

PRIMARY CARE

CPT	OFFICE VISITS	CPT	PROCEDURES	CPT	SUPPLIES	CPT	IMMUNIZATIONS
	NEW PATIENT						
99201	Brief	46600	Anoscopy	A6450	Ace Bandage x ____	90714	Decavac (Td Adult)
99202	Limited	69210	Ear Irrigation	L4350	Air Cast	90701	DPT
99203	Intermediate	93000	EKG w/Interpretation and Report	S8451	Ankle Splint/Support	90700	DTaP
99204	Extended	94640	Nebulizer Treatment	A4565	Arm Sling	90702	DT Pediatric (7 YRS or YOUNGER)
99205	Comprehensive	94150	Peak Flow	L0120	Cervical Collar	90715	Adacel (TDaP) for ages 7 thru adult
	ESTABLISHED PATIENT	94060	Pulmonary Function Test	E0943	Cervical Pillow	90658	Flu Vaccine
99211	Brief	94760	Pulse Oximetry	S8452	Elbow Splint/Support	90632	Hep A ADULT
99212	Limited	11100	Skin Biopsy (1)	S8450	Finger Splint	90633	Hep A CHILD (2 DOSE SCHEDULE)
99213	Intermediate	11101	Skin Biopsy (2 or more)	L1800	Knee Brace	90634	Hep A CHILD (3 DOSE SCHEDULE)
99214	Extended		FB REMOVAL	A4572	Rib Belt	90746	Hep B (ADULT)
99215	Comprehensive	65220	Corneal	S8451	Wrist Splint/Support	90744	Hep B (Pediatric/Adolescent) 3 dose
	PROLONGED SERVICES	10120	Subcutaneous Tissues, Simple	99070	Other Supplies	90748	Hep B and HIB COMVAX
99354	Prolonged Service, 31-74 minutes (additional)	69200	Ear			90645	Hib Vaccine (4 dose schedule)
99355	Prolonged Service, 75-104 minutes (additional)	10060	INCISION & DRAINAGE Abscess/Carbuncle/Furuncle Cyst, Simple/Single			90734	Menarcta
	SPECIAL SERVICES	10140	Hematoma, Seroma or Fluid Collection			90733	Meningococcal
99050	After Hours	11040	Debridement Skin Partial Thickness			90707	MMR
99054	Sundays and Holidays		EXCISION BENIGN LESION	29540	Ankle	90712	Oral Polio
99058	Emergency Services		TRUNK-ARMS-LEGS	29260	Elbow or Wrist	90723	Pediarlx
99052	Services 10 PM - 8 AM	11400	UP TP 0.5 CM	29280	Finger or Hand	90669	Prevnar (5 YRS or YOUNGER)
90769	Well Woman (Cigna)	11401	0.6 CM TO 1.0 CM	29530	Knee	90732	Pneumonia/Pneumovax
96115	Neurobehavioral Status Exam	11200	Skin Tag Rem (<16)	29580	Unna Boot	90680	Rotavirus
	MEDICARE SCREENINGS	11201	Skin Tag Removal of each additional 10 lesions			86580	TB Intradermal
G0108	Medicare Diabetes self mgt training, individual	11300	Shaving Epidermal Lesions 0-.5 CM			90703	Tetanus/Toxoid
G0109	Medicare Diabetes self mgt training, group	11301	Shaving Epidermal Lesions .6-1 CM			90720	DTP-Hib (Tetramune)
G0101	Medicare Screening pelvic, breast exam	11055	Paring/Curettement of Lesion (1)			90636	Twinrix (Hep A and Hep B)
G0102	Medicare Digital Rectal Exam	11056	UP TP 0.5 CM	J0800	ACTH (≤ 40 units)	90716	Varicella
G0103	Medicare PSA Exam		NECK-HANDS-FEET	J0170	Adrenalin/Epinephrine (≤ 1 ml ampule)		IMMUNIZATION ADMINISTRATION
	CONSULT	11420	UP TO 0.5 CM	95115	Allergy	90471	Administration of Immunization (1)
99241	Brief	11421	0.6 CM TO 1.0 CM	95117	Allergy Inj. Multiple	90472	Administration of 2 or more x ____
99242	Limited	11750	Exc. Nail (ingrown)	J0690	Ancef (500 mg)	G0008	Flu Admin Medicare
99243	Intermediate		BURN PROCEDURES	J3302	Aristocort (per 5 mg)	G0009	Pneumovax Medicare
99244	Extended	16020	Treatment of Small Burn	J1200	Benadryl (≤ 50 mg)	G0010	Hep B Medicare
99245	Comprehensive	16025	Treatment of Medium Burn	J0570	Bicillin, L-A,(≤ 1,200,000 units)		
	CONFIRMATORY CONSULTATIONS		SUTURING	J3420	B-12 (≤ 1,000 mcg)		LABORATORY
99271	Brief		SCALP/NECK/TRUNK/EXTREMETIES	J0780	Compazine (≤ 10 mg)	99000	Collection and Prep. of Specimen
99272	Limited	12001	UP TO 2.5 CM	J1100	Decadron, 1 mg	80100	Drug Screen Only (Labcorp)
99273	Intermediate	12002	2.6 CM TO 7.5 CM	J1094	Decadron- LA (per 8 mg)	82948	Fingerstix/Glucose
99274	Extended		FACE-EARS-EYELIDS-NOSE	J2175	Demerol (per 100 mg)	82270	Hemoccult
99275	Comprehensive	12011	UP TO 2.5 CM	J1020	Depo-Medrol 20	85018	HGB
	WELLNESS-NEW	12013	2.6 CM TO 5.0 CM	J1030	Depo-Medrol 40	86308	Mono Test
99381	INFANT UNDER ONE YEAR		ARTHROCENTESIS	J1040	Depo-Medrol 80	87880	Rapid Strep Test
99382	1-4 YRS	20550	Inject Soft Tissue, Tendon Sheath, etc.	J3030	Imitrex, 6 mg (not covered by Medicare)	81000	Urine Dip (non automated)
99383	5-11 YRS	20600	Small Joint, Bursa, Fingers, Toes	J1940	Lasix (≤ 20 mg)	81003	Urine Dip (automated w/o microscopy)
99384	12-17 YRS	20605	Intern Joint, Wrist, Elbow, Ankle, Olec bursa	J2510	Penicillin (≤ 600,000 units)	81025	Urine Pregnancy
99385	18 AND OVER	20610	Major Jt., Shoulder, Hip, Knee, Subacromial Bursa	J2550	Phenergan (≤ 50 mg)	36415	Venipuncture
99386	40-64		WART REMOVAL	J0696	Rocephin 250 mg	G0001	Venipuncture/Medicare
99387	65 YRS AND OVER	17000	Destruction of Wart (1)	J0170	Sus-Phrine (≤ 1 ml ampule)	87210	Wet Mount
	WELLNESS-EST.	17003	Destruction of Wart (2nd - 14)	J3250	Tigan (≤ 200 mg)		MISCELLANEOUS
99391	INFANT UNDER ONE YEAR	17110	Destruction of Flat Warts (1-14)	J1885	Toradol (per 15 mg)		Completion of Forms
99392	1-4 YRS	17111	Destruction of Flat Warts (15 or more)	J3301	Triamcinolone (per 10 mg)	FORM	Copying of Medical Records
99393	5-11 YRS		INDUSTRIAL MEDICINE	J3410	Vistaril (≤ 25 mg)	records	
99394	12-17 YRS	HOPX	Hopatcong Police Physical with X-ray	J3430	Vitamin K (per 1 mg)		
99395	18 -39 YRS	HOP	Hopatcong Police Physical	90782	Injection of Medication x ____		
99396	40-64						
99397	65 YRS AND OVER						

DATE		TIME		PATIENT		REASON				PRIOR BALANCE			
TICKET NO.		DR#		DOCTOR		LOCATION				TODAYS CHARGE			
PATIENT NO.		RESPONSIBLE PARTY				PHONE		REFERRING DR.		TODAYS PAYMENT			
SEX		ADDRESS				CITY/STATE		ZIP		NEW BALANCE			
M		F											
OVER 90		OVER 60		OVER 30		CURRENT		TOTAL DUE		P.T. B.C. C.S.			
										PAYMENT CHOICE			
										CASH CHECK INS CHG CR CARD			
INSURANCE COMPANY		BA		SCT		POLICY IDENTIFICATION				RELATIONSHIP TO INSURED		NEXT APPOINTMENT	
										S E L F S P O U S E C H I L D O T H E R		Days _____ Weeks _____ Months _____	
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 dependent. I understand I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE							
						PATIENT / RESPONSIBLE PARTY							