Provider: Rick A Shacket DO, MD (H)
Osteopathic Medical License # 4257

Tax ID: ○ **26-4484161** ○ **382-58-1536**

○ **Scottsdale Office**

○ _____

○ **Office Off Pay Amount:**
a.k.a. Office Collected:

$_____

Patient _____ **DOB** _____ **DOS** _____

Office Visits				Office/M		
New	**Est**	**Cons 992___- m**		O/M	O/M	Facility
01-10	11-5	41-15	Level 1	88/54	45/23	163
02-20	12-10	42-30	Level 2	142/72	111/56	256
03-30	13-15	43-40	Level 3	220/111	146/74	242
04-45	14-25	44-60	Level 4	326/164	251/126	375
05-60	15-40	45-80	Level 5	432/217	302/2152	457
X	Staff to confirm consult prior to billing					
99024	**Surgical follow - up**					
-24	Unrelated E&M Service During a Postop Period					
-25	E/M Service Separate From Procedure (**preferred**)					
-57	Initial decision for **90-day global** same day surgery					

Diagnoses	
A63.0	**AnoGenital (Venereal) Warts Due to HPV**
B07.9	**Viral wart, unspecified**
B08.1	**Molluscum** Contagiousum
B20	HIV Disease
B97.7	**HPV** Human papilloma virus infection
D12.8	Benign neoplasm of rectum
D12.9	**Benign neoplasm of anus and anal canal**
D23.5	**Benign Neoplasm of Skin of Trunk**
D23.7	**Other benign neoplasm of skin of lower limb & hip**
D28.7	**Benign neoplasm of other specified female genital orga**
D28.0	Benign neoplasm of vulva
D29.0	Benign neoplasm of penis
D29.4	**Benign Neoplasm Scrotum**

Diagnoses	
F40.9	**Phobia** Unspecified
F50.81	Binge eating disorder
F50.89	Other specified eating disorder
E66.3	Overweight
R63.5	Abnormal Weight Gain
G89.__	Pain Post-Procedural (18=Acute or 28=Chronic)
I10__	Hypertension: primary, essential, or emergency
K50.90	**Crohn's** disease, unspecified, without complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.90	Ulcerative colitis, unspecified, without complications
K56.41	Fecal Impaction
K58.9	**IBS**, unspec.
K59.0	**Constipation**, unspecified
K59.4	**Proctalgia Fugax**, Severe Anal Spasm
K60.__	**Fissure** (0=Acute or 1=Chronic or 2=unspec)
K60.__	**Fistula** (3=Anal or 4=Rectal or 5=Anorectal)
K61.__	**Abscess** (0=Anal or 1=Rectal)
K62.__	Polyp (0=**Anal Papilloma** or 1=**Rectal Polyp**)
K62.__	**Prolapse** (2=Anal or 3=Rectal)
K62.4	**Stenosis** of anus & rectum
K62.5	**Bleeding Anorectal**
K62.6	Ulcer of Anus/Rectum
K62.89	**Anorectal** Disease Unspecified (**Papillae**, Cryptitis)
K63.5	**Colon Polyp**
K64.__	**Hemorrhoids** (**0=1st°** or **1=2nd°** or **2=3rd°**= or **3=4th°**)
K64.4	**" External** Hemorrhoids and Skin Tag(s)
K645	**" Thrombosed** Ext Hemorrhoids
K648	**" Internal** Hemorrhoids Unspecified
K92.2	Bleeding Gastrointestinal, occult or unspecified

Diagnoses	
L03.90	**Cellulitis**
L05.__1	Pilonidal Cyst(0=w/Abscess or 9=wo/Abscess)
L29.0	Pruritis Ani
L57.0	Actinic keratosis (precancerous lesion of the skin)
L91.8	Skin Hypertrophic Disorders (i.e., fibroepithepilial tags)
M79.18	**Myalgia**, Other Site
M99.05	**Somatic** Pelvic & Segmental Dysfunction
R10.32	Ab. Pain LLQ
R10.2	**Pain Rectal**, Pelvic, Perineal and Peri-Anal
R10.33	Ab. Pain Periumbilic or above
R15.__	**Fecal** (1=**Soiling** or 9=**Incontinence**)
R19.7	**Diarrhea** Unspecified
R85.612	LGSIL - Anal Intraepithelial Neoplasia **AIN 1**
R85.613	HGSIL - Anal Intraepithelial Neoplasia **AIN 2 & 3**
R85.81	Anal **High Risk** human papillomavirus (i.e., **HPV 16 or 18**)
R85.82	Anal Low Risk human papillomavirus (i.e., **HPV 6 or 11**)
Z12.11	**Screening for malignant neoplasm of Colon**
Z12.12	Special screen malignant neoplasm of **Rectum**
Z12.72	**Screening** for malignant neoplasm of **Vagina**
Z12.79	**Screening** for malignant neoplasm of **other GU organs**
Z12.83	**Screening** for malignant neoplasm of of **Skin**
Z12.9	Screening for malignant neoplasm of site **unspecified**
Z20.82	Contact/Exposure to Communicable **Viral Disease**
Z72.52	High Risk Activitiy Factor: **MSM**
Z80.0	Family history of malignant neoplasm of digestive organs
Z83.71	Family history of colonic polyps
Z86.010	Personal history of colon polyps

CPT	Procedures	Office/M	*Follow Up
10080	I & D Pilonidal Cyst Simple 744/244*10		
10081	I & D Pilonidal Cyst Comp 1018/340*10		
11000	**Debride** Dermal Tissue < 20sq cm 171/57		
SHAVE EXCISIONS	**Trunk**	**Arm**	**Leg**
<=.5cm 300/101	.6-1.0cm 360/121	1.1-2.0cm 405/136	>2.0cm 453/151
11300	11301	11302	11303
11300	11301	11302	11303
11300	11301	11302	11303
SHAVE EXCISIONS	**Scalp**	**Neck**	**Hand**	**Feet**	**Genitalia**
<=.5cm 312/105	.6-1.0cm 364/122	1.1-2.0cm 413/138	>2.0cm 437/146		
11305	11306	11307	11308		
11305	11306	11307	11308		
11305	11306	11307	11308		
SHAVE EXCISIONS	**Face**	**Ears**	**Eyelids**	**Nose**	**Lips**	**Muc mem**
<=.5cm 347/116	.6-1.0cm 407/136	1.1-2.0cm 464/155	>2.0cm 534/178		
11310	11311	11312	11313		
11310	11311	11312	11313		
11310	11311	11312	11313		
11102	Tangental Superficial Biopsy: 1 les 295/120		
11103	Tangental Biopsy: ea add'l lesion X ____lesions 159/70		
11104	**Punch SubQ Biopsy**: 1 les 300/101		
11105	Punch SubQ Biopsy: ea add'l lesion X ____les 149/50		
11200	**Skin tags Removal** of skin tags <15 les 360/91*10		
11201	" " ea add'l 10 lesions X____lesions 114/55		
11770	Ex. Pilonidal Cyst/Sinus Simple 1055/352*10		
11771	Ex. Pilonidal Cyst/Sinus Extensive 1862/621*10		
11772	Ex. Pilonidal Cyst/Sinus Comp.2288/763*10		
11900	**Intralesional** injection (up to 7) 170/57		
17110	"Dest benign les (not skin tags)<14 les 335/112*10		
17111	"15 or more lesions 392/131*10		
20552	TPI Single or Couple 1-2 Muscles 158/53		
17110	"Dest benign les (not skin tags)<14 les 335/112*10		
17111	"15 or more lesions 392/131*10		
20552	**TPI** Single or Couple 1-2 Muscles 158/53		
45190	Dest (Transanal), e.g.laser,Rectal Tumor *90 2124		
45100	Anorectal Biopsy in without anoscopy 918*90+		
45505	Proctoloplasty - Prolapsed Mucosa 1818-*90		
45541	Proctopexy; perineal approach, Prolapse Repair 2892		

CPT	Procedures	Office/M	*Follow Up
46020	Seton Placement 843/717		
46030	Seton Removal 761/254		
46040	**I & D Perirectal Abscess** 1643/548*90+		
46050	**I & D Perianal Abcess Superficial** 701/234*10+		
46060	I & D Abscess w/ Fist-tomy 1458-*90		
46080	Sphincterotomy 858/286*10+		
46083	**Incision of thrombosed** hem, external 617/206*10		
46200	**Fissurectomy** w/wo Sphinterotomy1400/467*90		
46220	**Ex One Tag**/Papi-Anus 746/249*10+		
46221	**Rubberband** Lig Hemorrhoidectomy 842/281*10		
46230	**Excise mult Tag**/Papil-Anus 926/309*10+		
46250	**Hem/ectomy Ext 2 or more columns** 1417/473*90+		
46255	**Simp Hem/ectomy Int/Ext** 1544/515*90		
46257	Hemorrohoidectomy Simp w/ Fiss 1290-*90		
46258	" w/Fistula w/wo Fissure 1428-*90		
46260	Hemorrhoidectomy Int/Ext Complex 1455-*90		
46261	" w/Fissurectomy 1599-*90		
46262	" w/Fistula w/wo Fissurectomy 1689-*90		
46270	**Fistulotomy** - Subcu 1586/529*90+		
46275	**"-Submuscular** 1673/558*90		
46280	"-Complex/Multiple 1437*90		
46500	**Sclerosing - Hem** 933/311		
46600	**Anoscopy** 353/118+		
46601	Anoscopy high res magnification 443/148+		
46604	**Anoscopy w/ Dilation** 1940/647		
46606	**Anoscopy w/ Biopsy** 833/278		
46607	Anoscopy high res magnifi w/ Biopsy 611/204		
46610	Anoscopy w/ Removal 1 lesion 779/260		
46612	" w/ Removal Mult. Lesions 992/331		
46614	" w/ Control of Bleeding 504/168		
46910	Dest Les Anus Simple Caut 783/411*10		
46917	**Dest Les Anus Laser** 1325/442*10		
46922	Dest LesAnus Simple 932/311*10		
46924	Dest Lesions Anus Extensive 1630/543*10		
46930	Dest Int Hemorrhoid Thermal 643/214*90+		
46940	Cautery of Fissure - Initial 794/265*10		
46942	Cautery " " Subsequent 755/252*10		
54050	**Dest of les(s),penis** simple chem 425/142		
54055	" Electrodessication 407/136		
54057	**" Laser Surgery** 422/141		
54060	Surg penis lesions excision (Not Dest.) 575/192		
54065	**" Dest of penis lesions, extensive** 656/219		
54100	**" Biopsy of penis lesion** 599/200		

CPT	Procedures	Office/M	*Follow Up
56501	Dest of lesions(s) vulva; simple 575/192		
56515	" Extensive 827/276		
56605	" Biopsy, vulva or perineum, 1 lesion 287/96		
56606	" Each add'l lesion x _____ lesions 116/39		
56620	Labiaplasty (partial vulva removal) 1572*90		
57061	Dest of vaginal lesion(s) simple 500/167		
57065	" Extensive 737/246		
57100	" Biopsy of vaginal mucosa; simple 308/103		
64430	Pudenal Nerve Block, Inj Anes. Agent; 293/98		
81003	Urinalysis 12		
82270	**Hemoccul**t Card Test 21		
96372	Therapeutic Subcutaneous Injection 41/14		
98925	**OMT**: Manipulation one to two body regions involved 92/31		
99152	**Conscious Sedation** (15 min.) 150/50		
99153	" Addn'l 15 minutes 33/11 (Units _____)		
-22	Greater than usual service-Document Attached		
-51	Superfluous - no longer relevant		
-53	Discontinued office procedure		
-58	Procdure during post-op period, staged		
-59	Distinct procedure, session, anatomic site, incision, lesion		
-78	Return to OR (unplanned) during post-op		
-79	Unrelated proceudre during the postop period		
-99	Multiple modifiers-send doc		
A4550	**Sterile Tray** 148		
90070	Supplies General or listed		
45999	Procedure Room & Equipment Charge $_____		

TOTAL ○ **PAID IN FULL**

- Cash/Chk PMT by _____

- Credit Card PMT by _____

- Adjustment

BALANCE OWED

Provider Signature: