

| √ | CPT | OFFICE VISIT, NEW PT | | √ | CPT | CASTING | | √ | CPT | X-RAYS | |
|---|----------|-------------------------------|-----|---|--------|-----------------------------------|--|---|-------|--------------------------------|--|
| | 99201 | Brief | | | 29065 | Long arm cast | | | 73600 | Ankle, 2 views | |
| | 99202 | Limited | | | 29075 | Short arm cast | | | 73610 | Ankle, 3 view min | |
| | 99203 | Intermediate | | | 29105 | Long arm splint | | | 73000 | Clavicle, complete | |
| | 99204 | Comprehensive | | | 29125 | Short arm splint | | | 72040 | C-spine, 2-3 views | |
| | 99205 | Complex | | | 29085 | Thumb spica cast | | | 72050 | C-spine, 4 view min | |
| √ | CPT | OFFICE VISIT, EST. PT | | | 29425 | Short leg walking cast | | | 72052 | C-spine, complete flex/ext | |
| | 99211 | Brief | | | 29405 | Short leg cast NWB | | | 73070 | Elbow, 2 views | |
| | 99212 | Limited | | √ | CPT | CAST SUPPLIES | | | 73080 | Elbow, 3 view min | |
| | 99213 | Intermediate | | | Q4006 | Long arm cast, fiberglass | | | 73550 | Femur, 2 views | |
| | 99214 | Comprehensive | | | Q4010 | Short arm cast, fiberglass | | | 73140 | Finger(s), 2 view min | |
| | 99215 | Complex | | | Q4018 | Long arm splint | | | 73620 | Foot, 2 views | |
| | 99024 | Post-op | N/C | | Q4022 | Short arm splint | | | 73630 | Foot, 3 view min | |
| √ | CPT | CONSULTS | | | Q4038 | Short leg cast, fiberglass | | | 73090 | Forearm, 2 views | |
| | 99241 | Brief | | | Q4051 | Special Casting Supplies | | | 73120 | Hand, 2 views | |
| | 99242 | Limited | | | | | | | 73120 | Hand, 3 view min | |
| | 99243 | Intermediate | | √ | CPT | INJ / ASPIRATION | | | 73500 | Hip, unilateral, 1 view | |
| | 99244 | Comprehensive | | | 20550 | Inj tendon sheath/ligament | | | 73510 | Hip, 2 view min | |
| | 99245 | Complex | | | 20600 | Small joint | | | 73520 | Hip, bilat. 2v w/ AP pelvis | |
| √ | CPT | WORK COMP | | | 20605 | Intermediate joint | | | 73060 | Humerus, 2 view min | |
| | 99049 | Missed Appointment | | | 20610 | Major joint | | | 73560 | Knee, 1 or 2 views | |
| | 99358 | Prolonged svc w/o contact | | | 20670 | Implant removal, superficial | | | 73562 | Knee, 3 views | |
| | 99080 | Special Report | | | 20680 | Implant removal, deep | | | 73564 | Knee, 4 or more views | |
| | 99080,05 | Orthopedic Consult Report | | | TRIPLE | Kenalog / Mepivacaine / Lidocaine | | | 73565 | Knees, bilat, AP standing | |
| | 99080,06 | Interim Report | | | J0670 | Mepivacaine, per 40mg | | | 73590 | Lower leg, tibia/ fibula, 2v | |
| | 99080,07 | P&S Report | | | J0702 | Cocaine, per 30mg | | | 72100 | L-spine, 2-3 views | |
| | 99080,08 | RU-90 | | | J0704 | etan. hascure, per 4mg | | | 72110 | L-spine, 4 view min | |
| | 99080,10 | Re-Evaluation Report | | | J0704 | Lido-Medrol, 40mg | | | 72114 | L-spine, complete, bending | |
| | 99081 | PR-2 Report | | | J3221 | Kenalog, per 10mg | | | 72170 | Pelvis, 1 or 2 views | |
| √ | CPT | MED-LEGAL | | | J3221 | Aristospan, per 5mg | | | 72190 | Pelvis, 3 view min | |
| | ML100 | Missed QME Appointment | | | J7320 | Synvisc / Hylan G-F 20, 16mg | | | 73020 | Shoulder, 1 view | |
| | ML102 | Basic Evaluation | | | CPT | SUPPLIES | | | 73030 | Shoulder, 2 view min | |
| | ML103 | Compreh. Med Eval | | | A4215 | Aspiration Supplies | | | 72070 | Thoracic spine, AP/Lat | |
| | | Face-to-face hrs | | | A4247 | Sterile Prep / Inj Tray | | | 73660 | Toe(s), 2 view min | |
| | | Report review hrs | | | A4570 | Splint Thumb / Finger | | | 73100 | Wrist, 2 views | |
| | | Research hrs | | | A6448 | Ace 3" or less | | | 73110 | Wrist, 3 view min | |
| √ | CPT | SERVICES | | | A6449 | Ace 3-5" | | | | | |
| | 72141 | Neck spine w/o dye | | | A6450 | Ace 6" | | | | | |
| | 72148 | Lumbar spine w/o dye | | | L4360 | Walking boot, pneumatic | | √ | CPT | MODIFIERS | |
| | 72158 | Lumbar spine w/ & w/o dye | | | | | | | -24 | Unrelated E&M during post-op | |
| | 72195 | Pelvis w/o dye | | √ | CPT | PROCEDURES | | | -25 | Billable E&M same day of proc. | |
| | 73218 | Upper extremity w/o dye | | | 23600 | Treat humerus fracture | | | -50 | Bilateral procedure | |
| | 73221 | Joint upper extremity w/o dye | | | 26600 | Treat metacarpal fracture | | | -58 | Related proc. during post-op | |
| | 73223 | Joint upr extrem w/ & w/o dye | | | 28470 | Treat metatarsal fracture | | | -93 | Interpreter | |
| | 73718 | Lower extremity w/o dye | | | 25600 | Treat radius/ulna fracture | | | | | |
| | 73721 | Joint lower extremity w/o dye | | | 25630 | Treat wrist bone fracture | | | | | |
| | 73723 | Joint lwr extrem w/ & w/o dye | | | | | | | | | |

| | | |
|-------------------------------------|---------|---|
| Referring MD: | Auth #: | NEXT APPOINTMENT |
| | | ____ Days ____ Weeks ____ Months |
| Other Charges: | | TOTAL CHARGES |
| | | |
| Diagnosis (if not on reverse side): | | PAYMENT |
| | | Please check type of payment: |
| | | <input type="checkbox"/> Cash |
| | | <input type="checkbox"/> Check # _____ \$ _____ |
| | | <input type="checkbox"/> Credit Card |