**Outpatient Encounter Form**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient Information |  | Payment Method |  | Visit Information |  |
| Patient ID number |  | **Primary** |  | Visit date |  |
| Patient name |  | Primary ID number |  | Visit number |  |
| Address |  | Primary group number |  | Rendering physician |  |
| City/State |  | **Secondary** |  | Referring physician |  |
| Social Security number |  | Secondary ID number |  | Reason for visit |  |
| Phone number |  | Secondary group no. |  |  |  |
| Date of birth |  | Cash/credit card |  |  |  |
| Age |  | Other billing |  |  |  |
|  |  |  |  |  |  |
| E/M Modifiers | Procedure Modifiers | Other Modifiers |
| 24 — Unrelated E/M service during postop. | 22 — Unusual, excessive procedure |  |
| 25 — Significant, separately identifiable E/M | 50 — Bilateral procedure |  |
| 57 — Decision for surgery | 51 — Multiple surgical procedures in same day |  |
|  | 52 — Reduced/incomplete procedure |  |
|  | 55 — Postop. management only |  |
|  | 59 — Distinct multiple procedures |  |
|  |  |  |
| CATEGORY | CODE | MOD | FEE | CATEGORY | CODE | MOD | FEE |
| Office Visit — New Patient |  |  |  | Wound Care |  |  |  |
| Minimal office visit | 99201 |  |  | Debride partial thick burn | 11040 |  |  |
| 20 minutes | 99202 |  |  | Debride full thickness burn | 11041 |  |  |
| 30 minutes | 99203 |  |  | Debride wound, not a burn | 11000 |  |  |
| 45 minutes | 99204 |  |  | Unna boot application | 29580 |  |  |
| 60 minutes | 99205 |  |  | Unna boot removal | 29700 |  |  |
| Other |  |  |  | Other |  |  |  |
| Office Visit — Established |  |  |  | Supplies |  |  |  |
| Minimal office visit | 99211 |  |  | Ace bandage, 2” | A6448 |  |  |
| 10 minutes | 99212 |  |  | Ace bandage, 3"-4” | A6449 |  |  |
| 15 minutes | 99213 |  |  | Ace bandage, 6” | A6450 |  |  |
| 25 minutes | 99214 |  |  | Cast, fiberglass | A4590 |  |  |
| 40 minutes | 99215 |  |  | Coban wrap | A6454 |  |  |
| Other |  |  |  | Foley catheter | A4338 |  |  |
| General Procedures |  |  |  | Immobilizer | L3670 |  |  |
| Anascopy | 46600 |  |  | Kerlix roll | A6220 |  |  |
| Audiometry | 92551 |  |  | Oxygen mask/cannula | A4620 |  |  |
| Breast aspiration | 19000 |  |  | Sleeve, elbow | E0191 |  |  |
| Cerumen removal | 69210 |  |  | Sling | A4565 |  |  |
| Circumcision | 54150 |  |  | Splint, ready-made | A4570 |  |  |
| DDST | 96110 |  |  | Splint, wrist | S8451 |  |  |
| Flex sigmoidoscopy | 45330 |  |  | Sterile packing | A6407 |  |  |
| Flex sig. w/ biopsy | 45331 |  |  | Surgical tray | A4550 |  |  |
| Foreign body removal—foot | 28190 |  |  | Other |  |  |  |
| Nail removal | 11730 |  |  | OB Care |  |  |  |
| Nail removal/phenol | 11750 |  |  | Routine OB care | 59400 |  |  |
| Trigger point injection | 20552 |  |  | OB call | 59422 |  |  |
| Tympanometry | 92567 |  |  | Ante partum 4–6 visits | 59425 |  |  |
| Visual acuity | 99173 |  |  | Ante partum 7 or more visits | 59426 |  |  |
| Other |  |  |  | Other |  |  |  |

Vitals: Other Visit Information: Fees:

B/P Lab Work to Order: Total Charges: $

Pulse Referral to: Copay Received: $

Temp. Provider Signature: Other Payment: $

Height Next Appointment: Total Due: $

Weight