

Pt. Info:

Pt. #:

Name

LOCATION: _____

Week of: / /

REHAB MEDICINE IN-PATIENT CONSULTS

ATTENDING NAME	BILLING MNEMONIC
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REQUESTING ATTENDING PHYSICIAN	INITIAL SERVICE DATE
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<small>Write "Y" if you were physically present and directly participating with the resident/fellow in the patient's care. Write "N" if you personally provided the service indicated without resident/fellow involvement.</small>			Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Initial Consult	level 1	99251							
	level 2	99252							
	level 3	99253							
	level 4	99254							
	level 5	99255							

FOLLOW UP CONSULTATION

Second request to see patient during same admission or to complete initial consultation

<small>Write "Y" if you were physically present and directly participating with the resident/fellow in the patient's care. Write "N" if you personally provided the service indicated without resident/fellow involvement.</small>			Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Follow-up Consult	level 1	99261							
	level 2	99262							
	level 3	99263							

Procedure	Date	Res./Fellow Circle one Y or N	Diagnosis for Procedure
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Primary Diagnosis	ICD-9
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Secondary Diagnosis	ICD-9
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"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 (3) the rendering of the services and the documentation in the medical record are in accordance with the our teaching physician guidelines."

Attending signature:	Date:
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SPECIAL SERVICES

#	DESCRIPTION	CPT
	Destruction by neurolytic agent other peripheral nerve or branch (Botox)	64640B
	Destruction by neurolytic agent other peripheral nerve or branch (Liocaine)	64640L
	Destruction by neurolytic agent other peripheral nerve or branch (Phenol)	64640P
	Team Conference – 30 min.	99361
	Team Conference – 60 min.	99362

IN-PATIENT

VISITS

Write "Y" if you were physically present and directly participating with the resident/fellow in the patient's care.
Write "N" if you personally provided the service indicated without resident/fellow involvement.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Initial In-pt.	level 1 99221						
	level 2 99222						
	level 3 99223						
Subsequent Care	level 1 99231						
	level 2 99232						
	level 3 99233						

DISCHARGE DAY MANAGEMENT

Only to be used if the patient is admitted and discharged from Rehab Medicine

Date:	Y or N	attending time is cumulative for discharge day
30 minutes or less	99238	
More than 30 minutes	99239	

If more than 30 minutes, document attending time in patient record

Billing Instructions: Add "GC" modifier for every service marked "Y"

PLEASE REMEMBER TO SIGN AND DATE