

LPCH MEDICAL GROUP PHYSICIAN SERVICES
ENDOCRINOLOGY/DIABETES CLINIC

CHART NUMBER	DATE	TIME	BIRTHDATE
FIRST NAME			
LAST NAME			
ACCT NO.			

BILL AREA

PE - Endocrinology
 P14 - Diabetes
 P75 - Endo CCS Center

LOCATION **HOSPITAL**

CL LPCH
 LOSGA

PROVIDER

52914 Aye M.D., Tandy
 2176 Bachrach M.D., Laura
 51205 Buckingham, M.D., Bruce
 52053 Buckway M.D., Caroline
 53259 Durham, N.P., Eileen
 52916 Kunselman, N.P., Betsy
 53271 Lee, M.D., Jane
 50101 Neely M.D., E. Kirk
 53377 Shah M.D., Avni
 2037 Wilson M.D., Darrell

DATE OF SERVICE / / **Ref Phy** #

AUTH # **RAF #** **PAFR form signed DOI** / /

2220 - Patient admitted to the hospital 2222 - Left w/o seen by attending physician 2224 - No billable service provided to the patient

NEW PATIENT VISIT		MOD	ESTABLISHED PATIENT VISIT		MOD	OUTPATIENT CONSULT		MOD
<input type="checkbox"/>	999201	PF Hx/Exam-SF	<input type="checkbox"/>	999211	Minimal Problem	<input type="checkbox"/>	999241	PF Hx/Exam-SF
<input type="checkbox"/>	999202	Exp Hx/Exam-SF	<input type="checkbox"/>	999212	PF Hx/Exam-SF	<input type="checkbox"/>	999242	Exp Hx/Exam-SF
<input type="checkbox"/>	999203	Detail Hx/Exam-Low	<input type="checkbox"/>	999213	Exp Hx/Exam-Low	<input type="checkbox"/>	999243	Detail Hx/Exam-Low
<input type="checkbox"/>	999204	Comp Hx/Exam-Mod	<input type="checkbox"/>	999214	Detail Hx/Exam-Mod	<input type="checkbox"/>	999244	Comp Hx/Exam-Mod
<input type="checkbox"/>	999205	Comp Hx/Exam-High	<input type="checkbox"/>	999215	Comp Hx/Exam-High	<input type="checkbox"/>	999245	Comp Hx/Exam-High

(PF = Problem Focused; EXP = Expanded Problem Focused; D = Detailed; C = Comprehensive; SF = Straightforward; L = Low Complex; M = Mod Complex; H = High Complex)

PROLONGED SERVICE

+999354 FTF, First 30-74 min
 +999355 FTF, Add'l 30 min
 Other:

SELECT E/M CODE BASED ON TIME ONLY
 when over 50% of the Attending Physician face to face encounter was spent in counseling and/or coordination of patient care.

Document the following times:
 Total Face-Face time with patient; V = _____ minutes.
 Counseling/Coordination time; C = _____ minutes.

(Circle code based on total face to face time)

NEW		CONSULT		ESTABLISHED	
CODE	TIME	CODE	TIME	CODE	TIME
999201	10 min	999241	15 min	999211	5 min
999202	20 min	999242	30 min	999212	10 min
999203	30 min	999243	40 min	999213	15 min
999204	45 min	999244	60 min	999214	25 min
999205	60 min	999245	80 min	999215	40 min

Procedures

<input type="checkbox"/>	Health and behavior intervention	<input type="checkbox"/>	998960	Nonphysician Health Care Professional Education, FTF, individual patient, each 30 min.	<input type="checkbox"/>	999091	Collection and interpretation of physiologic data digitally stored and/or transmitted to physician
<input type="checkbox"/>	996152 each 15 minutes, FTF	<input type="checkbox"/>	998961	2-4 patients	<input type="checkbox"/>	910021	Fine needle bx
<input type="checkbox"/>	996153 group (2 or more patients)	<input type="checkbox"/>	998962	5-8 patients	<input type="checkbox"/>	996372	Physician/NP injection administration
<input type="checkbox"/>	996154 family (with patient present)	<input type="checkbox"/>	983036	Glycohemoglobin			specify drug _____
<input type="checkbox"/>	996155 family (without patient present)	<input type="checkbox"/>	995250	Glucose Monitoring up to 72 hrs.			
<input type="checkbox"/>	999078 Physician education in group setting						

Complete this section for CCS Special Care Patients	PHYSICIAN	Z Codes	Procedure Description	Attach Report		Circle # of units per chg
		<input type="checkbox"/>	Z4305	CCS MD Coordinator - Team Conference	Y	Case Conference
<input type="checkbox"/>	Z4303	CCS MD Chart Review - Intermediate	Y	Report	1	
<input type="checkbox"/>	Z4304	CCS MD Chart Review - Extensive	Y	Report	1	
<input type="checkbox"/>	Z4306	CCS MD Participant - Case Conference	N	30 Min	1 2 3 4	
<input type="checkbox"/>	Z4313	CCS MD Leader of Group Teaching	N	Session	1 per pt per day	
<input type="checkbox"/>	Z4315	CCS MD/Family Conference	Y	30 Min	1 2 3 4	
<input type="checkbox"/>	NURSING - NP	Z4300	CCS NP Coordinator - Team conference	Y	Case Conference	1
<input type="checkbox"/>		Z4301	CCS NP Assessment	Y	30 Min	1 2 3 4 5 6
<input type="checkbox"/>		Z4303	CCS NP Chart Review - Intermediate	Y	Report	1
<input type="checkbox"/>		Z4304	CCS NP Chart Review - Extensive	Y	Report	1
<input type="checkbox"/>		Z4310	CCS NP Participant - Team Conference	N	15 Min	1 2
<input type="checkbox"/>		Z4314	CCS NP Leader of Group Teaching	N	Session	1 per pt per day
<input type="checkbox"/>		Z5406	CCS NP Telephone Consultation	N	15 Min	1 2 3

Check one box 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 my participation as referenced above (3) the rendering of the services and the documentation in the medical record are in accordance with General Standard Policy 2.01.01"

Provider Signature:

DATE: / /

Indicate Priority for each Diagnosis: 1, 2, 3, 4, etc.

	PITUITARY/CNS/GROWTH DISORDERS				
781.92	Abnormal posture	775.3	Neonatal thyrotoxicosis	742.9	Optic nerve hypoplasia
255.41	ACTH Deficiency	193	Neoplasm, thyroid, malignant	759.81	Prader-Willi syndrome
253.6	ADH	226	Neoplasm, thyroid, benign	742.8	Septo-optic dysplasia/DeSMorsier syndrome
191.9	Brain tumor, unspecified	246.8	TBG abnormality	758.81	Sex chromosome anomalies
192.0	Cranial nerve, malignant neoplasm	759.2	Thyroglossal duct cyst	758.6	Turner's syndrome
237.0	Craniopharyngioma	193	Thyroid Sipple syndrome	279.11	DiGeorge's syndrome
783.40	Delayed development	245.2	Thyroiditis, chronic lymphocytic/Hashimoto disease	758.32	VCF/Velocardiofacial syndrome
783.42	Delayed milestones		ADRENAL DISORDERS		CHRONIC CONDITIONS
259.4	Dwarfism/NOS/Constitutional	255.41	Addison disease	585.6	ESRD
783.41	Failure to thrive	255.2	Adrenogenital disorders/CAH - all subtypes		OBESITY (SIGNS/SYMPOMS)
253.4	Gonadotropin deficiency	255.3	Corticoadrenal overactivity	783.1	Abnormal weight gain
253.3	Growth hormone deficiency	255.0	Cushing syndrome	701.2	Acanthosis nigricans
253.1	Hyperprolactinemia	255.41	Glucocorticoid deficiency	724.5	Back pain, unspecified backache
253.7	Iatrogenic pituitary disorders	255.42	Mineralocorticoid deficiency	786.05	Dyspnea/shortness of breath
783.40	Lack of normal development		LIPID DISORDERS	401.9	Hypertension, unspecified, w/o heart failure
781.91	Loss of height	272.0	Hypercholesterolemia, pure	278.01	Morbid obesity
783.21	Loss of weight, abnormal	272.1	Hypertiglyceridemia	278.02	Overweight
191.6	Medulloblastoma	272.2	Mixed hyperlipidemia	256.4	P.C.O.S.
253.2	Panhypopituitarism/hypopituitarism		OVARIAN DISORDERS	783.6	Polyphagia
194.4	Pinealoma, malignant	626.0	Amenorrhea, primary or secondary		FLUIDS
227.3	Pituitary adenoma add code for functional activity pm	183.0	Ovarian CA	276.51	Dehydration
259.1	Precocious puberty/adrenarche/thelarche	620.2	Ovarian cyst, unspecified	253.5	Diabetes insipidus, central
783.43	Short stature	256.39	Ovarian failure, other	588.1	Diabetes insipidus, nephrogenic
783.9 + V21.0	Tall stature (normal variant in childhood)	256.4	Polycystic ovary disease	276.7	Hyperkalemia
783.22	Underweight, abnormal		TESTICULAR DISORDERS	276.0	Hypnatremia
	DIABETES/GLUCOSE DISORDERS	752.89	Anorchism/other specified anomaly of genital organs	276.8	Hypokalemia
790.29	Abnormal glucose tolerance test	186.9	Testicular CA	276.1	Hyponatremia
	Diabetes melitus:	257.2	Testicular hypogonadism/other testicular hypofunction	276.52	Hypovolemia
250.01	Type 1, controlled	752.51	Undescended testis	253.6	S.I.A.D.H.
250.03	Type 1, uncontrolled		SEXUAL DEVELOPMENT	276.50	Volume depletion, unspecified
250.13	Type 1, with ketoacidosis uncontrolled		Ambiguous genitalia, identify site _____		MISCELLANEOUS SIGNS AND SYMPTOMS
250.43	Type 1, with renal comp uncontrolled	259.0	Delayed puberty	794.6	Abnormal endocrine function test/study
250.00	Type 2, controlled	611.1	Gynecomastia/hypertrophy of breast	796.4	Abnormal findings, w/o diagnosis
250.02	Type 2, uncontrolled	752.65	Hidden penis	793.0	Abnormal MRI or CT findings
	Diabetes mellitus, secondary	752.61	Hypospadias	701.2	Acanthosis nigricans
249.01	Uncontrolled	752.7	Indeterminate sex/pseudohermaphrodite	706.1	Acne
249.11	DKP	752.64	Micropenis	704.00	Alopecia, unspecified baldness
249.00	Controlled	259.1	Precocious puberty/adrenarche/thelarche	781.1	Anosmia/disturbances of smell & taste
250.90	Diabetes w/ unspecified complications		CALCIUM/BONE/CARTILAGE DISORDERS	V42.81	Bone Marrow transplant
250.91	Diabetes w/ unspecified complications Type 1 controlled	756.4	Achondroplasia/dyschondroplasia	259.9	Endocrine Nos
250.91	Diabetes w/ unspecified complications Type 1 uncontrolled	275.42	Hypercalcemia	780.79	Fatigue/lethargy
791.5	Glycosuria	252.0	Hyperparathyroidism	782.62	Flushing
790.6	Hyperglycemia/other abnormal blood chemistry	275.41	Hypocalcemia	611.6	Galactorrhea not associated with chidbirth
251.1	Hyperinsulinism hypoglycemia other	252.1	Hypoparathyroidism	704.1	Hirsutism
251.2	Hypoglycemia, unspecified/reactive/spontaneous	756.51	Osteogenesis imperfecta	791.6	Ketonuria
775.0	Infant diabetes mother syndrome	733.03	Osteoporosis, disuse	788.43	Nocturia
251.8	Insulin resistance/spec. disord. of insulin secretion	733.00	Osteoporosis, unspecified	782.61	Pallor
775.1	Neonatal diabetes mellitus	275.49	Pseudohypoparathyroidism/pseudo2hypoparathyroidism	785.1	Palpitations
V65.46	Encounter for insulin pump training	268.0	Rickets - Vitamin D deficiency active	783.5	Polydipsia
V53.91	Pump start (1-2 visits)	275.3	Rickets - Vit. D resistant/familial hypophosphatemia	788.42	Polyuria
V45.85	Pump follow-up		SYNDROMES/DISEASES	791.0	Proteinuria
	THYROID DISORDERS	259.5	Androgen insensitivity syndrome		V CODES
246.2	Cyst of thyroid	579.0	Celiac disease	V18.11	Family Hx of MEN syndrome
246.1	Goiter, dysrhormonogenic	758.9	Chromosomal Anomalies	V65.5	Feared complaint w/o diagnosis
240.9	Goiter/enlarged thyroid/unspecified	277.00	Cystic Fibrosis, NOS	V70.7	Clinical trial participant
241.0	Goiter, nontoxic uninodular	758.0	Down's syndrome	V84.81	Genetic susceptibility to MEN
242.00	Grave's disease w/o storm	253.1	Forbes-Albright syndrome		WRITE-IN DIAGNOSIS
242.90	Hyperthyroidism, w/o goiter, w/o storm	759.83	Fragile X syndrome	_____	
243	Hypothyroidism, congenital	253.4	Kallmann's syndrome	_____	
244.1	Hypothyroidism, postablative	758.7	Klinefelter's syndrome	_____	
244.0	Hypothyroidism, postsurgical	756.59	McCune-Albright syndrome	_____	
244.9	Hypothyroidism, primary NOS	258.01	MEN, type I (multiple endocrine neoplasia)	_____	
244.8	Hypothyroidism, secondary/other acquired	258.02	MEN, type IIa	_____	
		258.03	MEN, type IIb		
		237.70	Neurofibromatosis, unspecified		
		759.89	Noonan/ Russell-Silver syndromes		