

Ticket # _____

Physician # _____ Anesthesiologist: _____

(Patient Label)

Northside Anesthesia Services, LLC

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

UNIVERSAL General OR Billing Information

Locations:

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 _____ |

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: