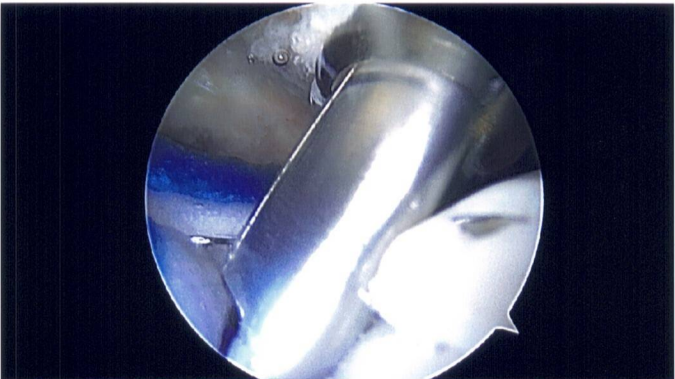
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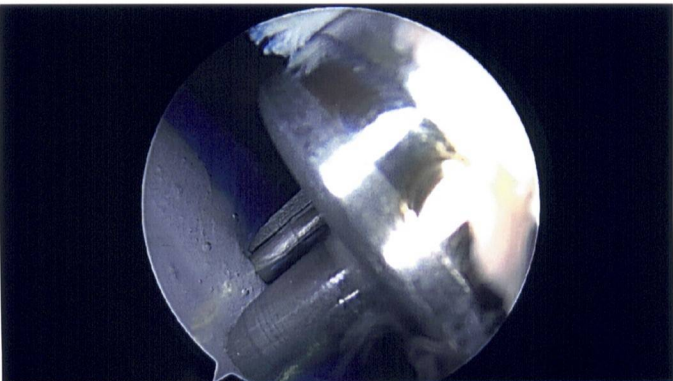
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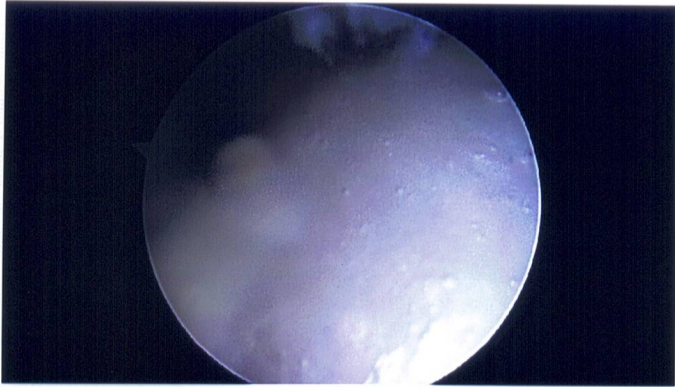


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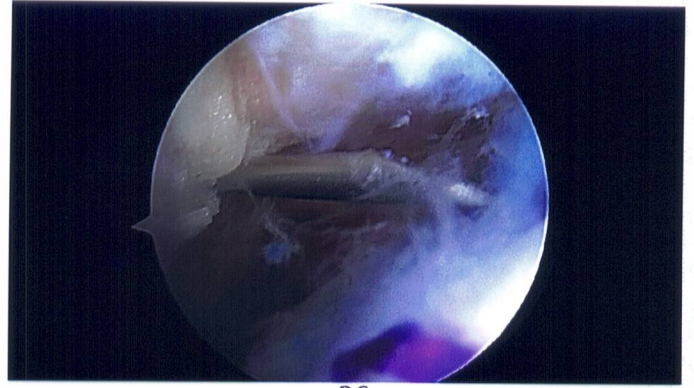


24

09/22/2022



25



26

Right / Left SHOULDER

09/22/2022 Pearl, Richard

16092

Cardenas, Nilson

CPT CODES (PROCEDURES)

DOB:03/31/1955 SEX:M AGE:67 (G)

- ☐ 29805 Shoulder diagnostic. (10)
- ☒ 29823 Major debridement. (11)
- ☐ 29822 Minor debridement. (12)
- ☐ 29820 Minor synovectomy. (13)
- ☒ 29821 Complete synovectomy. (14)
- ☒ 29819 Loose body removal or fragments. (15)
- ☒ 29999 Coblation arthroplasty glenoid. (16)
- ☐ 29824 Distal claviclectomy. (17)
- ☒ 29825 Lysis of adhesions. (18)
- ☒ 29999 Bursectomy. (19)
- ☒ 29826 Decompression, partial acromioplasty. (20)
- ☐ 29999 Release of CA ligament. (21)
- ☒ 20610 Intraarticular injection. (22) *PRP*
- ☒ 29827 RC repair arthroscopically. (23)
- ☐ 29807 Slap repair. (24)
- ☐ 29806 Bankart repair, capsulorrhaphy. (25)
- ☒ 29828 Biceps tenodesis. (26)
- ☐ 23770 Manipulation should under anesthesia. (27)
- ☐ 23405 Shoulder tenotomy. (28)
- ☐ 29999 Topaz microdebridement. (29)
- ☐ 29999 Chondroplasty (glenoid/humeral head). (30)

Templates

Chondromalacia (glenoid/hum. head) (R 32, L 33)

- ☒ Synovectomy (10)
- ☐ Posterior Capsular Release (12)
- ☒ Anterior Labrum Bankart tear with no repair (13)
- ☐ Anterior labral Bankart tear with repair (16)
- ☐ Anterior labral tear, no repair (14)
- ☐ Inferior labral tear, no repair (15)
- ☐ Biceps tear with debridement (19)
- ☐ Biceps tear with tenotomy (20)
- ☒ Biceps tear with tenodesis (21)
- ☐ Supraspinatus Tear with no repair (27)
- ☐ Infraspinatus Tear with no repair (28)
- ☒ Removal of Loose Bodies (32)
- ☒ Subacromial Bursectomy (33)
- ☐ Subacromial Decompression with Acromioplasty (34)
- ☐ Subacromial Decompression without Acromioplasty (35)
- ☒ Lysis of Adhesions (42)
- ☐ RC tear with rep. of Bioinductive Implant/PLGA Anchor (39)

- ☒ M75.01 Adhesive capsulitis, right shoulder. (10)
- ☐ M75.02 Adhesive capsulitis, left shoulder. (11)
- ☐ S46.101A Biceps tendon tear, right shoulder. (12)
- ☐ S46.102A Biceps tendon tear, left shoulder. (13)
- ☒ M75.41 Impingement syndrome, right shoulder. (14)
- ☐ M75.42 Impingement syndrome, left shoulder. (15)
- ☒ M24.811 Internal derangement, right shoulder. (16)
- ☐ M24.812 Internal derangement, left shoulder. (17)
- ☐ M75.121 Complete rupture, rot. cuff, rt shoulder. (18)
- ☐ M75.122 Complete rupture, rot. cuff, left shoulder. (19)
- ☒ S46.011A Partial rotator cuff tear, right shoulder. (20)
- ☐ S46.012A Partial rotator cuff tear, left shoulder. (21)
- ☒ S43.431A Labrum tear, right shoulder. (22)
- ☐ S43.432A Labrum tear, left shoulder. (23)
- ☒ M65.811 Synovitis, right shoulder. (24)
- ☐ M65.812 Synovitis, left shoulder. (25)
- ☒ M75.51 Bursitis, right shoulder. (26)
- ☐ M75.52 Bursitis, left shoulder. (27)
- ☐ M24.10 Glenoid chondral defect. (R 28, L 29)
- ☒ M75.81 Subacromial adhesions. (R 30, L 31)
- ☒ Anterior Capsular Release (11)
- ☒ SLAP with no repair (17)
- ☐ SLAP with repair (18)
- ☐ Posterior Labral tear without repair (22)
- ☐ Posterior Labral tear with repair (23)
- ☒ Subscapularis Tear with no repair (24)
- ☐ Subscapularis Tear with repair, no anchor (25)
- ☐ Subscapularis Tear with repair, with anchor (26)
- ☐ Chondroplasty of the Humeral Head (29)
- ☒ Chondroplasty of the Glenoid (30)
- ☒ Coblation Arthroplasty of the Glenoid (31)
- ☐ Lysis of the Coracoacromial Ligament (36)
- ☐ Distal Clavicle Mumford Procedure (37)
- ☐ Rotator Cuff tear with no repair (38)
- ☐ Rotator Cuff Tear with Repair, 1 anchor (40)
- ☐ Rotator Cuff Tear with Repair, 2 anchors (41)
- ☐ Topaz microdebridement (43)

INTRAOPERATIVE FINDINGS

Right / Left SHOULDER

09/22/2022 Pearl, Richard

16092

Cardenas, Nilson

DOB: 03/31/1955 SEX: M AGE: 67

- ☒ Labral tear (anterior, posterior, superior, inferior) (10) _____
- ☐ Partial intraarticular rotator cuff tear (11) _____
- ☐ Partial bursal-side rotator cuff tear (12) _____
- ☒ Chondromalacia glenoid (13) 2
- ☒ Chondromalacia humeral head (14) 2
- ☐ Loose fragments (15) _____
- ☒ SLAP tear (16) 4
- ☐ Full thickness rotator cuff tear (17) _____
- ☒ Partial thickness rotator cuff tear (18) Superior
- ☐ Bankart lesion (19) _____
- ☐ Biceps tendonitis (20) _____
- ☐ Biceps tendon tear (21) _____
- ☐ Partial biceps tear (22) _____
- ☒ Synovitis (23) _____
- ☒ Subacromial adhesions (24) _____
- ☒ Adhesive Capsulitis (25) _____
- ☐ Impingement (26) _____
- ☒ Subscapularis tendon tear (27) _____
- ☐ Glenoid chondral lesion (28) _____
- ☐ Bursitis (29) _____

Preoperative Dx: Intubal Repair

Assistant: Cearl

Anesthesia: General, IV Sedation, Nerve block

Instrumentation/Other: _____

Portals, Speedscrew, 2 bags.



313 43rd St, Brooklyn, NY 11232

Phone: 201-549-9998 Ext. 1279 Fax: 646-585-4468

Email: verification@starssi.com

Patient Email: _____

80#116092

New Surgical Booking Form

Patient Information					
LAST Cardenas	FIRST Nilson	MI MI	X M F	DOB 03/31/1955	AGE 67
STREET ADDRESS 37-49 83rd st apt 33			SOCIAL SECURITY #		
CITY Jackson Heights	STATE NY	ZIP 11372	EMERGENCY CONTACT		
HOME #	WORK #	CELL # 646-267-1162	EMERGENCY #		
Surgical Procedure Information					
SURGEON Dr. Pearl		ASSISTING SURGEON			
REQUEST DATE #1 09/22/2022	TIME	REQUEST DATE #2	TIME	LENGTH OF CASE	
PRIMARY PROCEDURE NAME Right Shoulder Arthroscop	LEFT RIGHT	CPT CODE #1	CPT CODE #2	CPT CODE #3	CPT CODE #4
SURGICAL DIAGNOSIS NAME	LEFT RIGHT	ICD-9 CODE #1	ICD-9 CODE #2	ICD-9 CODE #3	ICD-9 CODE #4
Pre-Operative Medical Clearance					
DOES THE PATIENT REQUIRE PRE-OP MEDICAL CLEARANCE? YES NO		IF YES, NAME OF CLEARING PHYSICIAN AND PHONE #:			
DOES THE PATIENT REQUIRE AN EKG? _ YES _ NO		PATIENT HEIGHT		PATIENT WEIGHT	
Special Requests					
EQUIPMENT Smith & Nephew		SUPPLIES			
INSTRUMENTATION		OTHER			
Insurance Information					
IS THIS WORKMAN'S COMP? YES NO	PLEASE ATTACH AUTHORIZATION LETTER	CASE CLAIM # 0417461380101051	DATE OF INJURY 06/21/2022		
IS THIS NY NO FAULT? YES NO	IS THIS PRIVATE HEALTH INS? YES NO	ATTORNEY NAME carmen Levine	ATTORNEY PHONE # 718-899-4050		
IS THIS A LIEN? YES NO	PLEASE ATTACH SIGNED LIEN				
PRIMARY INSURANCE Geico	SUBSCRIBER NAME	SUBSCRIBER SSN	SUBSCRIBER DOB		
POLICY # 42621920731	RELATIONSHIP TO PATIENT SELF SPOUSE PARENT OTHER				
SECONDARY INSURANCE	SUBSCRIBER NAME	SUBSCRIBER SSN	SUBSCRIBER DOB		
POLICY #	RELATIONSHIP TO PATIENT SELF SPOUSE PARENT OTHER				
EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE #			
Insurance Pre-Certification Authorization					
INSURANCE COMPANY PHONE #	INSURANCE CO. REPRESENTATIVE	AUTH #	DATE OF AUTH.		
Surgeon's Scheduler's Information					
NAME	PHONE #	FAX #			
Treating Physical Therapy Office					
NAME	PHONE #	ADDRESS			
Transportation: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					