

# eForms Express Super-Bill Example

CPT	DESCRIPTION	FEE	CPT	DESCRIPTION	FEE	CPT	DESCRIPTION	FEE
<b>OFFICE SERVICES</b>			<b>PROCEDURE CONT.</b>			<b>IMMUNIZATION - CHILD</b>		
NEW	EST.		93000	EKG		90471	Immun Admin inj. single	
	99211		10060*	I&D Abscess, Simple		90472+	Immun Admin inj. @add'l vaccine	
99201	99212		10061	I&D Abscess, Complex				
99202	99213		11100	Punch Biopsy (each)		90465	Immun Admin inj with VIS under age 8, single	
99203	99214		11101+	Punch Biopsy (each add.)				
99204	99215			<b>Shave Lesion, single trunk</b>		90467	Immun Admin Intranasa/OriI with VIS, under age 8, single	
99205	Complex		11300*	arm or legs, 0.5 or less		90723	Pediarix	
<b>CONSULTS</b>			11305*	scalp, neck, hands, feet, 0.5 cm or less		90700	DTaP Less than 7 years of age	
99241			11310	face, ears, eyelids, lips, mucous mem, 0.5 cm or less		90744	Hep B	
99242			45330	Sigmoidoscopy		90645	Hemoph Infla (HIB)	
99243			11200*	Skin Tag removal (1-15)		90713	IPV	
99244			11201+	Skin Tag removal (add. 10)		90707	MMR	
99245			20552	Trigger Point inj single/multi 1-2 mus. grps		90657	MMR, Influenza Virus Vaccine, 6-35 mos	
99080	Special Reports		20553	Trigger Point inj single/multi 3+mus.grps		G0008	Admin. of influenza	
G0375	Smoking Cessation Counseling, 3-10 min		55250	Vasectomy		90669	Prevnar	
G0376	Smoking Cessation Counseling, >10 min		20550	Injection single tendon sheath/ligament		90718	TD	
<b>PREVENTIVE MEDICINE</b>			20551	Injection single tendon origin/insertion		90716	Varicella	
9938	9939	Prevent Age		Destruction benign shin lesion-any size		90649	GARDASIL	
G0101	MC Only	Breast & Pelvic Screen	17000	1st Lesion		<b>IMMUNIZATION - ADULT</b>		
		High Risk Low Risk	17003+	2nd to 14th lesion (each)		90658	Influenza Injection	
Q0091	MC Only	Pap Collection Screen	17004	15 or more		G0009	Admin. of Influenza	
<b>NEW TO MEDICARE PHYSICAL</b>				Destruction - Flat Wart		90732	Pneumococcal Injection	
G0334	Initial Preventive Physical Examination		17110	Up to 14 lesions		G0009	Admin. of Pneumococcal	
G0336	EKG - Routine		17111	15 or more		90746	Hepatitis B Injection	
<b>CERTIFICATION/RE-CERTIFICATION HOME HEALTH</b>			114	Excision of Benign Skin Lesion		G0010	Admin. of Hep B	
G0180	Certification of Home Health Care			Loc: _____ Size: _____ cm		90718	TD	
G0179	Re-Certification of Home Health Care		116	Excision of Malignant Skin Lesion		90715	Tetnus,diphtheria toxoids and acellular pertussis (Tdap) 7 years and older	
<b>ADMINISTRATION OF IV INFUSIONS</b>				Loc: _____ Size: _____ cm		90736	ZOSTAVAX (ETMG FURNISHES MEDS)	
90760	IV Infuse-Hydration - up to 1 hr		11730	Ingrown toenail		<b>INJECTIONS</b>		
90761	IV Infuse-Hydration-Each add'l hr, upto 8hrs		11732+	ingrown toenail each additional		95117	Allergy Inj. Multiple	
90765	IV Infuse-Therapy- up to 1 hour		<b>LAB</b>			95115	Allergy Inj. Single	
90766	IV Infuse-Therapy-@each add'l hr upto 8hrs		86580	TB skin test - IPPD		J3420	B12 up to 1,000mcg	
90767	IV Infuse-Therapy-@add'l seq IV-up to 1 hr		82948	Glucose Finger Stick		J0540	Bicillin LA up to 1.2 mil units	
<b>COLPOSCOPY</b>			85014	Hematocrit		J2175	Demerol per 100 mg	
57420	Colposcopy, vagina w/cervix		87220	KOH Prep		J1055	Depo Provera 150 mg Contra	
57421	Colposcopy, w/biopsy /cervix		87804	Rapid Flu		J3301	Kenalog per 10 mg	
57452	Colposcopy, cervix, upper/adjacnt vagina		87880	Rapid Strep		J2550	Phenergan up to 50 mg	
57454	Colposcopy, w/bx, cervix & endocerv curettage		81000	Urinalysis Micro		J0696	Rocaphin per 250 mg	
57455	Colposcopy, w/biopsy, cervix		81002	Urine Dip		J3150	Testosterone up to 100 mg	
57456	Colposcopy, w/endocervical curettage		81025	Urine Pregnancy Test		J1885	Toradol per 15 mg	
<b>PROCEDURE</b>			87210	Wet Prep		90772	Therapeutic or diagnostic inj, subq or IM	
94640	Aerosol Treatment						Drug:	
94664	Aerosol Treatment, Demo						Dosage:	
20600	Arthrocentesis, small joint or bursa							
20605	Arthrocentesis, intermediate joint or bursa							
20610	Arthrocentesis, large joint or bursa							
51702	Bladder Cath							
69210	Cerumen Removal (BY PHYSICIAN)							

Date	Patient	Reason	Ticket #	Dr. #	Doctor
11/02/2009	MICKEY MOUSE				
Location	D.O.B.	Patient #	Responsible Party	PH#	Referring Dr.
	10/09/2001	20051			
Sex	Address	City/State	Zip Code	Over 90   Over 60   Over 30   Current   Total Due   PT   BC   CS   Pay Choice	
M					
Insurance Company BA   SCT   Policy I.D.			Relationship to Insured		
Diagnosis					
Prior Balance	Today's Charge	Adjustments	Today's Payments	Co-Pay	Balance Due
Next Appointment			Doctor's Signature		



MED1011

