

Baylor Medical Pavilion
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Texas Spine Consultants, L.L.P.

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PROC CODE	DESCRIPTION	PROVIDER	FEE	PROC CODE	DESCRIPTION	UNITS
NEW PATIENT				INJECTIONS		
99201	PROB FOC			*20552	TRIGGER POINT INJECT	
99202	EX PROB			*20553	TRIGGER (3)	
99203	DETAILED			*20605	INJECTION JOINT/BURSA	
99204	COMPRE			*20610	INJECTION MAJOR JOINT	
99205	COMPLEX			J3302	Triamcinolone Diacetate inj 5mg	
ESTABLISHED PATIENT				J1100	Dexamethasone Sodium Phos	
99212	PROB FOC			J1885	TORADOL	
99213	EX PROB			X-RAYS		
99214	DETAILED			RECUMBENT <input type="checkbox"/> STANDING <input type="checkbox"/>		
99215	COMPLEX			72020	ODONTOID	72110 LUMBAR: AP/LAT/OB
99024	POST OP VISIT			72040	CERVICAL AP/LAT	72114 LUMBAR AP/LAT/FL/EX
CONSULTATIONS				72050	CERVICAL AP/LAT/FLEX/EXTEN	72114 LUMBAR AP/LAT/FL/EX/OB
REFERRING PHYSICIAN				72052	CERVICAL AP/LAT/FLEX/OB	73030 SHOULDER 2 VIEW
99243	DETAILED			72069	SCOLIOSIS 1 VIEW	73500 HIP; LATERAL
99244	COMPRE			72090	SCOLIOSIS 2 VIEW	72170 PELVIS; AP
99245	COMPLEX			72070	THORACIC AP/LAT	73560 KNEE, AP/LAT
WORKCOMP				72080	THORACOLUMBAR AP/LAT	73610 ANKLE; AP/LAT/OB
99080	WC Report			72100	LUMBAR AP/LAT	72220 COCCYX/SACRUM
99081	Disability Forms / Xray Copies			DME		
99366	REHAB NURSE			L0120	FOAM COLLAR	LO500 L BRACE
99455 WP	MMI/R TREATING DR			L0140	ASPEN	A9300 THERABAND
V1 V2 V3 V4 V5 #AREAS				OUTSIDE TESTING / REFERRALS		
99455 VR	MMI/IR Report Only			MRI	<input type="checkbox"/> CERVICAL <input type="checkbox"/> THORACIC <input type="checkbox"/> LUMBAR	
99456 WP	MMI/IR-DESG DR			CT/MYELO	<input type="checkbox"/> CERVICAL <input type="checkbox"/> THORACIC <input type="checkbox"/> LUMBAR	
99456	Not at MMI			<input type="checkbox"/> EMG/NCV		
99499 WP	RME/IME			<input type="checkbox"/> PHYSICIAN WILL CALL WITH RESULTS		
99372/71	TELEPHONE CONSULT			<input type="checkbox"/> FOLLOW-UP AFTER TEST(S) FOR RESULTS		
EMG/NCV				OUTSIDE TESTING / REFERRALS		
95860	EMG One Extremity			MRI <input type="checkbox"/> CERVICAL <input type="checkbox"/> THORACIC <input type="checkbox"/> LUMBAR		
95861	EMG Two Extremity			CT/MYELO <input type="checkbox"/> CERVICAL <input type="checkbox"/> THORACIC <input type="checkbox"/> LUMBAR		
95863	EMG Three Extremity			<input type="checkbox"/> EMG/NCV		
95864	EMG Four Extremity			<input type="checkbox"/> PHYSICIAN WILL CALL WITH RESULTS		
95870	EMG One Ext. LTD			<input type="checkbox"/> FOLLOW-UP AFTER TEST(S) FOR RESULTS		
95900	Motor w/o F Wave X			DAYS WKS MO		
95903	Motor w/ F Wave X			FOLLOW-UP VISIT		
95904	Sensory X			DAYS WKS MO		
95934	H-Reflex GastrocX			DAYS WKS MO		
95936	H-Reflex Other			DAYS WKS MO		
PROVIDER SIGNATURE				FOLLOW-UP VISIT		
DIAGNOSIS				FOLLOW-UP VISIT		
1 2 724.2				3 738.4 4 724.3		
DATE TIME PATIENT NAME				PATIENT BALANCE		
5/22/13 01:30pm Plock, Robert				0.00		
CLINIC DOCTOR APPOINTMENT TYPE/NOTES				PRIOR DIAGNOSIS		
Office New Baylor Andrew E Park MD TEST RESULTS - 0 tr/c, 1 min from A				Last Appointment Date: 05/08/2013		
PATIENT I.D. DOB / AGE INSURANCE CARRIER				723.1 cervicalgia		
42157 OVER 30 07/26/1968 / 44 yrs OVER 90 United Healthcare - UMI				723.4 brachial neuritis or radiculitis r		
INS. BALANCE OVER 120				724.2 lumbago		
0.00 0.00 0.00 0.00 0.00				738.4 acquired spondylolisthesis		
ALLOCATION TYPE FINANCIAL CLASS				NOTES		
\$40 Co-Pay Options PPO				Surgery Date		
PRIMARY CARE/TREATING PHYSICIAN REFERRING PHYSICIAN				Global Period Through		
WILLIAM T CHRISTENSEN M.D.						