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**	**992___- m**	NEW	EST	
01-10	11-5	Level 1		45/23	
02-20	12-10	Level 2	138/69	108/54	
03-30	13-15	Level 3	214/107	176/88	
04-45	14-25	Level 4	322/161	248/124	
05-60	15-40	Level 5	424/212	346/173	

99024	**Surgical follow - up** 0/0
-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 (Human Immunodeficiency Virus) 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 organs**
D28.0	Benign neoplasm of **Vulva**
D29.0	Benign neoplasm of **Penis**
D29.4	Benign neoplasm **Scrotum**

CPT	Procedures	Office/M	*Follow Up
10080	I & D Pilonidal Cyst Simple 699/233*10		
10081	I & D Pilonidal Cyst Comp 963/321*10		
11000	**Debride Dermal Tissue** < 20sq cm 168/56		
SHAVE EXCISIONS	**Trunk**	**Arm**	**Leg**
<=.5cm 282/94	.6-1.0cm 342/114	1.1-2.0cm 387/129	>2.0cm 426/142
11300	11301	11302	11303
11300	11301	11302	11303
11300	11301	11302	11303
SHAVE EXCISIONS	**Scalp**	**Neck**	**Hand**	**Feet**	**Genitalia**
<=.5cm 297/99	.6-1.0cm 342/114	1.1-2.0cm 390/130	>2.0cm 411/137		
11305	11306	11307	11308		
11305	11306	11307	11308		
11305	11306	11307	11308		
SHAVE EXCISIONS	**Face**	**Ears**	**Eyelids**	**Nose**	**Lips**	**Muc memb**
<=.5cm 324/108	.6-1.0cm 387/129	1.1-2.0cm 442/147	>2.0cm 513/171		
11310	11311	11312	11313		
11310	11311	11312	11313		
11310	11311	11312	11313		
11102	Tangental Superficial Biopsy: 1 les 282/94		
11103	Tangental Biopsy: ea add'l lesion X ____lesions 141/47		
11104	**Punch SubQ Biopsy**: 1 les 351/117		
11105	Punch SubQ Biopsy: ea add'l lesion X ____les 171/57		
11200	**Skin tags Removal** of skin tags <15 les 267/89*10		
11201	" " ea add'l 10 lesions X____lesions 544/18		
11770	Ex. Pilonidal Cyst/Sinus Simple 987/329*10		
11771	Ex. Pilonidal Cyst/Sinus Extensive 1785/595*10		
11772	Ex. Pilonidal Cyst/Sinus Comp. 2193/731*10		
11900	Intralesional injection (up to 7) 165/55		
17110	"Dest benign les (not skin tags)<14 les 324/108*10		
17111	"15 or more lesions 381/127*10		
20552	TPI Single or Couple 1-2 Muscles 150/50		

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
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

CPT	Procedures	Office/M	*Follow Up
46030	Seton Removal 717/239		
46040	**I & D** Perirectal Abscess 1596/532*90+		
46050	**I & D Perianal Abcess Superficial** 669/223*10+		
46080	Sphincterotomy 813/271*10+		
46083	Incision of **thrombosed** hem, external588/196*10		
46200	**Fissurectomy** w/wo Sphinterotomy1362/454*90		
46220	**Ex One Tag**/Papi-Anus708/236*10+		
46221	**Rubberband** Lig Hemorrhoidectomy 819/273*10		
46230	**Excise mult Tag**/Papil-Anus 888/296*10+		
46250	**Hem/ectomy Ext 2 or more columns** 1374/458*90+		
46255	**Simp Hem/ectomy Int/Ext** 1485/495*90		
46270	**Fistulotomy** - Subcu 1533/511*90+		
46275	"-**Submuscular** 1617/539*90		
46500	**Sclerosing - Hem** 891/297		
46600	**Anoscopy** 327/109+		
46601	Anoscopy **high res magnification** 426/142+		
46604	**Anoscopy w/ Dilation** 1734/578		
46606	**Anoscopy w/ Biopsy** 774/258		
46607	Anoscopy high res magnifi w/ Biopsy585/195		
46610	Anoscopy w/ Removal 1 lesion 765/255		
46612	" w/ Removal Mult. Lesions 915/305		
46614	" w/ Control of Bleeding 471/157		
46910	Dest Les Anus Simple Caut 756/252*10		
46917	**Dest Les Anus Laser** 1239/413*10		
46922	Dest LesAnus Simple 882/294*10		
46924	Dest Lesions Anus **Extensive** 1572/524*10		
46930	Dest Int Hemorrhoid Thermal 639/213*90+		
46940	**Cautery of Fissure** - Initial 756/252*10		
46942	Cautery " " Subsequent 717/239*10		
54050	**Dest of Penis les(s),** simple chem 417/39		
54055	" Electrodessication 402/134		
54057	" **Penis Les(s) Laser Surgery** 399/133		
54060	Surg penis lesions excision (Not Dest.) 564/188		
54065	" Dest of penis lesions, **extensive** 645/215		
54100	" **Biopsy of penis lesion** 579/193		

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
56501	Dest of lesions(s) **vulva**; simple 546/182		
56515	" Extensive 789/263		
56605	" **Biopsy, vulva** or perineum, 1 lesion 273/91		
56606	" Each add'l lesion x _____lesions 108/36		
57061	Dest of vaginal lesion(s) simple 474/158		
57065	" Extensive 699/233		
57100	" Biopsy of vaginal mucosa; simple 296/98		
64430	**Pudenal Nerve Block**, Inj Anes. Agent; 279/93		
81003	Urinalysis 12		
82270	**Hemoccul**t Card Test 21		
96372	Therapeutic Subcutaneous Injection 41/14		
98925	**OMT**: Manipulation one to two body regions involved 90/30		
99152	**Conscious Sedation** (15 min.) 146/48		
99153	" Addn'l 15 minutes 36/12 (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	Operating Room & Equipment Charge 25/2500		

○ **Agrees to Pay Cash Due to Lack of Insurance Preauthorization**

○ **Payment Plan - Charged to Credit Card on file**

○ **Payment On Account (POA) - deduct from balance owed**

○ **Deductable collected**

○ **Balance bill Patient after insurance processes**

TOTAL ○ **PAID IN FULL**

- Cash/Chk PMT by _____

- Credit Card PMT by _____

- Adjustment

BALANCE OWED

Provider Signature:

***NC** REMEMBER:Mark **NC** next to procedures not charged for