

Robin Norman x6517

SF: Problem(s) stable and improving
 L: Full recovery expected w/treatment provided
 M: Treatment required to avoid mortality, or uncertain prognosis
 H: Extreme risk of mortality / prolonged functional impairment

Admission	PLEASE NOTE: 1 = 99221 (L) 30 Min 2 = 99222 (M) 50 Min 3 = 99223 (H) 70 Min C = CRITICAL CARE (document time in note)																																
PROVIDER NAME	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Subsequent Care	PLEASE NOTE: 1 = 99231 (L) 15 Min 2 = 99232 (M) 25 Min 3 = 99233 (H) 35 Min C = CRITICAL CARE (document time in note) MND = MANDATED SVC.																																
PROVIDER NAME	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Inpatient Consultations (Non Medicare)	PLEASE NOTE: 1 = 99251 (SF) 20 Min 2 = 99252 (SF) 40 Min 3 = 99253 (L) 55 Min 4 = 99254 (M) 80 Min 5 = 99255 (H) 110 Min C = CRITICAL CARE (document time in note)																															
PROVIDER NAME	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Discharge Care	PLEASE NOTE: 99238 < 30 MINUTES = D1 99239 > 30 MINUTES = D2 (document time in note)																																
PROVIDER NAME	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Inpatient Prolonged Service – 99356 first 30 min 99357 each additional 30 min spent.

Wentworth–Douglass Hospital
PHYSICIAN SERVICES
CHARGE CAPTURE FOLDER (HOSPITAL BASED)

SEND TO: BROADWAY CODERS
7182–01
Rev. 07/23/15