

MEDICARE
 OTHER
 HMO
 PRIVATE
 WC
 AUTO
 S/JF
 LOP
 CASH

NEW PATIENT		CPT	FEE	SPLINT & BRACE PRODUCTS		CPT	FEE	X-RAYS CONT.		CPT	FEE
LEVEL 2 FOCUSED		99202		WRIST SPLINT		L3906		KNEE STANDING BILATERAL		73565	
LEVEL 3 EXPANDED		99203		AIR CAST - ANKLE		L4350		TIBIA / FIBULA		73590	
LEVEL 4 COMPREHENSIVE		99204		FINGER SPLINT		A4570		ANKLE LIMITED		73600	
LEVEL 5 COMPREHENSIVE		99205		ORTHOTIC FITTING		97760		ANKLE COMPLETE		73610	
ESTABLISHED PATIENT		CPT	FEE	X-RAYS		CPT	FEE	TOES 2 VIEW		CPT	FEE
LEVEL 2 FOCUSED		99212		FINGER		73140		CALCANEUS 1 VIEW		73620	
LEVEL 3 EXPANDED		99213		HAND LIMITED		73120		CALCANEUS COMPLETE		73650	
LEVEL 4 DETAILED		99214		HAND COMPLETE		73130		POST CAST X-RAY / POST RED		76499	
LEVEL 5 COMPREHENSIVE		99215		WRIST LIMITED		73100		EPIDURAL SACRAL		64483	
POST OP AFTER CARE		99024		WRIST COMPLETE		73110		EPIDURAL TRAY		99070	
INJECTIONS/ASPIRATIONS		CPT	FEE	FOREARM		CPT	FEE	SI INJECTION		CPT	FEE
ARTHROCENTESIS / MAJOR		20610		ELBOW LIMITED		73070		SI ARTHROGRAM		73542	
ARTHROCENTESISMAJ		20610-50		ELBOW COMPLETE		73080		EPIDUROGRAPHY		72275	
ARTHROCENTESISMAJXS		20610-79		HUMERUS		73060		FACET INJECTION C-SPINE		64490	
ARTHROCENTESIS MED		20605		SHOULDER LIMITED		73020		FACET INJECTION C-SPINE SECOND LEVEL		64491	
ARTHROCENTESIS SMALL		20600		SHOULDER COMPLETE		73030		FACET INJECTION C-SPINE THIRD LEVEL		64492	
TRIGGER 1-2 MUSC		20552		CLAVICLE		73000		FACET INJECTION L-SPINE		64493	
TRIGGER 3 OR MORE MUSC		20553		RIBS UNILATERAL		71100		FACET INJECTION L-SPINE SECOND LEVEL		64494	
LIDOCAINE 50CC		J3490		CERVICAL SPINE LIMITED		72040		FACET INJECTION L-SPINE THIRD LEVEL		64495	
ARISTOSPAN PER 5MG		J3303		CERVICAL SPINE COMPLETE		72050		C-SPINE FACET ABLATION		64626	
ARISTOCORT PER 5 MG		J3302		C-SPINE FLEX & EXT		72052		C-SPINE FACET ABLATION ADD. LEVEL		64627	
SUPARTZ		J7321		THORACIC SPINE LIMITED		72070		L-SPINE FACET ABLATION		64622	
CAST PROCEDURE		CPT	FEE	THORACOLUMBAR SPINE <th>CPT</th> <th>FEE</th> <th colspan="2">L-SPINE FACET ABLATION ADD. LEVEL <th>CPT</th> <th>FEE</th> </th>		CPT	FEE	L-SPINE FACET ABLATION ADD. LEVEL <th>CPT</th> <th>FEE</th>		CPT	FEE
SORT ARM CAST		29075		LUMBAR SPINE LIMITED		72100		CERVICAL / THORACIC DISCOGRAM		62291	
LONG ARM CAST		29065		LUMBAR SPINE COMPLETE		72110		LUMBAR DISCOGRAM		62290	
SHORT LEG CAST		29405		LUMBAR SPINE FLAX & EXT		72120		LUMBAR/SACRAL (CAUDAL)		62311	
LONG LEG CAST		29345		SPINE SINGLE VIEW		72020		FLUOROSCOPIC GUIDANCE		77003	
WALKER CAST LONG LEG		29355		PELVIS AP ONLY		72170					
WALKER CAST SHORT LEG		29425		HIP 1 VIEW LIMITED		73500					
WEDGE CAST		29740		HIP 2 VIEW COMPLETE		73510					
WINDOW CAST		29730		FEMUR		73550					
ADD WALKER PREVIOUS CAST		29440		KNEE LIMITED		73560					
CAST REPAIR		29720		KNEE COMPLETE		73562					
CAST REMOVAL		29705									
SHORT ARM SPLINT		29125									
LONG ARM SPLINT		29105									
SHORT LEG SPLINT		29515									
PHYSICAL THERAPY DAILY CHARGE											
				CPT	FEE					CPT	FEE
SUPPLIES/MATERIALS		CPT	FEE	ULTRASOUND PER 15 MIN <td>97035</td> <td></td> <th colspan="2">PHYSICAL THERAPY EVALUATION</th> <td>97001</td> <td></td>		97035		PHYSICAL THERAPY EVALUATION		97001	
PLASTER		A4580		HOT/COLD PACKS		97010		PHYSICAL THERAPY RE-EVALUATION		97006	
FIBERGLASS		A4590		CHIRO REVIEW		99211		ELEC. STIMULATION MANUAL PER 15 MIN.		G0283	
STERILE TRAY		A4550		ADJUST LEVEL I / II		98940		ELEC. STIMULATION MANUAL PER 15 MIN USING CPT		97032	
STERILE PROCEDURES		CPT	FEE	ADJUST LEVEL 3 OR MORE <td>98941</td> <td></td> <th colspan="2">THERAPEUTIC EXERCISES PER 15 MIN.</th> <td>97110</td> <td></td>		98941		THERAPEUTIC EXERCISES PER 15 MIN.		97110	
SKIN DEBRIDMENT		11041		ADJUST EXTREMITY		98943		MANUAL THERAPY PER 15 MIN.		97140	
TISSUE DEBRIDMENT		11042		GAIT TRAINING PER 15 MIN		97116		THERAPEUTIC ACTIVITY PER 15 MIN.		97530	
PIN REMOVAL		20670		MASSAGE THERAPY PER 15 MIN		97124		NEUROMUSCULAR RE-EDUCATION PER 15 MIN		97112	
REFERRING PHYSICIAN:								CERVICAL TRACTION EQUIP. NOT REQUIRING		E0855	
								ADDITIONAL STAND OR FRAME			
ACCEPT ASSIGNMENT: YES		NO		TREATMENT OF CLOSED FRACTURES							
				WITH MANIPULATION				WITHOUT MANIPULATION			
		CPT	FEE			CPT	FEE			CPT	FEE
CASH:		25565						RADIUS / ULNA		25560	
CR. CARD:		24655						RADIAL HEAD		24650	
		25605						RADIUS DISTAL		25600	
CHECK:				DIAGNOSIS:						NEXT APPT:	
AUTH#										DAYS	
TODAY'S TOTAL FEE:				DATE OF SERVICE:						WEEKS	
AMT. RECIEVED TODAY:				DOCTOR'S SIGNATURE:						MONTHS	
NEW BALANCE:				PATIENT'S NAME:						PRN	
				DATE OF BIRTH:						D/C	