

- ☐ MEDICARE
☐ MCD
☐ SELF PAY
☐ ALL OTHERS

LASER, AESTHETICS, AND BODY INSTITUTE

DR. JARED JAGDEO

LOCATION: ☐ 253 Empire Blvd.

PATIENT NAME: _____ DATE OF SERVICE: _____

REFERRING PHYSICIAN: _____ MEDICAL RECORD NO. _____

GUARANTOR NAME: _____ SERIAL NO. _____

✓	OUT PATIENT - NEW	CPT	HOSP #	✓	OUT PATIENT - ESTABLISHED	CPT	HOSP #	✓	OUT PATIENT - CONSULT	CPT	HOSP #
	Expanded Problem Focused	99202	AEL2		Problem Focused Minimal	99211	AFL1		Problem Focused	99241	ACL1
	Detailed	99203	AEL3		Problem Focused	99212	AFL2		Expanded Problem Focused	99242	ACL2
	Comprehensive, Moderate	99204	AEL4		Expanded Problem Focused	99213	AFL3		Detailed	99243	ACL3
	Comprehensive, High	99205	AEL5		Detailed	99214	AFL4		Comprehensive, Moderate	99244	ACL4
					Comprehensive, Moderate (40 mins)	99215	AFL5		Comprehensive, High	99245	ACL5

MODIFIERS*

- ☐ 25 - Separate E/M Same Day
☐ 76 - Repeat Procedure by Same Physician
☐ GA - Waiver of liability statement on file
☐ 27 - Multiple Outpatient Hospital E/M on the Same Date
☐ 77 - Repeat Procedure by Another Physician
☐ AQ - HSPA (Medicare Only)

✓	PROCEDURES	CPT	HOSP#	✓	PROCEDURES	CPT	HOSP#	✓	PROCEDURES	CPT	HOSP#
	BEN. LESION REMOVAL 15+	17111	100240		DPN FACIAL REMOVAL (17999)	179T7	100262		RADIOFREQUENCY (RF) THERAPY (17999)	179X9	100255
	BOTOX PER ZONE (17999*)	179X5	100251		FILLERS PER SYRINGE (17999*)	179X6	100252		RF BODY CONTOUR/SKIN TIGHTEN	179T6	100261
	CHEMICAL DESTRUCTION LESION	17110	100068		FULL FACE FRACT CO2 RESURF (17999*)	179X1	100243		RHINOPHYMA TREATMENT	30120	100243
	CHEMICAL PEEL (17999)	179X8	100254		FULL FACE IPL PHOTOFACIAL (17999*)	179X3	100247		SCAR TX W FRACTION C02-LARGE (17999)	179T4	100259
	DEST BENIGN LESION 15 >	17004	100067		FULLFACE RADIOF MICRONED (96999*)	96999*	100242		SCAR TX W FRACTION C02-SMALL (17999)	179T5	100260
	DEST BENIGN LESION 2-14	17003	100066		FXJL ABL LSR 1ST 100 SQ CM	0479T	100235		SKIN TAG REMOVAL PER SESS (17999)	179T8	100263
	DESTR CUT VASC LES; 10 SQ CM/<	17106	100237		FXJL ABL LSR EA ADDL 100SQCM	0480T	100236		TATTOO REMOV SESS (30-60MIN) (17999*)	179X2	100246
	DESTR CV LES; > 50 SQ CM	17108	100239		HAIR REMOVAL-AESTHETIC/FOL (17999*)	179X4	100248		TATTOO REMOVAL- LARGE (17999)	179T1	100256
	DESTR CV LES; 10 - 50 SQCM	17107	100238		LIGHT FACIAL (17999)	179X7	100253		VASCULAR BLODD VESSEL REMOVAL (17999)	179T3	100258
	DESTR MALIG LES SCLP NECK FT G	17273	100241		PRP FOR FACIAL INJECTION (0232T)	023XT	100250		WRINKLER RELAXER(BOTOX OR SIM) (17999)	179T2	100257
	DESTRUCT BENIGN LESION 1ST	17000	100065		PRP FOR HAIR INJECTION (0232T)	0232T	100249				

*For unlisted procedure codes, please be sure to attach supporting documentation such as: A clear definition or description of the nature, extent and need for the procedure and an operative report.

DIAGNOSIS: #1 _____ #2 _____ #3 _____ #4 _____

✓	DIAGNOSIS	ICD-10	✓	DIAGNOSIS	ICD-10	✓	DIAGNOSIS	ICD-10
	ACNE			DERMATOSIS PAPULOSA NIGRA			ROSACEA	
	Acne conglobata	L70.1		Other seborrhic keratosis	L82.1		Other rosacea	L71.8
	Acne excoriee des jeunes filles	L70.5					Rosacea, unspecified	L71.9
	Acne keloid	L73.0		HEMANGIOMA				
	Acne tropica	L70.3		Hemangioma of skin and subcutaneous tissue	D18.01		SCAR	
	Acne varioliformis	L70.2		Hemangioma unspecified site	D18.00		Hypertrophic scar	L91.0
	Acne vulgaris	L70.0					Scar conditions and fibrosis of skin	L90.5
	Acne, unspecified	L70.9		PHOTOAGING				
	Infantile acne	L70.4		Cafe au lait spots	L81.3		TATTOO	
	Other acne	L70.8		Chloasma	L81.1		Other specified disorders of pigmentation	L81.8
				Freckles	L81.2			
				Other melanin hyperpigmentation	L81.4		TELANGIECTASIAS	
	DERMATOFIBROMA			Other specified disorders of the skin/subcutaneous tissue	L98.8		Nevus, non-neoplastic	I78.1
	Other ben neopl of skin of lower limb, inc hip	D23.7		Postinflammatory hyperpigmentation	L81.0			
	Other ben neopl of skin of oth/unsp parts of face	D23.3					OTHER	
	Other ben neopl of skin of scalp and neck	D23.4						
	Other ben neopl of skin of trunk	D23.5		RHINOPHYMA				
	Other ben neopl of skin of up limb, inc shoulder	D23.6		Rhinophyma	L71.1			
	Other ben neopl of skin, unspecified	D23.9						

NOTE: The use of an Encounter Form is for charge capture purposes only. Code assignments are required to meet coding guidelines & billing regulations & must be supported by the documentation in the patient's medical record.

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COMMENTS: _____

REFERRED TO DR: _____

SIGNATURE _____ AUTHORIZATION # ☐ Yes _____ ☐ No _____

NOTE 1: ICD-10-CM DIAGNOSIS CODES LISTED ON THIS ENCOUNTER FORM ARE NOT ALL INCLUSIVE AND MAY BE NON-SPECIFIC. PLEASE REFER TO THE OFFICIAL CMS ICD-10-CM LISTING FOR THE COMPLETE LIST OF ICD-10-CM CODES AVAILABLE. NOTE 2: WHEN ENTERING ICD-10-CM CODES IN EAGLE ELIMINATE THE DECIMAL.