

LA COSTA CHIROPRACTIC
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NAME _____ DOB _____

ADDRESS _____ DATE _____

R

D.C.

CHARGE SLIP

Patient's Name _____

Date _____

Patient's # _____

EXAMINATION

- E05---98201 E/M Initial, Brief Examination
 - E06---98202 E/M Initial; Limited Examination
 - E06.6-98202 E/M Initial; Limited Exam (ASHN)
 - E07---98203 E/M Initial; Intermediate Examination (WC)
 - E08---98204 E/M Initial; Comprehensive Examination
- ESTABLISHED PATIENTS/OFFICE VISITS**
- O13---97260 Manual Manipulation of the Spine (one area)
 - O18---98213 E/M Est. Patient; Expanded
 - O19---98212 E/M Est. Patient; Limited
 - O20---98211 E/M Est. Patient; Brief
 - O21---98211 E/M-52 Est. Patient; Minimal
 - O25---98940 CMT; Spinal, 1-2 Regions (Group Ins. & PI)
 - O25A---98940 CMT; Spinal, 1-2 Regions (ASHN & Alligins)
 - O25M-98940 CMT; Spinal, 1-2 Regions (Medicare)
 - O25W-98940 CMT; Spinal, 1-2 Regions (Workers Comp)
 - O26---98941 CMT; Spinal, 3-4 Regions
 - O27---98942 CMT; Spinal, 5 Regions
 - O28---98943 CMT; Extra Spinal, 1 or More Regions
 - O76---Repeat Procedure

MODALITIES/PROCEDURES

- PT1---87010 Hot Pack or Cold Pack
- PT3---97124 Percussive Massage
- PT18---97035 Ultrasound
- PT19---97032 Electrical Muscle Stimulation
- PT7---97012 Cervical Traction (Mechanical)
- PT10---87140-59 Manual Therapy Technique
 - MTT1 Lumbar Traction
 - MTT2 Myofascial Release
 - MTT3 Joint or Soft Tissue Mobilization
- PT16-97124-30min. Therapeutic Massage
- PT16A-97124-52-30min. Massage/Adjustment
- PT17-97124-60min. Therapeutic Massage
- PT17A-97124-52-60min. Massage/Adjustment
- PT11---97145 Each Additional 15 Minutes
- PT3---97128 Ultrasound (WC)
- PT4---97124 Percussive Massage (WC)
- PT5---97118 Muscle Stimulation (WC)
- PT5---97122 Manual Traction (WC)
- PT7---97012 Mechanical Traction (WC)
- PT14---97810 TPT/Soft Tissue Mobilization (WC)
- PT15---97250 Myofascial Release (WC)

RE-EXAMS (INCLUDES TREATMENT)

- RE1-98213 E/M Est. Expanded Exam
 - RE2-98214 E/M Est. Detailed Exam
 - RE3-98215 E/M Est. Comprehensive Exam
 - RE4-98212 E/M Est. Subsequent Exam (ASHN)
 - 25 Re-Exam with Treatment
- X-RAYS**
- X01-71010 Chest Frontal
 - X02-72010 Ap/Lateral Full Spine
 - X04-72020 Spinal/Single View
 - X05-72040 Cervical Ap/Lateral Cervical
 - X06-72050 Cervical Complete
 - X07-72052 Cervical-Davis Series
 - X08-72070 Thoracic Ap/Lateral
 - X09-72100 Lumbar Ap/Lateral
 - X10-72110 Lumbosacral Complete
 - X14-73030 Shoulder Complete
 - X15-73080 Elbow Complete
 - X16-73110 Wrist Complete
 - X17-73130 Hand Complete
 - X18-73110 Hip Complete
 - X19-73570 Knee Complete
 - X20-73810 Ankle Complete
 - X21-76630 Foot Complete
 - X22-73140 Finger Complete
 - X23-71100 Ribs Complete

MISCELLANEOUS CHARGES

- M07 Copy Fee
- M04 Narrative Report Fee
- SP1 Non-prescription Supplements
- SP2 Cervical Collar
- SP3 Lumbosacral Belt
- SP4 Wrist Support
- SP5 Orthotics
- SP6 Cervical Pillow
- SP7 Elbow Brace
- SP9 Genie Massage
- SP12 Knee Support
- SP16 Ice Pack
- SP17 TENS Unit
- SP18 Lumbar Support Pillow

Dx _____ Total Fee _____

Payment _____

Adjustment _____