

2020

Ticket # \_\_\_\_\_

Physician # \_\_\_\_\_ Anesthesiologist: \_\_\_\_\_

# Northside Anesthesia Services, LLC

PO Box 7232 - Dept 165 Indianapolis, IN 46207 Office Phone (317) 705-5050

GENERAL OR Billing Information (DR. EGAN ONLY)

(Patient Label)

Surgeon: \_\_\_\_\_  
*First & Last Name*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 5822 -OP                          | <input type="checkbox"/> 5821 -IP Ascen St V. 86th St.      | <input type="checkbox"/> 2824 Multi-Specialty Surg Ctr   |
| <input type="checkbox"/> 3022 -OP                          | <input type="checkbox"/> 3021 -IP Ascen St V Carmel Hosp    | <input type="checkbox"/> 0031 Naab Rd Surg Ctr           |
| <input type="checkbox"/> 2422 -OP                          | <input type="checkbox"/> 2421 -IP Ascen St V. Women's Hosp  | <input type="checkbox"/> 4753 N. Meridian Surg Ctr       |
| <input type="checkbox"/> 3212 -OP                          | <input type="checkbox"/> 3211 -IP Ascen St V. Fishers Hosp. | <input type="checkbox"/> 3054 Surgery Ctr of Carmel      |
| <input type="checkbox"/> 6324 Capitol Street Surgery Ctr   |   | <input type="checkbox"/> 3026 Carmel Amb.Surg.Ctr        |
| <input type="checkbox"/> 3124 Carmel Specialty Surg Ctr    |   | <input type="checkbox"/> 2223 Fishers Specialty Surg Ctr |
| <input type="checkbox"/> 114 Central Ind Orth-Anderson ASC |   | _____ Other _____  |

Locations:

Service Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check Box if Diagnosis was a **Screening Colonoscopy**

Diagnosis / ICD-10 Codes: \_\_\_\_\_

Procedure(s): \_\_\_\_\_

Units	Code	Description
1	<input type="checkbox"/> 99100	Age ( Under 1 or over 70 )
0	<input type="checkbox"/> P1	ASA 1
0	<input type="checkbox"/> P2	ASA 2
1	<input type="checkbox"/> P3	ASA 3 Specify: _____
2	<input type="checkbox"/> P4	ASA 4 Specify: _____
3	<input type="checkbox"/> P5	ASA 5 Specify: _____
0	<input type="checkbox"/> P6	ASA 6 Specify: _____
2	<input type="checkbox"/> 99140	Emergency
1	<input type="checkbox"/> 99053	After Hours ( Hospital Setting Only, 10pm - 8am )
_____	<input type="checkbox"/> Other	_____

Start Time:		Stop Time:	
Re-Start Time:		End Time:	

Total Anesthesia Minutes:

Dr. Name	Dr. #	Units	Start/Stop Times

SPLIT CASES

Method Anes. Circle one		Schedule Type - Circle one	
General	MAC	Scheduled (Tracked)	
Reg	Oth _____	Call	Add-On

Notes: \_\_\_\_\_ NTO

Payment on file with Zotec  
 Check Attached # \_\_\_\_\_ \$ \_\_\_\_\_  
 Check to follow from facility

PREPARI

- Base Units ASA Code:
- 5 R- 00731 Upper G.I. Endoscopy
  - 6 R- 00732 ERCP
  - 4 R- 00811 Colonoscopy-not screening
  - 4 R- 00812 Screening Colonoscopy
  - 5 R- 00813 Upper G.I. Endo & Colon
  - 6 R- 00520 Bronchoscopy
  - 6 R- 00320 Esophageal Dilation/Bougie

R- 00811 -PT Screening *If a Medicare Patient*  
4 units turns to Diagnostic

R- 00812 -PT Screening *All other Carriers*  
4 units turns to Diagnostic

Time Units:	Modifier Units:
Bonus Time Units:	Total Units: