

Patient name: _____ Patient #: _____ Date: _____

Chiropractic Manipulative Therapy

(Circle if needed)

- 98940 CMT, Spinal 1-2 regions AT GA
- 98941 CMT, Spinal 3-4 regions AT GA
- 98942 CMT, Spinal 5 regions AT GA
- 98943 CMT, Extra Spinal (1 or more regions) GY
- S8990 Maintenance (never Medicare)
- CHUSA Capped Routine Visit**

Supervised Modalities

(Circle if needed)

- 97010 Hot/Cold Packs GP GY
- 97012 Traction Mechanical GP GY
- 97014 Electric Stim- Unattended GP GY
- G0283 Electric Stim-Unattended GP GY
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Constance Attendance Modalities

(Circle if needed)

- 97032 Manual Electric Stim Min. _____ 59 GP GY
 - 97033 Iontophoresis Min. _____ 59 GP GY
 - 97035 Ultrasound Min. _____ 59 GP GY
 - 97039 Other/Unlisted Min. _____ 59 GP GY
- Type: _____
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Therapeutic Procedures

(Circle if needed)

- 97110 Therapeutic Exercise Min. _____ 59 GP GY
 - 97112 Neuromuscular Re-Ed Min. _____ 59 GP GY
 - 97124 Massage Min. _____ 59 GP GY
 - 97139 Unlisted/Other Min. _____
- Type: _____
- 97140 Manual Therapy Min. _____ 59 GP GY
- Area: _____
- 97530 Therapeutic Activities Min. _____ 59 GP GY
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Total Timed Therapy Minutes: _____

NP Evaluation & Management

(Circle if Needed)

- 99202 Expanded Problem Focused 25 GY
- 99203 Detailed 25 GY
- 99204 Comprehensive 25 GY
- CHUSA Capped Initial Visit**

EP Evaluation & Management

(Circle if Needed)

- 99212 Problem Focused 25 GY
- 99213 Expanded Problem Focused 25 GY
- 99214 Detailed 25 GY
- 99215 Comprehensive 25 GY

Other

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Misc. Services

- 97760 Orthotics Mgmt & Training, each 15 min
Diagnosis _____
- 97763 Orthotics Mgmt & Training, Subsequent Visit each 15 min
Diagnosis _____
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Supplies

- A9152 Single vitamin/mineral/trace element, not otherwise specified
- A9153 Multiple vitamins, not otherwise specified
- A9300 Exercise Equipment, any Type: _____
- 99070 Supplies _____
- L3020 Orthotics, custom each foot Left Right
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Radiography

- 72020 Spinal, Single View, Specify Level _____
- 72040 Cervical, 2-3 Views
- 72050 Cervical, min. 4 Views
- 72052 Cervical, Complete, including Obliques & Flex. and/or Ext.
- 72070 Thoracic, 2 Views
- 72072 Thoracic, 3 Views
- 72075 Thoracic, min of 4 Views
- 72082 Entire Spine (e.g. Scoliosis Eval/ Gonstead); 2 or 3 Views
- 72100 Lumbosacral, 2-3 Views
- 72110 Lumbosacral, min. of 4 Views
- 72114 Lumbar Complete, including Bending
- 72170 Pelvis, 1 or 2 Views
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Diagnosis Pointer Instructions

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Diagnosis/Misc. Notes

Follow Up Visit (circle)

- 2 days 3 days 1 week Other _____

Payment Information

- Charges:** \$ _____
- Payment:** \$ _____
- CASH** **CHECK#** _____ **AMEX** **DISC** **MC** **VISA**
- CA Initials** _____ **Entered?** Yes No