

Outpatient Office Visit and Infusion Service Encounter Form

Name	Encounter #	Date
Physician	Reason for Visit	DOB
Primary Insurance		Secondary Insurance

DESCRIPTION	CODE	FEE
NEW/EST CONSULTATIONS		
Init Off Cons/Lmtd	99241	_____
Init Off Cons/Inter	99242	_____
Init Off Cons/Est	99243	_____
Init Off Cons/Compr	99244	_____
Init Off Cons/Compl	99245	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
ESTABLISHED ONLY		
Off Vst Min/Est Pt	99211	_____
Off Vst Brief/Est Pt	99212	_____
Off Vst Lmtd/Est Pt	99213	_____
Off Vst Inter/Est Pt	99214	_____
_____	_____	_____
Off Vst Ext/Est Pt	99215	_____
_____	_____	_____
_____	_____	_____

DESCRIPTION	CODE	FEE
NEW PT OFFICE		
Off Vst Brief/New	99201	_____
Off Vst Lmtd/New	99202	_____
Off Vst Inter/New	99203	_____
Off Vst Ext/New	99204	_____
Off Vst Com/New	99205	_____
_____	_____	_____
OTHER SERVICES		
Teaching	_____	N/C
Disability Form	99080	_____
IV Pole-Disposable	E0776,2	N/C
INJECTIONS		
Injection IM/SQ	90772	_____
Inj Immunization	90471	_____
Flu Vaccine	90658	_____
Pneumo Vaccine	90732	_____
_____	_____	_____
PPD	86580	_____
PPD Reading	86580,2	N/C

DESCRIPTION	CODE	FEE
INFUSION SERVICES		
Lab Draw	36415	_____
IV Infus 1 st hr	90765	_____
IV Infus addl hrs	90766	_____
IVIG Add-on Code	G0332	_____
Addl Sequential Infusion 1 hr	90767	_____
Concurrent Infus IV Hydration 1 st hr	90768	_____
IV Hydration 1 st hr	90760	_____
IV Hydration addl	90761	_____
Chemo Inf 1 st hr	96413	_____
Chemo Inf addl hr	96415	_____
Prolonged Svcs hr	99358	_____
IV Push initial	90774	_____
IV Push ea addl	90775	_____
Heparin Flush 10u	J1642	_____
OTHER SERVICES		
Cath Supplies Patency/Declothing	S5517	_____
Cath Repair Supplies	S5518	_____
Blood, Unit, Whole Blood or Red Cells	P9051	_____
Blood Transfusion	36430	_____
Hep A Vaccine	90632	_____
Admin Hep B	G0010	_____
Hep B Vaccine	90746	_____
Hep B Vaccine Immuno Supressed	90740	_____
Drug Allergy Test	95010	_____

DIAGNOSIS:

1st Diagnosis: _____
 2nd Diagnosis: _____

Physician's Signature

Return to Office