

AABP Superbill		Referring Physician:		Patient Name: _____	
Date of Service: _____		<input type="checkbox"/> Dr. Rosenblum <input type="checkbox"/> Dr. Schwartz <input type="checkbox"/> Brooklyn Surgery Center <input type="checkbox"/> GSC Queen		<input type="checkbox"/> MMC Hospital Inpt / Outpt <input type="checkbox"/> Office DOB#: _____	
<input type="checkbox"/> OUTPATIENT / NEW OFFICE VISIT <input type="checkbox"/> ESTABLISHED PATIENT OFFICE VISIT		<input type="checkbox"/> OUTPATIENT OFFICE CONSULT <input type="checkbox"/> INPATIENT CONSULT <input type="checkbox"/> INPATIENT SUBSEQUENT CARE / FOLLOW UP & DISCHARGE		OR PLACE PATIENT STICKER HERE	
<input type="checkbox"/> 99201 Level 1 - Problem Focused (10 min.) <input type="checkbox"/> 99202 Level 2 - Exp. Problem Focused (20 min.) <input type="checkbox"/> 99203 Level 3 - Low Complexity (30 min.) <input type="checkbox"/> 99204 Level 4 - Moderate Complexity (45 min.) <input type="checkbox"/> 99205 Level 5 - High Complexity (60 min.)		<input type="checkbox"/> 99211 Level 1 (5 min.) <input type="checkbox"/> 99212 Level 2 (10 min.) <input type="checkbox"/> 99213 Level 3 (15 min.) <input type="checkbox"/> 99214 Level 4 (25 min.) <input type="checkbox"/> 99215 Level 5 (40 min.)		<input type="checkbox"/> 99241 Level 1 (15 min.) <input type="checkbox"/> 99242 Level 2 (30 min.) <input type="checkbox"/> 99243 Level 3 (40 min.) <input type="checkbox"/> 99244 Level 4 (60 min.) <input type="checkbox"/> 99245 Level 5 (80 min.)	
<input type="checkbox"/> 99251 Level 1 (20 min.) <input type="checkbox"/> 99252 Level 2 (40 min.) <input type="checkbox"/> 99253 Level 3 (55 min.) <input type="checkbox"/> 99254 Level 4 (80 min.) <input type="checkbox"/> 99255 Level 5 (110 min.)		<input type="checkbox"/> 99231 Subseq Care-Low (15 min.) <input type="checkbox"/> 99232 Subseq Care-Mod (26 min.) <input type="checkbox"/> 99233 Subseq Care-High (35 min.) <input type="checkbox"/> 99238 Hosp Discharge < 30 min <input type="checkbox"/> 99239 Hosp Discharge > 30 min			
<input type="checkbox"/> TRIGGER POINT / JOINT INJECTIONS <input type="checkbox"/> 11900 Scar Injection <input type="checkbox"/> 20550 Inj, tendon sheath, ligament, aponeurotic <input type="checkbox"/> 20551 Single tendon origin/insertion <input type="checkbox"/> 20552 TPI, 1-2 Muscle(s) <input type="checkbox"/> 20553 TPI, 3+ Muscles <input type="checkbox"/> 20526 Carpal Tunnel Inj		<input type="checkbox"/> 20600 Small Joint/Bursa w/o USG B <input type="checkbox"/> 20604 Small Joint/Bursa w/USG B <input type="checkbox"/> 20605 Intmed Joint/Bursa w/o USG B <input type="checkbox"/> 20606 Intmed. Joint/Bursa w/USG B <input type="checkbox"/> 20610 Large Joint/Bursa w/o USG B <input type="checkbox"/> 20611 Large Joint/Bursa w/USG B <input type="checkbox"/> 27096 SI Joint Incl Imaging B		<input type="checkbox"/> 23 HR OBSERVATION & DISCHARGE <input type="checkbox"/> 99217 Observation care discharge <input type="checkbox"/> 99218 Int. Obsv Care, Low (30 min) <input type="checkbox"/> 99219 Int. Obsv Care, Mod.(50 min) <input type="checkbox"/> 99220 Int. Obsv Care, High (70 min)	
<input type="checkbox"/> NERVE BLOCKS <input type="checkbox"/> 64400 Trigeminal nerve, any division or branch <input type="checkbox"/> 64402 Facial nerve <input type="checkbox"/> 64405 Greater occipital nerve <input type="checkbox"/> 64413 Cervical Plexus <input type="checkbox"/> 64418 Suprascapular nerve <input type="checkbox"/> 64420 Intercostal nerve, single <input type="checkbox"/> 64421 Intercostal nerve, multiple <input type="checkbox"/> 64425 Iliioinguinal, Iliiohypogastric nerves <input type="checkbox"/> 64430 Pudendal nerve <input type="checkbox"/> 64450 Peripheral nerve or branch x _____ (e.g. genitofemoral, tibial, etc.) <input type="checkbox"/> 64461 Paravertebral, thoracic, single <input type="checkbox"/> 64463 Paravertebral, thoracic, continuous catheter		<input type="checkbox"/> 64505 Sphenopalatine Ganglion <input type="checkbox"/> 64415 Brachial plexus <input type="checkbox"/> 64416 Brachial plexus, continuous <input type="checkbox"/> 64417 Axillary nerve <input type="checkbox"/> 64445 Sciatic nerve <input type="checkbox"/> 64446 Sciatic nerve, continuous <input type="checkbox"/> 64447 Femoral nerve <input type="checkbox"/> 64448 Femoral nerve, continuous <input type="checkbox"/> 64449 Lumbar Plexus, continuous <input type="checkbox"/> 64462 Paravertebral, thoracic, any add'l		<input type="checkbox"/> ADMISSION HISTORY & PHYSICAL <input type="checkbox"/> 99221 H&P-Low Complexity (30 min.) <input type="checkbox"/> 99222 H&P-Moderate Complexity (50 min.) <input type="checkbox"/> 99223 H&P-High Complexity (70 min.)	
<input type="checkbox"/> SYMPATHETIC BLOCKS <input type="checkbox"/> 64517 Superior hypogastric plexus block <input type="checkbox"/> 64520 Lumbar/Thoracic sympathetic block		<input type="checkbox"/> 64510 Stellate ganglion block <input type="checkbox"/> 64530 Celiac plexus block		<input type="checkbox"/> NEUROLYTIC / CRYO / THERMAL RADIOFREQUENCY <input type="checkbox"/> 62280 Subarachnoid <input type="checkbox"/> 62281 Epidural, Cervical/Thoracic <input type="checkbox"/> 62282 Epidural, Lumbar/Sacral <input type="checkbox"/> 64600 Trigeminal nerve <input type="checkbox"/> 64610 Trigeminal nerve, 2nd/3rd divisions <input type="checkbox"/> 64620 Intercostal nerve(s), x _____ <input type="checkbox"/> 64635 Facet Joint Lumbar/Sacral, incl image guide - Unilateral / Bilateral <input type="checkbox"/> 64636 Facet Joint Lumbar/Sacral, Ea. add'l Uni x _____ -OR- Ea. add'l Bil x _____ <input type="checkbox"/> 64633 Facet Joint Cervical/Thoracic, incl image guide - Unilateral / Bilateral <input type="checkbox"/> 64634 Facet Joint Cervical/Thoracic, Ea. add'l Uni x _____ -OR- Ea. add'l Bil x _____	
<input type="checkbox"/> EPIDURAL / SUBARACHNOID / FACETS / SEGMENTAL / SLEEVE <input type="checkbox"/> 62264 Percutaneous Epidurolysis of Adhesions One Day (+/- Radiologic Contrast) <input type="checkbox"/> 62320 Epid/Spinal, Cervical/Thoracic, single w/o imaging <input type="checkbox"/> 62321 Epid/Spinal, Cervical/Thoracic, single w/ imaging <input type="checkbox"/> 62322 Epid/Spinal, Lumbar/Sacral/Caudal single w/o imaging <input type="checkbox"/> 62323 Epid/Spinal, Lumbar/Sacral/Caudal single w/ imaging <input type="checkbox"/> 62324 Epidural/Continuous, Cervical/Thoracic w/o imaging <input type="checkbox"/> 62325 Epidural/Continuous, Cervical/Thoracic w/ imaging <input type="checkbox"/> 62326 Epidural/Continuous, Lumbar/Sacral/Caudal w/o imaging <input type="checkbox"/> 62327 Epidural/Continuous, Lumbar/Sacral/Caudal w/ imaging <input type="checkbox"/> 64490 Facet Joint or Nerve, Cervical/Thoracic, Unilateral / Bilateral <input type="checkbox"/> 64491 Second level, Unilateral / Bilateral <input type="checkbox"/> 64492 Third and any additional level(s), Unilateral / Bilateral <input type="checkbox"/> 64493 Facet Joint or Nerve, Lumbar/Sacral, Unilateral / Bilateral <input type="checkbox"/> 64494 Second level, Unilateral / Bilateral <input type="checkbox"/> 64495 Third and any additional level(s), Unilateral / Bilateral <input type="checkbox"/> 64479 Transforaminal/segmental Cervical/Thoracic, Unilateral / Bilateral <input type="checkbox"/> 64480 Transforaminal Cervical/Thoracic, Ea. add'l Uni x _____ -OR- Ea. add'l Bil x _____ <input type="checkbox"/> 64483 Transforaminal/segmental Lumbar/Sacral, Unilateral / Bilateral <input type="checkbox"/> 64484 Transforaminal Lumbar/Sacral, Ea. add'l Uni x _____ -OR- Ea. add'l Bil x _____		<input type="checkbox"/> 62270 Puncture <input type="checkbox"/> 62273 Epidural Blood Patch		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> 64999 Endoscopic discectomy <input type="checkbox"/> 22899 Hardware Injection <input type="checkbox"/> 96365 Intravenous Infusion-up to 1 hr <input type="checkbox"/> 99070 Supplies, epidural kit <input type="checkbox"/> Q9965 Low osmolar contrast material <input type="checkbox"/> S0020 Marcaine, per 30ml x _____ <input type="checkbox"/> J3301 Kenalog, per 10mg, x _____ <input type="checkbox"/> J0585 Botox type A, per unit, x _____ units <input type="checkbox"/> J1020 Depo-medrol, per 20 mg, x _____ <input type="checkbox"/> 99152 Moderate Sedation; 5+ yrs old, 1st 15 min. <input type="checkbox"/> 99153 Moderate Sedation; ea. add'l 15 min, x _____ <input type="checkbox"/> 36410 Venipuncture <input type="checkbox"/> 64999 Unlisted Procedure(s) - Specify: <input type="checkbox"/> A4220 Infusion Pump refill kit <input type="checkbox"/> J1030 Depo-medrol, per 40 mg, x _____ <input type="checkbox"/> J1040 Depo-medrol, per 80 mg, x _____ <input type="checkbox"/> Urinary Drug Screen, High Complexity Machine (G0479) 80307) <input type="checkbox"/> UDS DX _____	
<input type="checkbox"/> RADIOLOGY <input type="checkbox"/> 72275 Epidurogram <input type="checkbox"/> 77002 Fluoroscopy for peripheral nerves, joints, &! <input type="checkbox"/> 77003 Fluoroscopy for spinal / paraspinous injections (epidural / subarachnoid)		<input type="checkbox"/> 76942 Ultrasound Guidance for Needle Placement		<input type="checkbox"/> PUMPS <input type="checkbox"/> 10160 Aspiration of Seroma <input type="checkbox"/> 62350 Implant/Revision/Repositioning of Tunneled Intrathecal or Epid cath <input type="checkbox"/> 62362 Implantation/Replacement of Programmable Pump <input type="checkbox"/> 62355 Removal of Implanted Intrathecal or Epid catheter <input type="checkbox"/> 62365 Removal of Intrathecal/Epid Reservoir/Pump <input type="checkbox"/> 62367 Electronic Analysis of programmable pump; without reprog or refill <input type="checkbox"/> 62368 Electronic Analysis of programmable pump; with reprogramming, no refill <input type="checkbox"/> 62369 Electronic Analysis & Reprogramming of pump; with refill by non-physician <input type="checkbox"/> 62370 Electronic Analysis & Reprogramming of pump; with refill by qualified health care prof. <input type="checkbox"/> 75809 Dye Study (pumps, epidural catheters, etc)	
<input type="checkbox"/> DISKOGRAPHY <input type="checkbox"/> 62290 Diskography procedure, x _____ each level, lumbar <input type="checkbox"/> 62291 Diskography procedure, x _____ each level, cervical/thoracic <input type="checkbox"/> 72285 Diskography, Cervical/Thoracic, interpretation, x _____ each level <input type="checkbox"/> 72295 Diskography, Lumbar, interpretation, x _____ each level		<input type="checkbox"/> STIMULATORS <input type="checkbox"/> 63650 Spinal Cord Stimulator, Percutaneous Trial or Permanent Leads x _____ <input type="checkbox"/> 63661 Removal percutaneous electrode array x _____ <input type="checkbox"/> 63663 Revise/Replace percutaneous electrode array x _____ <input type="checkbox"/> 63685 Implantation/Replacement Spinal Cord Stimulator Generator <input type="checkbox"/> 63688 Revision/Removal Implanted Spinal Cord Stimulator Generator <input type="checkbox"/> 95970 Electronic Analysis of generator without reprogramming <input type="checkbox"/> 95971 Electronic Analysis of generator w/ simple reprogramming <input type="checkbox"/> 95972 Complex Programming by Physician		<input type="checkbox"/> VERTEBROPLASTY / KYPHOPLASTY / NUCLEOPLASTY <input type="checkbox"/> 22510 Perc. Vertebroplasty; 1 vertebral body; cerviothoracic B <input type="checkbox"/> 22511 Perc. Vertebroplasty; 1 vertebral body; lumbosacral B <input type="checkbox"/> 22512 Perc. Vertebroplasty; 1 vertebral body; Cerv/Thor/LumbSac - Ea add'l x _____ B <input type="checkbox"/> 22513 Kyphoplasty; 1 vertebral body; thoracic B <input type="checkbox"/> 22514 Kyphoplasty; 1 vertebral; lumbar B <input type="checkbox"/> 22515 Kyphoplasty; 1 vertebral body; Thor/Lumb - Ea add'l x _____ B	
		<input type="checkbox"/> Physician Review <input type="checkbox"/> Tracking		PHYSICIAN SIGNATURE	