

				Urology Practice Name	
				Location 1	ofc1
				Location 2	ofc2
				Location 3	ofc3
				Location 4	ofc4
OFFICE VISIT, NEW PATIENT		RADIOLOGY		SURGERY	
Brief	99201	Retroperitoneal US	76770	Cystoscopy	52000
Limited	99202	Echography, Pelvic, Complete	76856	Cysto, small lesion	52234
Intermediate	99203	Echography, Scrotum / Contents	76870	Cysto, VIU	52276
Comprehensive	99204	Bladder Scan RU	51798	Cysto, Urethral Dilatation (M&F)	52281
Complex	99205	Bladder US	76857	Cysto, Stent Removal	52310
OFFICE VISIT, ESTABLISHED PATIENT		Uroflowmetry, simple	51736	Urethral Dilatation, Male, sub	53601
Brief	99211	Echography, Transrectal	76872	Urethral Dilatation, Female	53660
Limited	99212	US Guidance for biopsy	76942	Dilatation, Female, Subsequent	53661
Intermediate	99213	Biopsy, Prostate	55700	Vasectomy	55250
Comprehensive	99214				
Complex	99215	CATHETERIZATION		MODIFIERS	
Post-OP Visit (N/C)	99024	Bladder Instillation	51700	Unrelated E/M Service	-24
CONSULTATIONS (non-Medicare)		Instillation Anticarcinogenic	51720	Bill E/M Code on Same Day as Proc.	-25
Brief	99241	In & Out Catheterization	51701	Professional Component Only	-26
Limited	99242	Indwelling Catheterization	51702		
Intermediate	99243	Indwelling, complicated	51703	SCHEDULE FOR NEXT VISIT:	
Comprehensive	99244	Change SP, simple	51705	U/S: Test / Renal / BPH Bladder / Prostate	
Complex	99245	Change SP, complicated	51700	Abdom / Pelvic CT Scan w/ w/o contrast	
Ref MD:				Cysto / flexi	
		OTHER		DMSO	
INJECTIONS		Chemodestruction, Penile lesion	54060	BCG	
Lupron - 1 mo / 3 mo / 4 mo	J9217	Excision, Penile lesion	54060	Lupron - 1 month / 3 month / 4 month	
Zoladex - 1 month / 3 month	J9202	Chemodestruction, extensive	54065	Zoladex - 1 month / 3 month	
Injection, LHRH agonist	96402	Cryosurgery, Penile lesion	54056	Flow Rate / Bladder Scan	
BCG	J9031	DMSO (81000 51700 J12 J17 20)			
IV Push (Medicare)	90774				
Depo. Testosterone, up to 100mg	J1070	NEXT APPOINTMENT		___ Days ___ Weeks ___ Months	
Depo. Testosterone, 200mg	J1080	Urethral stricture	81000		
Trelstar, 3.75mg	J0515	Urethral Culture	87086	PAYMENT	
E-PRESCRIBING		MD cath urine specimen, Mcare only	P9612	(Please Check Type)	
All scripts e-prescribed	G8443	Wet mount	87210	Cash	
No scripts needed but can e-prescribe	G8444	MD cath urine specimen, collection	51701	Check # _____ \$ _____	
Did not e-prescribe per request	G8446			Credit Card	
DIAGNOSIS		DIAGNOSIS		DIAGNOSIS	
Dx:		Dysuria	788.1	Pyelonephritis, Acute	590.10
Dx:		Epididymitis & Orchitis, unspecified	604.90	Pyelonephritis, Chronic	590.00
Dx:		Gonorrhea, genitourinary, chronic	098.2	Pyuria	791.9
Dx:		Hematuria	599.70	Renal Calculus	592.0
Dx:		Hydrocele	603.9	Renal Failure, Chronic	585.9
Dx:		Hydronephrosis	591	Renal Mass, unspecified	593.9
Dx:		Hypogonadism, testicular	257.2	Scrotal/ Swelling/ Edema	608.86
Dx:		Impotence, Organic	607.84	Spermatocele	608.1
Bladder Calculus	594.1	Incontinence Urge (Male/Female)	788.31	Sterilization	V25.2
Bladder Mass / Tumor Unspec	239.4	Incontinence Stress (Female)	625.6	Testalgia, Unspec. disorder, male	608.9
Bladder Neck Contracture	596.0	Incontinence Stress (Male)	788.32	Ureteral Calculus	592.1
BPH w/o obstruction	600.00	Infertility / Azoosper	606.0	Ureteral Obstruction	593.4
CA Bladder, Unspecified	188.9	Interstitial Cystitis, Chronic	595.1	Vesicoureteral Reflux	593.70
CA Penis	233.5	Neoplasm, Prostate	236.5	Ureter Stricture	593.3
CA Prostate	185	Neurogenic Bladder	344.61	Urethral Discharge	788.7
CA Renal	189.0	Pain, Abdominal (unspecified site)	789.00	Urethral Stricture, Unspecified	598.9
CA Testis	186.9	Peyronie's Disease	607.85	Urethritis, Other	597.80
CA Ureter	189.2	Phimosis and Redundant Prepuce	605	Urinary frequency/ Incon/ Enuresis	788.30
Chlamydia	079.98	Premature Ejaculation	302.75	Urinary Retention, Unspecified	788.20
Cyst, Kidney	593.2	Prostatitis, Chronic	601.1	Urinary Retention, Incompl Bladder	788.21
Cystocele	618.01	Prostatitis, Unspecified	601.9	UTI	599.0
Detrusor Instability	596.59	Prostatitis, Acute	601.0	Vaginitis	616.10
		PSA/ Elevated	790.93	Varicocele, Scrotal	456.4