



Patient _____ Diagnosis 1) _____ 5) _____
DOB _____ Insurance _____ 2) _____ 6) _____
3) _____ 7) _____
Hospital Initial Admission 4) _____ 8) _____

- **99221** – Low / 30 minutes
 - o Date _____
- **99222** – Moderate / 50 minutes
 - o Date _____
- **99223** – High / 70 minutes
 - o Date _____

Subsequent Hospital Care

- **99231** – Low / 15 minutes
 - o Date _____
- **99232** – Moderate / 25 minutes
 - o Date _____
- **99233** – High / 35 minutes

Observation Care – (Including Admission and Discharge)

- **99234** – Low Severity
 - o Date _____
- **99235** – Moderate Severity
 - o Date _____
- **99236** – High Severity
 - o Date _____

Hospital Discharge

- **99238** – 30 minutes
 - o Date _____
- **99239** – More than 30 minutes
 - o Date _____

New Born Care

- **99460** – Initial Hospital E/M of normal newborn infant
 - o Date _____

Other _____

Signature _____ Date _____