

- Dr. Paul V. Hamel
- Dr. Philip L. Crooks
- Dr. Nwanneka Udentia



- PEABODY
- REVERE

**SUPERBILL**

- SUBSCRIBER     SPOUSE     DEPENDENT
- MALE     FEMALE

Date: \_\_\_\_\_

Pt. Name: \_\_\_\_\_ Insurance: \_\_\_\_\_

CoPay: \$ \_\_\_\_\_  
Additional: \$ \_\_\_\_\_

Address: \_\_\_\_\_ ID#: \_\_\_\_\_

Total Fee: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber D.O.B. \_\_\_\_\_ PPO / HMO / POS

**Eligible for REE?**     YES     NO    |    If YES, Bill **V72.0** (Routine Eye Exam)  
 If NO, do they have a Deductible?     YES     NO    |    If YES, what is Deductible Amt \$ \_\_\_\_\_ Have they MET Deductible?     YES     NO  
 If YES, Bill MEDICAL (May need a Referral),  
 If NO, Patient Pays out of pocket.

- Referral Needed     Referral Obtained     Patient eligible REE – time period met     REE Verified by Phone     Bill Medical

**If patient PCP is Harvard Vanguard or CHA (Cambridge Health Alliance), Patient MUST obtain their own Referral PRIOR to exam.**

**GENERAL DIAGNOSTIC & TREATMENT SERVICES**

|                  | NEW   | EST   | MED   | FEE        |
|------------------|-------|-------|-------|------------|
| Office Visit     |       |       |       | <b>50</b>  |
| Comp. Eye Exam   | 92004 | 92014 | 99214 | <b>140</b> |
| Refraction       | 92015 | 92015 |       | <b>25</b>  |
| Topcon Screening | DRI   | DRI   |       | <b>35</b>  |
| CL Fit Spherical | 92310 | 92310 |       | <b>70</b>  |
| CL Fit TORIC     | 92310 | 92310 |       | <b>90</b>  |
| CL Fit MULTI     | 92310 | 92310 |       | <b>120</b> |
| CL Fit Toric/MF  | 92310 | 92310 |       | <b>210</b> |
| CL Follow Up     |       |       |       | <b>30</b>  |

**ADDITIONAL PROCEDURES**

|                      | Code  | FEE          |
|----------------------|-------|--------------|
| Visual Field, EXT    | 92083 | <b>80</b>    |
| DFE                  | 92225 | <b>50</b>    |
| Gonioscopy           | 92020 | <b>30</b>    |
| Pachymetry           | 76514 | <b>20</b>    |
| Photography - Fundus | 92250 | <b>100</b>   |
| <i>Punctal Plugs</i> |       |              |
| Collagen R L E1-4    | 68761 | <b>100ea</b> |
| Silicone R L E1-4    | 68761 | <b>200ea</b> |
| FB Removal ( R / L ) | 65222 | <b>80</b>    |
| Epilation            | 67820 | <b>50</b>    |
| GDX ( RT / LT )      | 92135 | <b>70</b>    |

**REFRACTIVE DIAGNOSIS**

|                            |               |
|----------------------------|---------------|
| <b>Normal Routine Exam</b> | <b>Z01.00</b> |
| V72.0                      |               |
| <b>HISTORY</b>             |               |
| Diabetes without Ret       | 250.00        |
| Diabetes with Ret          | 250.50        |
| Headache                   | R51           |
| Hypertension, unspec       | 401.90        |
| Pain in eye                | 379.91        |
| Medical Monitoring of      |               |
| High Risk Meds             | 362.55        |
| Visual Disturbance         | H53.19        |
| 368.10 (normal fields)     |               |

**MEDICAL DIAGNOSIS (ICD-9)**

| <b>LIDS &amp; LASHES</b> |    |               |
|--------------------------|----|---------------|
| BLEPHARITIS              | RU | H01.021       |
| 373.31                   | RL | H01.022       |
|                          | LU | H01.024       |
|                          | LL | H01.025       |
| DRY EYE                  | R  | H04.121       |
| 375.15                   | L  | H04.122       |
|                          | B  | H04.123       |
| Meibomitis               |    | 373.12 H02.89 |
| HORDEOLUM                | RU | H01.011       |
| External                 | RL | H01.012       |
| 373.11                   | LU | H01.014       |
|                          | LL | H01.015       |
| Conjunctivitis,          | R  | H10.11        |
| Allergic                 | L  | H10.12        |
| 372.14                   | B  | H10.13        |
| KERATITIS                | R  | H16.221       |
| SICCA                    | L  | H16.222       |
| 370.33                   | B  | H16.223       |
| Corneal Neo              | R  | H16.421       |
| Pannus                   | L  | H16.422       |
| 370.60                   | B  | H16.423       |

| <b>CONJ, CORNEA, SCLERA</b> |   |              |
|-----------------------------|---|--------------|
| CORNEAL                     | R | H16.041      |
| ULCER                       | L | H16.042      |
| 370.01                      | B | H16.043      |
| Conjunctival Heme           | R | H11.31       |
| (Sub)                       | L | H11.32       |
| 372.72                      | B | H11.33       |
| Injected Eye                |   | 372.71 H57.8 |
| Glaucoma,                   | R | H40.031      |
| narrow angle                | L | H40.032      |
| 365.20                      | B | H40.033      |
| Glaucoma,                   |   | H40.11X0     |
| Open Angle                  |   |              |
| 365.10                      |   |              |
| GLAUCOMA                    | R | H40.021      |
| SUSPECT                     | L | H40.022      |
| 365.02                      | B | H40.023      |
| Ocular                      | R | H40.051      |
| Hypertension                | L | H40.052      |
| 365.04                      | B | H40.053      |

| <b>RETINA</b>         |   |         |
|-----------------------|---|---------|
| Macular Degen, Dry    |   | H35.31  |
| Macular Degen, Wet    |   | H35.32  |
| 362.51                |   |         |
| Macular Drusen        | R | H35.361 |
| 362.57                | L | H35.362 |
|                       | B | H35.363 |
| Retinopathy, Diabetic |   |         |
| w/ mac edema          |   | E11.311 |
| w/o mac edema         |   | E11.319 |
| 362.01                |   |         |
| Hypertensive          | R | H35.031 |
| Retinopathy           | L | H35.032 |
| 362.11                | B | H35.033 |
| Vitreous              | R | H43.391 |
| Floater               | L | H43.392 |
| 379.24                | B | H43.393 |
| LATTICE               | R | H35.411 |
| Degeneration          | L | H35.412 |
| 362.63                | B | H35.413 |

| <b>RETINA &amp; LENS</b> |   |         |
|--------------------------|---|---------|
| Cataract, NS             | R | H25.11  |
|                          | L | H25.12  |
|                          | B | H25.13  |
| 366.16                   |   |         |
| Cataract, PSC            | R | H25.041 |
|                          | L | H25.042 |
| 366.02                   | B | H25.043 |
| Choroidal Nevus          | R | D31.31  |
|                          | L | D31.32  |
| 224.6                    |   |         |
| RETINAL                  | R | H35.61  |
| HEME                     | L | H35.62  |
| 362.81                   | B | H35.63  |
| Field Defect, unspec     | R | H53.451 |
|                          | L | H53.452 |
| 368.44                   | B | H53.453 |
| Eyestrain &              | R | H53.141 |
| Photophobia              | L | H53.142 |
| <b>368.13</b>            | B | H53.143 |

**Notes:**

(Record up to 4 codes per patient)