

Northside Anesthesia Services, LLC 2020

PO Box 7232 - Dept 165
 Indianapolis, IN 46207
 Zotec Partners.: (317) 705-5050

Ticket # _____

Phys Name: _____ Physician # _____

Keycode: A Universal - New APS Acute Pain Billing - 86th St. Location Only

Surgeon: _____
First Name/Last Name

(Patient Label)

Locations: *Please Check the Appropriate Location*

5822 - OP Ascen St Vincent 86th St.

5821 - IP Ascen St Vincent 86th St.

Special Handling: *Please complete when applicable*

Notes: _____ **NTO**

Please circle the mode of primary anesthetic for the surgery if this is post-operative pain control:

General **Regional** **MAC**

Service Date: _____

Diagnosis Description: _____
 and/or ICD-10 Codes: _____

<input type="checkbox"/> G89.11 Acute Pain for Trauma <input type="checkbox"/> Trauma ICD-10 Codes: _____	<input type="checkbox"/> G89.18 Acute Post-Op Pain Control <input type="checkbox"/> Primary Surgery ICD-10 Codes: _____	Fracture Type: <input type="checkbox"/> Traumatic <input type="checkbox"/> Pathological
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<p>Initial Visit-Inpatient (Use for APS)</p> <p>_____ 2 99231 Focused</p> <p>_____ 3 99232 Expanded</p> <p>_____ 4 99233 Complex</p> <p><input type="checkbox"/> Append Modifier -24 Unrelated EM Service</p> <p><input type="checkbox"/> Append Modifier -25 Separate EM Service</p>	<p>5 ___ A64450 Other Peripheral Nerve/Fascia iliaca</p> <p>5 ___ A64461 Paravertebral Block (PVB) Thoracic-Single (incl imag)</p> <p>5 ___ A64462 Paravertebral Block (PVB) Thoracic-All Additl Levels</p> <p>10 ___ A64463 Paravertebral Block (PVB) Thoracic-Continuous</p> <p>5 ___ A64486 Tap Block-Unilateral Injection (Includes Ultrasound)</p> <p>10 ___ A64488 Tap Block-Bilateral Injection (no 50 modifier, Incl U/S)</p> <p>7 ___ A64510 Stellate Ganglion Block</p> <p>5 ___ A64999 <input type="checkbox"/>QL <input type="checkbox"/>ESS <input type="checkbox"/>PEC <input type="checkbox"/>PENG <input type="checkbox"/>IPACK <input type="checkbox"/>CP</p> <p>10 ___ A6499950 BILAT<input type="checkbox"/>QL <input type="checkbox"/>ESS <input type="checkbox"/>PEC <input type="checkbox"/>PENG <input type="checkbox"/>IPACK <input type="checkbox"/>CP</p> <p>2 ___ A76942-26 Ultrasonic guidance (Professional Component Only)</p> <p>8 ___ A76942 Ultrasonic guidance (Global- Technical and Professional)</p> <p>1 ___ A99053 After Hours (hosp setting only; 10pm-8am)</p> <p>3 ___ A99152 Moderate Sedation</p> <p>2 ___ A9923102 Exam Only (no other procedures performed)</p> <p>___ Other: _____</p> <p>___ Other: _____</p>
<p>8 ___ A62273 Epidural Blood Patch</p> <p>8 ___ A62322 Intrath lum/sacral-single-w/o guid</p> <p>10 ___ A62324 Cerv/Thorcc Epid-cont-w/o guid</p> <p>9 ___ A62326 Lumbar Epidural-cont-w/o guid</p> <p>8 ___ A64415 Brachial Plexus/Interscalene Block</p> <p>13 ___ A64416 Brachial Plexus Block-continuous</p> <p>7 ___ A64445 Sciatic Nerve, single Block</p> <p>12 ___ A64446 Sciatic Nerve cont. infusion by cath</p> <p>7 ___ A64447 Femoral/Adductor Nerve Block</p> <p>12 ___ A64448 Femoral/Adduct Nerve Block-cont</p>	

Subsequent Visit(s)	Dates:
_____ 3 01996 Daily Management of Cont. Epidural # Days _____	_____
_____ 2 99231 Subsequent Inpatient Visit-Focused # Days _____	_____

Total Units Billed: _____