



Physician: _____ Diag 1: _____ Descr: _____
 Patient Name: _____ Date of Birth: _____ Diag 2: _____ Descr: _____
 Admit Date: _____ Discharge Date: _____ SS#: _____ Diag 3: _____ Descr: _____
 Referring Physician: _____ Account Number: _____ Diag 4: _____ Descr: _____

HOSPITAL OBSERVATION	VAGINAL DELIVERY	ULTRASOUND	E / R VISIT
<input type="checkbox"/> 99217 Observation Care Discharge	<input type="checkbox"/> 59400 Vaginal Delivery Global	<input type="checkbox"/> 76805-26 Complete Scan	<input type="checkbox"/> 99281 Straightforward
<input type="checkbox"/> 99218 Low Complexity	<input type="checkbox"/> 59409 Vaginal Delivery Only	<input type="checkbox"/> 76610-26 Multi Fetal Scan	<input type="checkbox"/> 99282 Low Complexity
<input type="checkbox"/> 99219 Moderate Complexity	<input type="checkbox"/> 59410 Vaginal w/ Post Care	<input type="checkbox"/> 76826-26 Follow Up Echo	<input type="checkbox"/> 99283 Moderate Complexity
<input type="checkbox"/> 99220 High Complexity	<input type="checkbox"/> 59610 Vag Del - VBAC Global	<input type="checkbox"/> 76827-26 Dopplet Echo	<input type="checkbox"/> 99284 Detailed Moderate Complex
INITIAL HOSPITAL	<input type="checkbox"/> 59612 Vag Del - VBAC Only	<input type="checkbox"/> 76826-26 Follow Up Doppler	<input type="checkbox"/> 99285 Complex
<input type="checkbox"/> 99221 Low Complexity (30 min)	<input type="checkbox"/> 59614 Vag Del - VBAC w/ Postpartum	<input type="checkbox"/> 76830-26 Transvaginal OB or Non-OB	
<input type="checkbox"/> 99222 Moderate Complexity (50 min)	<input type="checkbox"/> 59618 Vag Del - VBAC Failed Global	<input type="checkbox"/> 76856-26 Pelvic Non-OB	
<input type="checkbox"/> 99223 High Complexity (70 min)	<input type="checkbox"/> 59620 Vag Del - VBAC Failed Only	<input type="checkbox"/> 76857-26 Limited Non-OB	
FOLLOW UP HOSPITAL (Same Day 25 Mod)	<input type="checkbox"/> 59622 Vag Del - VBAC Failed w/ Postpartum	<input type="checkbox"/> 99325-26 Color Flow Mapping	
<input type="checkbox"/> 99231 Low Complexity (15 min)	<input type="checkbox"/> 59620-80 Vag Del - VBAC Failed Assist	FETAL SURGERIES	
<input type="checkbox"/> 99232 Moderate Complexity (25 min)	CESAREAN DELIVERY	<input type="checkbox"/> 59889 76942-26 Cephalocentesis w/ Guidance	
<input type="checkbox"/> 99233 High Complexity (35 min)	<input type="checkbox"/> 59510 C-Section Global	<input type="checkbox"/> 59899 76942-26 Fetal Injection	
OBSERVATION / INPATIENT	<input type="checkbox"/> 59514 C-Section Only	<input type="checkbox"/> 59899 76942-26 Fetal Parasentesis	
SAME DAY DISCHARGE	<input type="checkbox"/> 59514-22 C-Section - Multi Fetal	<input type="checkbox"/> 59899 In Utero Umbilical Cord Ligation	
<input type="checkbox"/> 99234 Low Complexity	<input type="checkbox"/> 59515 C-Section w/ Postpartum	<input type="checkbox"/> 59899 76942-26 Shunt for Fetal Organ, List Organ	
<input type="checkbox"/> 99235 Moderate Complexity	<input type="checkbox"/> 59515-22 C-Section w/ PP Multi Fetal	<input type="checkbox"/> 59899 76942-26 Aspiration of Fetal Organ, List Organ	
<input type="checkbox"/> 99236 High Complexity	<input type="checkbox"/> 59514-80 C-Section Assist	TESTING	
HOSPITAL DISCHARGE	TERMINATION	<input type="checkbox"/> 59025-26 NST	
<input type="checkbox"/> 99238 Discharge Visit <30 min	<input type="checkbox"/> 59812 AB - Incomplete, Any Trimester	<input type="checkbox"/> 76815-26 Limited	
<input type="checkbox"/> 99239 Discharge Visit >30 min	<input type="checkbox"/> 59820 AB - Missed, 1st Trimester	<input type="checkbox"/> 76816-26 Repeat Follow-Up	
INITIAL INPATIENT CONSULTATIONS	<input type="checkbox"/> 59821 AB - Missed, 2nd Trimester	<input type="checkbox"/> 76818-26 Biophysical	
<input type="checkbox"/> 99251 Minor (20 min)	<input type="checkbox"/> 59830 AB - Septic Completed Surgically	<input type="checkbox"/> 76819-26 BPP w/o NST	
<input type="checkbox"/> 99252 Low Severity (40 min)	<input type="checkbox"/> 59840 AB - Induced by D&C	PROCEDURES	
<input type="checkbox"/> 99253 Low Complexity (55 min)	<input type="checkbox"/> 59841 AB - Induced by D&E	<input type="checkbox"/> 59000 76946-26 Amino w/ Guidance	
<input type="checkbox"/> 99254 Moderate Complexity (80 min)	<input type="checkbox"/> 59855 AB - Induced Vag Suppostory	<input type="checkbox"/> 59012 76941-26 Cordocentesis w/ Guidance	
<input type="checkbox"/> 99255 High Complexity (110 min)	<input type="checkbox"/> 59856 AB - Induced Vag Supp w/ D&C or D&E	<input type="checkbox"/> 36460 76941-26 Fetal Transfusion w/ Guidance	
FOLLOW UP INPATIENT CONSULT	<input type="checkbox"/> 59857 AB - Induced Vag Supp w/ Hysterotomy	<input type="checkbox"/> 59320 Cerclage - Vaginal	
<input type="checkbox"/> 99261 Low Complexity (10 min)	<input type="checkbox"/> 58611 Tubal w/ C-Section	<input type="checkbox"/> 59325 Cerclage - Abdominal	
<input type="checkbox"/> 99262 Moderate Complexity (20 min)	<input type="checkbox"/> 59525 C-Section w/ Hysterotomy	<input type="checkbox"/> 59200 Insertion Cervical Dilator	
<input type="checkbox"/> 99263 High Complexity (30 min)	<input type="checkbox"/> 59525-80 C-Section w/ Hysterotomy Assist	<input type="checkbox"/> 59412 Varsion	
CRITICAL CARE		<input type="checkbox"/> 59899 76942-26 Amnio Infusion	
<input type="checkbox"/> 99291 First 30-74 min		<input type="checkbox"/> 59001 Amniotic Fluid Reduction w/ Guidance	
<input type="checkbox"/> 99292 Each Additional 30 min			

ADDITIONAL CODES

Provider Signature: _____ Date: _____