☐ MANUAL REVIEW Hospital Name:

Physician:	**Referring MD Name:**
Admission Date: (DD / MM / YY) / /	**Referring MD Provider #:**
Discharge Date: (DD / MM / YY) / /	**Diagnostic Code:**

CONSULTS / VISITS	A	C	K 99X	C 99X	990	PREMIUM* 991	994	995	996	997	98 86	99 87	C101	DATES (D/M/Y)
Consultation	☐	☐ 135	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Admission Premium	☐	E082												
Repeat Consult	☐	☐ 136	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Specific Assess	☐	☐ 133	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Specific R/A	☐	☐ 134	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Partial Assess	☐	138	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Pronounce Death	☐	☐ 777	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
CrCU Vent (Day 1)	☐ G557													/ /
CrCU No Vent (Day 1)	☐ G400													/ /
MRP Day2	☐ C122		☐ E083											/ /
MRP Day3	☐ C123		☐ E083											/ /
MRP Day1 (Post ICU)	☐ C142		☐ E083											/ /
MRP Day2 (Post ICU)	☐ C143		☐ E083											/ /
MRP Discharge	☐ C124		☐ E083											/ /

LEGEND:

990 (960 travel) -- M-F 07-17, 1st pt	991 -- M-F 07-17, each additional pt
994 (962 travel) -- M-F 17-24 , 1st pt	995 -- M-F 17-24, each additional pt
996 (964 travel) -- Any day 24-07, 1st pt	997 -- Any day 24-07, each additional pt
K998/C986 (963 travel) -- Wnd 07-24, 1st pt	K999/C987 -- Wnd 07-24, each additional pt
E409 / C109 -- M-F 17-24 & W/E 07-24	E410 / C110 -- Any day 24-07

ADMINISTRATION		DATES (D/M/Y)
CCAC Application	☐ K070	/ /
LTCF Health Report	☐ K038	/ /
Death Certificate	☐ C771 (incl. in A/C777)	/ /
Report to MTO	☐ K035	/ /
Form 1	☐ K623	/ /

TIME-BASED SERVICES		# UNITS (1 Unit=20min, 2=46, 3=76)	DATES (D/M/Y)
Interview POA	☐ K002	☐1 ☐2 ☐3	/ /
Individual counsel	☐ K013 (1st 3)	☐1 ☐2 ☐3	/ /
Family critical councel	☐ K015	☐1 ☐2 ☐3	/ /
Case conference	☐ K121	Minutes ☐10 ☐16 ☐26 ☐36 ☐46	/ /

INPT VISITS ☐ C132/C137/C139 ☐ E083 ☐ C138 ☐ C121 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

INPT VISITS ☐ C132/C137/C139 ☐ E083 ☐ C138 ☐ C121 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

PROCEDURE	CODE		PREMIUM*		DATES (D/M/Y)
Resus 1st 15 min (ICU)	☐ G521				/ /
Resus 2nd 15 min	☐ G523				/ /
Resus q 15 min thereafter	☐ G522	☐2	☐3	☐4	/ /
Other resus 1st 15 min (no ICU)	☐ G395				/ /
Other resus q 15 min thereafter	☐ G391	☐2	☐3	☐4	/ /
ABG	☐ Z459	☐ E409	☐ E410		/ /
Arterial line	☐ G268	☐ E409	☐ E410		/ /
Central venous line	☐ G269	☐ E409	☐ E410		/ /
Intubation	☐ G211	☐ E409	☐ E410		/ /
NG -- diagnostic	☐ G355				/ /
NG -- therapeutic	☐ G356	☐ E409	☐ E410		/ /
Thoracentesis - therapeutic	☐ Z332	☐ E409	☐ E410		/ /
Paracentesis - therapeutic	☐ Z591	☐ E409	☐ E410		/ /
Lumbar puncture	☐ Z804	☐ E409	☐ E410		/ /

OTHER CODES / PREMIUMS / UNITS / ETC.	DATES (D/M/Y)
	/ /
	/ /
	/ /
	/ /