

09/22/2022



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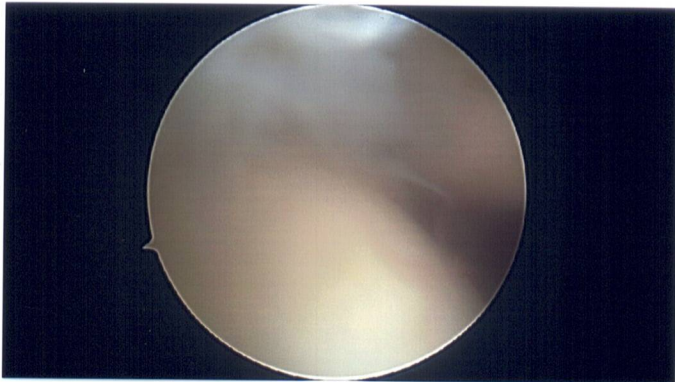
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3



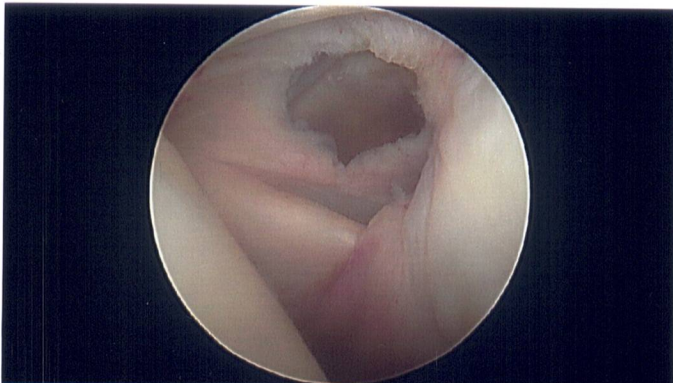
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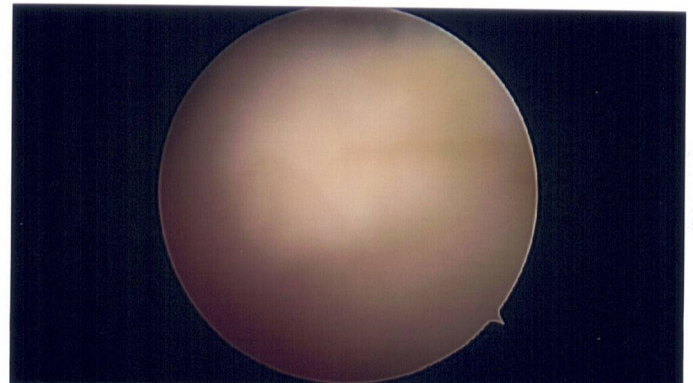
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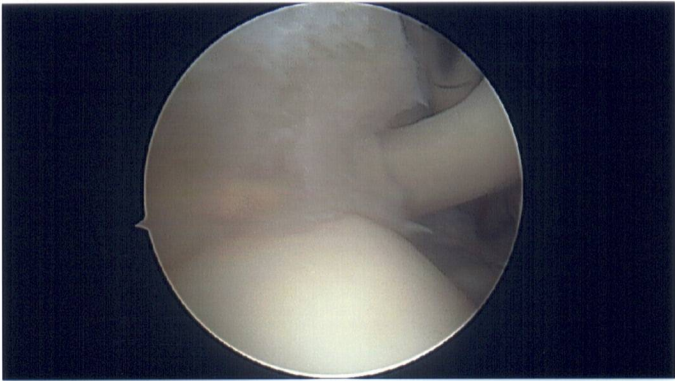
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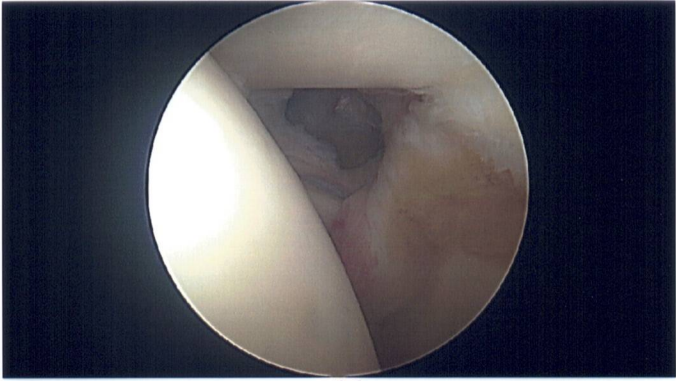
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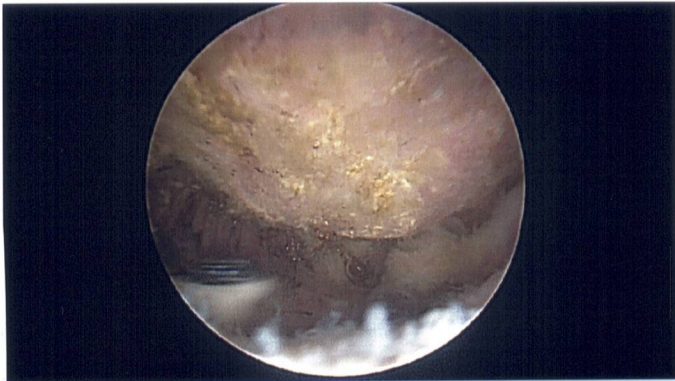
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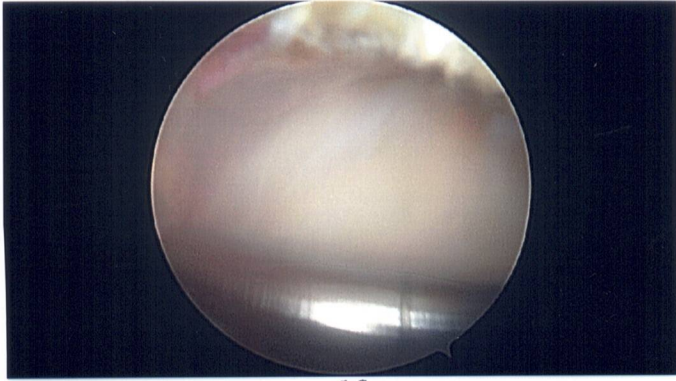
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18



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313 43<sup>rd</sup> St, Brooklyn, NY 11232  
 Phone: 201-549-9998 Ext. 1279 Fax: 646-585-4468  
 Email: [verification@starssi.com](mailto:verification@starssi.com)

28#114688

Patient Email: \_\_\_\_\_

### Surgical Booking Form

Patient Information									
LAST <b>Caballero</b>		FIRST <b>Robert</b>		MI <b>X</b>	M <b>M</b>	DOB <b>03/20/1976</b>	AGE <b>46</b>		
STREET ADDRESS <b>149-06 79St</b>						SOCIAL SECURITY # <b>075-86-2411</b>			
CITY <b>Howard Beach</b>		STATE <b>NY</b>		ZIP <b>11414</b>		EMERGENCY CONTACT			
HOME #		WORK #		CELL # <b>646-651-5695</b>		EMERGENCY #			
Surgical Procedure Information									
SURGEON <b>Dr. Pearl</b>					ASSISTING SURGEON				
REQUEST DATE #1 <b>09/22/2022</b>		TIME		REQUEST DATE #2		TIME		LENGTH OF CASE	
PRIMARY PROCEDURE NAME <b>Left Shoulder Arthroscopy</b>		LEFT RIGHT		CPT CODE #1		CPT CODE #2		CPT CODE #3	
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?					IF YES, NAME OF CLEARING PHYSICIAN AND PHONE #:				
YES NO									
DOES THE PATIENT REQUIRE AN EKG?					PATIENT HEIGHT		PATIENT WEIGHT		
YES NO									
Special Requests									
EQUIPMENT <b>Smith &amp; Nephew</b>					SUPPLIES				
INSTRUMENTATION					OTHER				
Insurance Information									
IS THIS WORKMAN'S COMP?		YES NO		PLEASE ATTACH AUTHORIZATION LETTER		CASE CLAIM #		DATE OF INJURY	
IS THIS NY NO FAULT?		YES NO				<b>0358567260101050</b>		<b>05/03/2022</b>	
IS THIS PRIVATE HEALTH INS?		YES NO							
IS THIS A LIEN?		YES NO		ATTORNEY NAME <b>Harlev S Fastman</b>		ATTORNEY PHONE # <b>516-437-7300</b>			
PLEASE ATTACH SIGNED LIEN									
PRIMARY INSURANCE <b>Geico</b>		SUBSCRIBER NAME		SUBSCRIBER SSN		SUBSCRIBER DOB			
POLICY # <b>4145498723</b>		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									



Right

Left

SHOULDER

Caballero, Robert

DOB: 03/20/1976 SEX: M AGE: 46

AG)

## CPT CODES (PROCEDURES)

- ☐ 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) *for*
- ☐ 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

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

- ☒ 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)



09/22/2022 Pearl, Richard

14688

# INTRAOPERATIVE FINDINGS

Caballero, Robert

DOB: 03/20/1976 SEX: M AGE: 46

Right / Left SHOULDER

- ☒ 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) 1
- \_\_\_ 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: Rotator Cuff Tear

Assistant: Coul

Anesthesia: General, IV Sedation, Nerve block

Instrumentation/Other: Tape