

Ticket # _____

Physician # _____ Anesthesiologist: _____

Northside Anesthesia Services, LLC

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

UNIVERSAL General OR Billing Information

(Patient Label)

Surgeon: _____

First & Last Name

Service Date: ____/____/____

Fracture Type:

- Traumatic
- Pathological

Diagnosis

ICD-10 Codes: _____

Procedure(s): _____

- 3422 -OP 3421 -IP **ORTHO FX RM** -86th
- 5822 -OP 5821 -IP Ascen St V 86th St.
- 3022 -OP 3021 -IP Ascen St V Carmel Hosp
- 2422 -OP 2421 -IP Ascen St V Women Hosp
- 3212 -OP 3211 -IP Ascen St V Fishers Hosp.
- 5741 -OP 5731 -IP Indiana Spine Hosp
- 6324 Capitol Street Surgery Ctr
- 3026 Carmel Amb.Surg.Ctr
- 3124 Carmel Specialty Surg Ctr
- 3333 Center for Pain Mgt
- 114 Central Ind Orth-Anderson ASC

- 5071 IVF Indiana
- 4755 Meridian Plastic Surg Ctr
- 3055 Midwest Fert.Spec
- 2824 Multi-Specialty Surg Ctr
- 0031 Naab Rd Surg Ctr
- 4753 N. Meridian Surg Ctr
- 3054 Surgery Ctr of Carmel
- 3524 Indiana Hand Ctr
- 5041 Family Beginnings
- 2223 Fishers Specialty Surg Ctr
- _____ Other _____

Locations

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 6 Specify: _____
1/2	<input type="checkbox"/>	Field Avoidance (Base < 5 units) Access to airway is limited
5	<input type="checkbox"/> R99135	Controlled Hypotension
2	<input type="checkbox"/> R99140	Emergency
1	<input type="checkbox"/> R99053	After Hours (Hospital Setting Only, 10pm - 8am)
2	<input type="checkbox"/> R93313	TEE Probe Placement only- Prim.DX: Z01.89
6	<input type="checkbox"/> R36556	-59 Central Line Placement-OTHER
6	<input type="checkbox"/> R36556IJ	-59 Central Line Placement-INTERNAL JUGUL SITE
1	<input type="checkbox"/> R76937-26	Ultrasonic guidance for Central Line/Swan
For IJ central line and Ultrasound, MUST complete MACRA		
3	<input type="checkbox"/> R36620	Arterial Line
2	<input type="checkbox"/> R95955-26	BIS (Cigna,Sagamore,Encore,CMO,Humana only)
2	<input type="checkbox"/> R99201-25	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)	Call
Reg	Oth _____	Call	Add-On

Notes: _____ NTO

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

SPLIT CASES

PREPAID

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

- 8 R62322-59 Inj.single; lumbar/sacral - for Post-op pain control=DX G89.18
- 9 R62326-59 Cont.Epidural-lumbar/sacral -for Post-op pain control=DX G89.18
- 8 R64415-59 Brachial Plexus Block -for Post-op pain control=DX G89.18
- 7 R64445-59 Sciatic/Popliteal Nerve Block -for Post-op pain control=DX G89.18
- 5 R64450-59 Other Periph/Fascia iliaca -for Post-op pain control=DX G89.18
- 10 R64450-50- Other Periph/Fascia iliac-BILAT -for Post-op pain control=DX G89.18
- 7 R64447-59 Femoral/Adductor Block -for Post-op pain control=DX G89.18
- 5 R64486-59 Tap Block-Unilat Inject (Incl Ultrasound)-for Post-op pain control=DX G89.18
- 10 R64488-59 Tap Block-Bilat Inject (Incl Ultrasound)-for Post-op pain control=DX G89.18
- 5 R64999-59 QL ESS PEC PENG IPACK CP =DX G89.18
- 10 R6499950 BIL QL ESS PEC PENG IPACK CP =DX G89.18
- 2 R76942-26 Ultrasonic guidance (Professional Component Only)
- 8 R76942 Ultrasonic guidance (Global- Technical and Professional)
- 3 R01996 filwup for indwell epid/intrath cath. # Days _____
- 2 R99231 filwup -Single # Days _____

ASA Code:

R -

Base Units:

Time Units:

Modifier Units:

Bonus Time Units:

Total Units: