

UNIVERSITY MEDICAL CENTER
Faculty Practice
CARDIOTHORACIC SURGERY GROUP

Patient Name: _____

Surgeons:	Assistant Surgeons:	Date of Service:	POS: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
<input type="checkbox"/>	<input type="checkbox"/>	Insurance / Pre-Cert. No.:	
<input type="checkbox"/>	<input type="checkbox"/>	Requesting Physician:	
	<input type="checkbox"/>	Dx/Reason For Consult:	
	<input type="checkbox"/>		
	<input type="checkbox"/>		

EVALUATION & MANAGEMENT		MODIFIERS
<input type="checkbox"/> Opt/ER Consult 9924 ____ (1-5)	<input type="checkbox"/> Dischge Hosp Day 99238	<input type="checkbox"/> 57 E&M w/Decision for Surgery
<input type="checkbox"/> ER Attending 9928 ____ (1-5)	<input type="checkbox"/> Post-Op Visit 99024 (N/C)	<input type="checkbox"/> 58 Staged or Related Procedure
<input type="checkbox"/> New Inpt Consult 9925 ____ (1-5)	<input type="checkbox"/> Second Opinion 9927 ____ (1-5)	<input type="checkbox"/> 62 Co-Surgeons
<input type="checkbox"/> Estab Inpt Consult 9926 ____ (1-3)	<input type="checkbox"/> New Office Visit 9920 ____ (1-5)	<input type="checkbox"/> 82 Assistant Surgeon, no qual resident avail
<input type="checkbox"/> Init Hosp Day Svc 9922 ____ (1-3)	<input type="checkbox"/> Estab Office Visit 9921 ____ (1-5)	<input type="checkbox"/> 59 Distinct Separate Procedure
<input type="checkbox"/> Subs Hosp Visit 9923 ____ (1-3)	<input type="checkbox"/> Other _____	<input type="checkbox"/> 78 Return to OR in post op period
CABG - VENOUS ONLY	COMBINED A/V GRAFTING	CABG - ARTERIAL GRAFTING
<input type="checkbox"/> 33510 - 1 vein only	(use with arterial code)	<input type="checkbox"/> 33533 - 1 arterial graft
<input type="checkbox"/> 33511 - 2 vein only	<input type="checkbox"/> 33517 - 1 vein +	<input type="checkbox"/> 33534 - 2 artery grafts
<input type="checkbox"/> 33512 - 3 vein only	<input type="checkbox"/> 33518 - 2 vein +	<input type="checkbox"/> 33535 - 3 artery grafts
<input type="checkbox"/> 33513 - 4 vein only	<input type="checkbox"/> 33519 - 3 vein +	<input type="checkbox"/> 33536 - 4+ artery grafts
<input type="checkbox"/> 33514 - 5 vein only	<input type="checkbox"/> 33521 - 4 vein +	
<input type="checkbox"/> 33515 - 6+ vein*	<input type="checkbox"/> 33522 - 5 vein +	
	<input type="checkbox"/> 33523 - 6+ vein +	
PROCEDURES		
<input type="checkbox"/> 10140 I&D hematoma, seroma	<input type="checkbox"/> 33120 Excision of intracardiac tumor	<input type="checkbox"/> 33545 Repair of postinfarction VSD
<input type="checkbox"/> 10180 I&D post op infection	<input type="checkbox"/> 33140 TMLR by thoracotomy	<input type="checkbox"/> 33572 + Coronary endarterectomy, open
<input type="checkbox"/> 11042 Debride skin + subcut	<input type="checkbox"/> 33141 + TMLR at time of procedure	<input type="checkbox"/> 33641 ASD repair w/CP bypass
<input type="checkbox"/> 11401 Excise ben lesion .6-1.0cm	<input type="checkbox"/> 33253 Maze procedure	<input type="checkbox"/> 33860 Ascend aorta graft w/CP bypass
<input type="checkbox"/> 21627 Sternal debridement	<input type="checkbox"/> 33305 Repair cardiac wound w/bypass	<input type="checkbox"/> 33863 Ascend aorta graft, Bentall procedure
<input type="checkbox"/> 21750 Sternotomy closure	<input type="checkbox"/> 33405 Aortic valve replacement w/prosthetic valve	<input type="checkbox"/> 33967 Insert intra-aortic balloon, perc.
<input type="checkbox"/> 31622 Diag bronchoscopy	<input type="checkbox"/> 33411 Replace aortic valve w/annulus enlg	<input type="checkbox"/> 35500 + Harvest upper extrem vein
<input type="checkbox"/> 31645 Bronchoscopy w/aspiration	<input type="checkbox"/> 33426 Valvuloplasty mitral w/prosthetic ring	<input type="checkbox"/> 35572 + Harvest femoropopliteal vein
<input type="checkbox"/> 32020 Chest tube insertion	<input type="checkbox"/> 33427 Valvuloplasty mitral w/rad reconstruct	<input type="checkbox"/> 35600 Harvest of UE artery for CABG
<input type="checkbox"/> 32100 Thoracotomy maj w/biopsy	<input type="checkbox"/> 33430 Replace mitral w/CP bypass	<input type="checkbox"/> 35820 Post-op chest explore for hem.
<input type="checkbox"/> 32480 Lobectomy, total	<input type="checkbox"/> 33464 Valvuloplasty, tricuspid valve; w/ring insert.	<input type="checkbox"/> 39220 Excision mediastinal tumor
<input type="checkbox"/> 32500 Lung wedge resection	<input type="checkbox"/> 33530 + Reop CABG/valve >1 mo post-op	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 33025 Pericardial window	<input type="checkbox"/> 33542 Myocardial resection	
DIAGNOSES		
<input type="checkbox"/> 212.7 Myxoma	<input type="checkbox"/> 414.00 CAD: unspecified	<input type="checkbox"/> 496.0 COPD
<input type="checkbox"/> 250.00 NIDDM	<input type="checkbox"/> 414.01 CAD: Native Coronary Artery	<input type="checkbox"/> 511.9 Pleural Effusion
<input type="checkbox"/> 250.02 NIDDM, uncontrolled	<input type="checkbox"/> 414.05 CAD: Bypass Graft	<input type="checkbox"/> 585 Chronic Renal Failure
<input type="checkbox"/> 272.0 Hypercholesterolemia	<input type="checkbox"/> 414.10 Aneurysm of Heart Wall	<input type="checkbox"/> 733.81 Malunion Fracture
<input type="checkbox"/> 278.01 Morbid Obesity	<input type="checkbox"/> 421.0 Acute/Subacute Bacterial Endocarditis	<input type="checkbox"/> 745.4 VSD
<input type="checkbox"/> 353.0 Thoracic Outlet Syndrome	<input type="checkbox"/> 424.0 Mitral Valve Disorder	<input type="checkbox"/> 745.5 ASD
<input type="checkbox"/> 397.0 Disease of Tricuspid Valve	<input type="checkbox"/> 424.1 Aortic Valve Disorder, unspec	<input type="checkbox"/> 785.51 Cardiogenic Shock
<input type="checkbox"/> 401.9 HTN	<input type="checkbox"/> 427.31 Atrial Fibrillation	<input type="checkbox"/> 996.03 Malfunction CABG
<input type="checkbox"/> 402.9 Malignant Htn Heart Ds. unspec	<input type="checkbox"/> 428.0 CHF	<input type="checkbox"/> 998.11 Hge Complicating Procedure
<input type="checkbox"/> 410.91 MI, unspec	<input type="checkbox"/> 428.1 Left Heart Failure	<input type="checkbox"/> 998.12 Hematoma Complicate Procedure
<input type="checkbox"/> 410.92 MI, unspec subsequent	<input type="checkbox"/> 429.5 Chordae Tendinae rupture	<input type="checkbox"/> 998.13 Seroma Complicating Procedure
<input type="checkbox"/> 411.1 Angina, unstable	<input type="checkbox"/> 441.0_ Dissection of aorta	<input type="checkbox"/> 998.51 Infected Post-Op Seroma
<input type="checkbox"/> 412 Old MI	<input type="checkbox"/> 441.2 Ascending aortic aneurysm	<input type="checkbox"/> 998.59 Wound Infection, post-op
<input type="checkbox"/> 413.9 Angina Pectoris	<input type="checkbox"/> 441.9 Descending aortic aneurysm	<input type="checkbox"/> Other: _____

Physician's Signature: _____ Date: _____