

Ticket # _____

Physician # _____ Anesthesiologist: _____

Northside Anesthesia Services, LLC

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

JKS Billing Information



(Patient Label)

Surgeon: _____
First & Last Name



2224 JKS Surgery Institute

Locations

Service Date: ____/____/____

Fracture Type:

- Traumatic
 Pathological

Diagnosis

ICD-10 Codes: _____

Procedure(s): _____

Units	Code	Description
1	<input type="checkbox"/> 99100	Age (Under 1 or over 70) Excludes Medicare patients
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 5 Specify: _____
1/2	<input type="checkbox"/>	Field Avoidance (Base < 5 units) Access to airway is limited
5	<input type="checkbox"/> 99135	Controlled Hypotension
2	<input type="checkbox"/> 99140	Emergency
1	<input type="checkbox"/> 99053	After Hours (Hospital Setting Only, 10pm - 8am)
2	<input type="checkbox"/> 93313	TEE Probe Placement only- Prim.DX: Z01.89
6	<input type="checkbox"/> B36556	-59 Central Line Placement-OTHER
6	<input type="checkbox"/> B36556IJ	-59 Central Line Placement-INTERNAL JUGULAR SITE
1	<input type="checkbox"/> 76937-26	Ultrasonic guidance for Central Line/Swan
For IJ central line and Ultrasound, MUST complete MACRA questions!		
3	<input type="checkbox"/> 36620	Arterial Line
2	<input type="checkbox"/> 95955-26	BIS (Cigna, Sagamore, Encore, CMO, Humana only)
2	<input type="checkbox"/> 99201-25	Dental/Podiatry-Admitting H/P- DX: Z01.818
—	<input type="checkbox"/>	Other _____

Start Time:		Stop Time:	
Re-Start Time:		End Time:	
Total Anesthesia Minutes:			
Dr. Name	Dr. #	Units	Start/Stop Times
Method Anes. Circle one		Schedule Type - Circle one	
General	MAC	Scheduled (Tracked)	
Reg	Oth _____		
Notes:			NTO <input type="checkbox"/>

SPLIT CASES

PREPAID

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

CODERS: IF BLOCK IS FOR POST-OP PAIN - USE PRIMARY DX: G89.18

- 8 62322-59 Inj.single; lumbar/sacral - for Post-op pain control=DX G89.18
 - 9 62326-59 Cont.Epidural-lumbar/sacral -for Post-op pain control=DX G89.18
 - 8 64415-59 Brachial Plexus Block-for Post-op pain control=DX G89.18
 - 7 64445-59 Sciatic/Popliteal Nerve Block- for Post-op pain control=DX G89.18
 - 5 64450-59 Other Periph/Fascia iliaca-for Post-op pain control=DX G89.18
 - 10 64450-50-59 Other Periph/Fascia iliaca-Bilat -for Post-op pain control=DX G89.18
 - 7 64447-59 Femoral/Adductor Block-for Post-op pain control=DX G89.18
 - 5 64486-59 Tap Block-Unilat Inject (Incl Ultrasound)-for Post-op pain control=DX G89.18
 - 10 64488-59 Tap Block-Bilat Inject (Incl Ultrasound)-for Post-op pain control=DX G89.18
 - 2 76942-26 Ultrasonic guidance (Professional Component Only)
 - 8 76942 Ultrasonic guidance (Global- Technical and Professional)
 - 3 01996 Post-op pain follow-up for indwelling epid/intrathecal cath.
- # Days _____
- 2 99231 Post-op pain follow-up -Single
- # Days _____

ASA Code:

B -

Base Units:

Time Units:

Modifier Units:

Bonus Time Units:

Total Units: