

Ticket # _____

Physician # _____ Anesthesiologist: _____

(Patient Label)

Northside Anesthesia Services, LLC

OB Services Billing Information

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

Surgeon: _____

First Name/Last Name

Service Date: ____/____/____

Locations: Please Check the Appropriate Location

- 2421 -IP 2422 -OP Ascen St V Womens Hospital
- 3021 -IP 3022 -OP Ascen St V Carmel Hospital
- 3211 -IP 3212 -OP Ascen St V Fishers Hospital

Diagnosis / ICD-10 Codes: _____

Office Use Only

Note: _____

NTO

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

General Regional MAC

Procedure(s)

G01967 (5) Labor Epidural Only

Placement: Start Time _____ End: _____ Mins _____ Units _____

Maintenance: Start Time _____ End: _____ Hrs _____ Mins _____ Units _____

Delivery: Start Time _____ End: _____ Mins _____ Units _____

(If present for labor delivery)

Total Units:

- G01961 (7)** C-Section Only: Start Time _____ End: _____ Mins _____
- G01968 (3)** C-Section Aft Lab Attmp: Start Time _____ End: _____ Mins _____
- G00840 (6)** Abdominal Cerclage: Start Time _____ End: _____ Mins _____
- G00948 (4)** Vaginal Cerclage: Start Time _____ End: _____ Mins _____
- G01965 (4)** D&C(Missd AB.retn d placn) Start Time _____ End: _____ Mins _____
- G00842 (4)** P.U.B.S. Start Time _____ End: _____ Mins _____
- G** _____ () Other _____ Start Time _____ End: _____ Mins _____
- G** _____ () Other _____ Start Time _____ End: _____ Mins _____

- 6 ___ G31500 Emergency Intubation
- 0 ___ P1 ASA 1
- 0 ___ P2 ASA 2
- 1 ___ P3 ASA 3 Specify: _____
- 2 ___ P4 ASA 4 Specify: _____
- 3 ___ P5 ASA 5 Specify: _____
- 0 ___ P6 ASA 6 Specify: _____
- 2 ___ G99140 Emergency
- 1 ___ G99053 After Hours (services rendered between 10pm - 8am)
- 6 ___ G36556-59 CVP
- 3 ___ G36620 Arterial Line
- 1 ___ G36410 IV Start / Venipuncture
- 8 ___ G62273 Epidural Blood Patch
- 2 ___ G95955-26 BIS (Sagamore, Encore, CMO, Humana)
- 8 ___ G62322-59 Inj, Single;lumbar/sacral-for Post-op Pain-Prim DX G89.18
- 10 ___ G64888-59 Bilat TAP Block (incl U/S)-Post-op Pain-Prim DX G89.18
- 3 ___ G01996 Daily Management (Contin Epidural)
Date(s): _____
- 2 ___ G99231 Subsequent Care/Inpatient Visit
Date(s): _____
- _____ Other: _____

BASE UNITS:

TIME UNITS:

BONUS TIME UNITS:

MODIFIER UNITS:

TOTAL UNITS:

TOTAL MINUTES: