

Department of Radiology

OFFICE CONSULTS, NEW OR ESTABLISHED				
CPT	CDM	TIME	HISTORY & PHYSICAL EXAM	DECISION
OFFICE CONSULT, NEW/EST. PATIENT				
99241	43576347	15	PROBLEM FOCUSED	STRAIGHT FORWARD
99242	43576362	30	EXPANDED PROBLEM FOCUSED	STRAIGHT FORWARD
99243	43576388	40	DETAILED	LOW
99244	43576404	60	COMPREHENSIVE	MODERATE
99245	26792457	80	COMPREHENSIVE	HIGH
OFFICE VISIT, NEW PATIENT				
99201	43576149	10	PROBLEM FOCUSED	STRAIGHT FORWARD
99202	43576164	20	EXPANDED PROBLEM FOCUSED	STRAIGHT FORWARD
99203	43576180	30	DETAILED	LOW
99204	26492041	45	COMPREHENSIVE	MODERATE
99205		60	COMPREHENSIVE	HIGH
OFFICE VISIT, ESTABLISHED PATIENT				
99211	43576263	5	MINIMUM	MINIMAL
99212	43576289	10	PROBLEM FOCUSED	STRAIGHT FORWARD
99213	43576305	15	EXPANDED PROBLEM FOCUSED	LOW
99214	43576321	25	DETAILED	MODERATE
99215		40	COMPREHENSIVE	HIGH
INPATIENT INITIAL VISIT				
99251	26492512	20	PROBLEM FOCUSED	STRAIGHT FORWARD
99252	26492520	40	EXPANDED PROBLEM FOCUSED	STRAIGHT FORWARD
99253	26492538	55	DETAILED	LOW
99254	26492549	80	COMPREHENSIVE	MODERATE
99255	26492556	110	COMPREHENSIVE	HIGH
SUBSEQUENT HOSPITAL CARE				
99231	26792317	10	PROBLEM FOCUSED	STRAIGHT FORWARD
99232	26792325	20	EXPANDED PROBLEM FOCUSED	STRAIGHT FORWARD
99233	26792333	20	DETAILED	LOW
HOSPITAL DISCHARGE				
99238	43576248		30 MINUTES OR LESS	
99239			MORE THAN 30 MINUTES	

MRN: _____

NAME: _____

VISIT DATE: _____

REQUESTING MD: _____

DIAGNOSIS 1) _____ 3) _____
 2) _____ 4) _____

MD SIGN/ TIME/DATE : _____