

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			Diagnoses				Diagnoses			
Office Visits		Office/M		Facility			Diagnoses				Diagnoses						
New	Est	Cons	992 - m	O/M	O/M	Facility	F40.9	Phobia Unspecified	L03.90	Cellulitis							
01-10	11-5	41-15	Level 1	88/54	45/23	163	F50.81	Binge eating disorder	L05.1	Pilonidal Cyst(0=w/Abscess or 9=w/Abscess)							
02-20	12-10	42-30	Level 2	142/72	111/56	256	F50.89	Other specified eating disorder	L29.0	Pruritis Ani							
03-30	13-15	43-40	Level 3	220/111	146/74	242	E66.3	Overweight	L57.0	Actinic keratosis (precancerous lesion of the skin)							
04-45	14-25	44-60	Level 4	326/164	251/126	375	R63.5	Abnormal Weight Gain	L91.8	Skin Hypertrophic Disorders (i.e., fibroepithelial tags)							
05-60	15-40	45-80	Level 5	432/217	302/2152	457	G89.0	Pain Post-Procedural (18=Acute or 28=Chronic)	M79.18	Myalgia, Other Site							
X	Staff to confirm consult prior to billing						I10.0	Hypertension: primary, essential, or emergency	M99.05	Somatic Pelvic & Segmental Dysfunction							
99024	Surgical follow - up						K50.90	Crohn's disease, unspecified, without complications	R10.32	Ab. Pain LLQ							
-24	Unrelated E&M Service During a Postop Period						K51.20	Ulcerative (chronic) proctitis without complications	R10.2	Pain Rectal, Pelvic, Perineal and Peri-Anal							
-25	E/M Service Separate From Procedure (preferred)						K51.90	Ulcerative colitis, unspecified, without complications	R10.33	Ab. Pain Periumbilic or above							
-57	Initial decision for 90-day global same day surgery						K56.41	Fecal Impaction	R15.0	Fecal (1=Soiling or 9=Incontinence)							
Diagnoses							K58.9	IBS, unspec.	R19.7	Diarrhea Unspecified							
A63.0	AnoGenital (Venereal) Warts Due to HPV						K59.0	Constipation, unspecified	R85.612	LGSIL - Anal Intraepithelial Neoplasia AIN 1							
B07.9	Viral wart, unspecified						K59.4	Proctalgia Fugax, Severe Anal Spasm	R85.613	HGSIL - Anal Intraepithelial Neoplasia AIN 2 & 3							
B08.1	Molluscum Contagiosum						K60.0	Fissure (0=Acute or 1=Chronic or 2=unspec)	R85.81	Anal High Risk human papillomavirus (i.e., HPV 16 or 18)							
B20	HIV Disease						K60.0	Fistula (3=Anal or 4=Rectal or 5=Anorectal)	R85.82	Anal Low Risk human papillomavirus (i.e., HPV 6 or 11)							
B97.7	HPV Human papilloma virus infection						K61.0	Abscess (0=Anal or 1=Rectal)	Z12.11	Screening for malignant neoplasm of Colon							
D12.8	Benign neoplasm of rectum						K62.0	Polyp (0=Anal Papilloma or 1=Rectal Polyp)	Z12.12	Special screen malignant neoplasm of Rectum							
D12.9	Benign neoplasm of anus and anal canal						K62.0	Prolapse (2=Anal or 3=Rectal)	Z12.72	Screening for malignant neoplasm of Vagina							
D23.5	Benign Neoplasm of Skin of Trunk						K62.4	Stenosis of anus & rectum	Z12.79	Screening for malignant neoplasm of other GU organs							
D23.7	Other benign neoplasm of skin of lower limb & hip						K62.5	Bleeding Anorectal	Z12.83	Screening for malignant neoplasm of Skin							
D28.7	Benign neoplasm of other specified female genital org						K62.6	Ulcer of Anus/Rectum	Z12.9	Screening for malignant neoplasm of site unspecified							
D28.0	Benign neoplasm of vulva						K62.89	Anorectal Disease Unspecified (Papillae, Cryptitis)	Z20.82	Contact/Exposure to Communicable Viral Disease							
D29.0	Benign neoplasm of penis						K63.5	Colon Polyp	Z72.52	High Risk Activity Factor: MSM							
D29.4	Benign Neoplasm Scrotum						K64.0	Hemorrhoids (0=1st° or 1=2nd° or 2=3rd°= or 3=4th°)	Z80.0	Family history of malignant neoplasm of digestive organs							
							K64.4	External Hemorrhoids and Skin Tag(s)	Z83.71	Family history of colonic polyps							
							K64.5	Thrombosed Ext Hemorrhoids	Z86.010	Personal history of colon polyps							
							K64.8	Internal Hemorrhoids Unspecified									
							K92.2	Bleeding Gastrointestinal, occult or unspecified									
CPT	Procedures	Office/M	*Follow Up	CPT	Procedures	Office/M	*Follow Up	CPT	Procedures	Office/M	*Follow Up	CPT	Procedures	Office/M	*Follow Up		
10080	I & D Pilonidal Cyst Simple 744/244*10			46020	Seton Placement 843/717			56501	Dest of lesions(s) vulva; simple 575/192								
10081	I & D Pilonidal Cyst Comp 1018/340*10			46030	Seton Removal 761/254			56515	" Extensive 827/276								
11000	Debride Dermal Tissue < 20sq cm 171/57			46040	I & D Perirectal Abscess 1643/548*90+			56605	" Biopsy, vulva or perineum, 1 lesion 287/96								
SHAVE EXCISIONS Trunk Arm Leg				46050	I & D Perianal Abscess Superficial 701/234*10+			56606	" Each add'l lesion x _____ lesions 116/39								
<=5cm	300/101	6-1.0cm	360/121	1.1-2.0cm	405/136	>2.0cm	453/151	46060	I & D Abscess w/ Fist-tomy 1458*90			56620	Labiaplasty (partial vulva removal) 1572*90				
11300	11301			11302	11303			46080	Sphincterotomy 858/286*10+			57061	Dest of vaginal lesion(s) simple 500/167				
11300	11301			11302	11303			46083	Incision of thrombosed hem, external 617/206*10			57065	" Extensive 737/246				
11300	11301			11302	11303			46200	Fissurectomy w/w Sphincterotomy 1400/467*90			57100	" Biopsy of vaginal mucosa; simple 308/103				
SHAVE EXCISIONS Scalp Neck Hand Feet Genitalia				46220	Ex One Tag/Papi-Anus 746/249*10+			64430	Puderal Nerve Block, Inj Anes. Agent; 293/98								
<=5cm	312/105	6-1.0cm	364/122	1.1-2.0cm	413/138	>2.0cm	437/146	46221	Rubberband Lig Hemorrhoidectomy 842/281*10			81003	Urinalysis 12				
11305	11306			11307	11308			46250	Excise mult Tag/Papi-Anus 926/309*10+			82270	Hemoccult Card Test 21				
11305	11306			11307	11308			46250	Hem/ectomy Ext 2 or more columns 1417/473*90+			96372	Therapeutic Subcutaneous Injection 41/14				
11305	11306			11307	11308			46255	Simp Hem/ectomy Int/Ext 1544/515*90			98925	OMT: Manipulation one to two body regions involved 92/31				
SHAVE EXCISIONS Face Ears Eyelids Nose Lips Muc mem				46257	Hemorrhoidectomy Simp w/ Fiss 1290*90			99152	Conscious Sedation (15 min.) 150/50								
<=5cm	347/116	6-1.0cm	407/136	1.1-2.0cm	464/155	>2.0cm	534/178	46258	" w/Fistula w/w Fissure 1428*90			99153	" Adn'l 15 minutes 33/11 (Units _____)				
11310	11311			11312	11313			46260	Hemorrhoidectomy Int/Ext Complex 1455*90			-22	Greater than usual service-Document Attached				
11310	11311			11312	11313			46261	" w/Fissurectomy 1599*90			-51	Superfluous - no longer relevant				
11310	11311			11312	11313			46262	" w/Fistula w/w Fissurectomy 1689*90			-53	Discontinued office procedure				
11102	Tangential Superficial Biopsy: 1 les 295/120						46270	Fistulotomy - Subcu 1586/529*90+					-58	Procedure during post-op period, staged			
11103	Tangential Biopsy: ea add'l lesion X _____ lesions 159/70						46275	"-Submuscular 1673/558*90					-59	Distinct procedure, session, anatomic site, incision, lesion			
11104	Punch SubQ Biopsy: 1 les 300/101						46280	"-Complex/Multiple 1437*90					-78	Return to OR (unplanned) during post-op			
11105	Punch SubQ Biopsy: ea add'l lesion X _____ les 149/50						46500	Sclerosing - Hem 933/311					-79	Unrelated procedure during the postop period			
11200	Skin tags Removal of skin tags <15 les 360/91*10						46600	Anoscopy 353/118+					-99	Multiple modifiers-send doc			
11201	" " ea add'l 10 lesions X _____ lesions 114/55						46601	Anoscopy high res magnification 443/148+			A4550	Sterile Tray 148					
11770	Ex. Pilonidal Cyst/Sinus Simple 1055/352*10						46604	Anoscopy w/ Dilatation 1940/647			90070	Supplies General _____ or listed					
11771	Ex. Pilonidal Cyst/Sinus Extensive 1862/621*10						46606	Anoscopy w/ Biopsy 833/278			45999	Procedure Room & Equipment Charge \$ _____					
11772	Ex. Pilonidal Cyst/Sinus Comp.2288/763*10						46607	Anoscopy high res magnifi w/ Biopsy 611/204									
11900	Intralesional injection (up to 7) 170/57						46610	Anoscopy w/ Removal 1 lesion 779/260									
17110	"Dest benign les (not skin tags)<14 les 335/112*10						46612	" w/ Removal Mult. Lesions 992/331									
17111	"15 or more lesions 392/131*10						46614	" w/ Control of Bleeding 504/168									
20552	TPI Single or Couple 1-2 Muscles 158/53						46910	Dest Les Anus Simple Caut 783/411*10									
17110	"Dest benign les (not skin tags)<14 les 335/112*10						46917	Dest Les Anus Laser 1325/442*10									
17111	"15 or more lesions 392/131*10						46922	Dest LesAnus Simple 932/311*10									
20552	TPI Single or Couple 1-2 Muscles 158/53						46924	Dest Lesions Anus Extensive 1630/543*10									
45190	Dest (Transanal), e.g.laser,Rectal Tumor *90 2124						46930	Dest Int Hemorrhoid Thermal 643/214*90+									
45100	Anorectal Biopsy in without anoscopy 918*90+						46940	Cautery of Fissure - Initial 794/265*10									
45505	Proctoplasty - Prolapsed Mucosa 1818*90						46942	Cautery " " Subsequent 755/252*10									
45541	Proctopexy; perineal approach, Prolapse Repair 2892						54050	Dest of les(s),penis simple chem 425/142									
							54055	" Electrodesiccation 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									
													TOTAL			PAID IN FULL	
													- Cash/Chk PMT by _____				
													- Credit Card PMT by _____				
													- Adjustment				
													BALANCE OWED				
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