PAIN INSTACARE (Gupta Institute)

SUPERBILL 2024

Name:	Copay: $ Date:	Additional Charge:

L	NP	FU	IME	Botox	OFFICE
1	99201	99211	NP	Memb	**Cherry Hill-100 Springdale**
2	99202	99212	FU	10/u	VOORHEES-2999 E Evesham
3	99203	99213	NS	15/u	**Philadelphia-1420 #406**
4	**99204**	**99214**			
5	**99205**	**99215**			

TYPE OF INJURY
MVA / Pedestrian MVA / WC / Slip & Fall
Animal Bite

DATE OF INJURY :
STATE OF INJURY: NJ / PA / DE / NY / FL
other

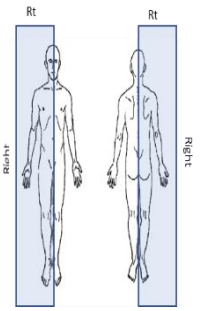
ADMINISTRATIVE

Referral - None Needed / Obtained
No: Visits
Precertification - None Needed / Obtained
No: Date
For: MA:

PROCEDURE CODES (CPT)

HEAD / FACE	CPT	N	CERVICAL/THORACIC	CPT	N	LUMBOSACRAL	CPT
Trigeminal NB	64400		ESI	62310		**ESI / Caudal**	62323
Facial NB	64402		**TFESI**	64479		**TFESI**	64483
Occipital NB	64405		**TFESI-additional**	64480		**TFESI-add**	64484
Botox Migraine	64615		**Facet / PMBB**	64490		**Facet / PMBB**	64493
Botox Cervical Dystonia	64616		**Facet/ second**	64491		**Facet / second**	64494
TRUNK			**Facet /additional**	64492		**Facet add**	64495
Intercostal NB	64420		**RF Facet**	64633		**RF Facet**	64635
Intercostal NBM	64421		**RF Facet additional**	64634		**RF Facet add**	64636
MUSCULOSKELETAL			Stellate Ganglion B	64510		Lumbar Sym	64520
Trigger Point single tend.	20551		Cervical Discography	62291		Lumbar Disco	62290
Trigger Point 2 muscle	20552		Cervical Plexus B	64413		Lumbar Plexus	64714
Trigger Point 3 or more	20553					**SIJ**	27096
Small Joint (finger / toes)	20600		**EMG/NCS**	**CPT**		**MISCELLANEOUS**	
Intermediate (TMJ / wrist)	20605		Each Ext Limit	95885		**PENS /PNT**	**64999**
Major(Hip/Knee/Shoulder)	20610		**Each Ext comp**	95886			
Major Jt with Ultrasound	20611		Non Extremity	95887			
Hip with fluoroscopy	27093		EMG Ext	95860		**DME**	
			EMG Two Extremities	95861		**LSO** - 97760	L0631
EXTREMITY-UE			NCS Motor	95900		TENS- 64550	E7030
Brachial Plexus	64415		NCS Sensory	95904			
Suprascapular NB	64418		NCS H reflex	95934			
UE : Med/Ulnar/Rad	64450		**NCS-7-8**	95910		**MEDICATIONS**	**CPT**
Carpal Tunnel	20526		**NCS-9-10**	95911		Depomedrol 40mg	J1030
EXTREMITY : LE			NCS-11-12	95912		Depomedrol 80mg	J1040
Illioinguinal/IH	64425		BOTOX/CD	95874		Kenolog 40mg	J3301
Pudendal NB	64430					**Dexamethasone**	**J1094**
LE: Com.P/Sap	64450		**GUIDANCE**			Lidocaine	J2001
Plantar Fasc.	20550		Fluro-Spine	77003		Sarapin	J3490
Sciatic/Pirif.	64445		Fluro-Hip	77002		Procedure Kit	
Femoral NB	64447		Ultrasound	76942		B12	J3420
LFCN Block	64450		**MODIFIER**			Qutenza 1 unit	J7335
Other			Same Day	25		Botox 1 unit	J0585
Scar Neuroma	11900		Bilateral	50		Hyalgan	J7321
B12	96372		Multiple Pro	51		Xeomin	J0588
Ganglion Impar	64517		Distinct Pro EMG	59			

CIRCLE APPROPRIATE



Headache / Facial Pain
TMJ / Neck Pain
Upper Ext L / R
Shoulder Pain L / R
Elbow Pain L / R
Wrist / Hand Pain L / R
Mid Back Pain
Lower Back Pain
Lower Ext L / R
Buttock Pain L/R
Tail Bone Pain
Hip Pain L / R
Knee Pain L / R
Foot / Ankle Pain L /R
Whole body pain

VITALS: BP _____ P _____ Pain ____/10

Wt _____ Ht _____ T_____ Relief _____%

CONSENT FOR PROCEDURE

Obtained by: _____MA

Pro: _____

I give permission to Dr. Rajan Gupta, M.D to perform above mentioned procedure(s):

Side effects (including but not limited to): increased pain, muscle soreness, nausea, vomiting

Risks (including but not limited to): Depending on the procedure it may include (1) Infection of disc, muscle, bone, and spinal canal (2) Bleeding into spinal canal which can cause nerve damage or paralysis (3) Nerve damage or paralysis due to needle or injection (4) Reaction to any of the medication injected (5) Damage to or infection of the internal organ near the spine including but not limited to muscles, kidney, ureters, bladder, intestines, blood vessels and lungs (7) Headache (8) Allergy to any of the component used.

These risks are minimal but potential. We ask you to stop blood thinners so the risk of bleeding is minimized. Most of the Spinal injections are performed under fluoroscopic guidance (X ray) to minimize injury to important structures and increase effectiveness. All the procedures are done under strict sterile condition to reduce infection risk.

I agree that Dr. Gupta/Staff has discussed the proposed procedure(s) with me and has answered all my questions about the procedure(s). I agree that the doctor has discussed all the potential risks, side effects, and alternatives related to the procedure(s).

Patient's Signature: _____

Plan: Rx Today _____

Follow Up: 1 / 2 / 3 / 6 **Week / Month**

For: FU / Pro / EMG UE / LE L / R / BL

Procedure: _____

Physical Therapy	MEDICATIONS	DME	IMAGING	LABS
Land Aquatic Home Modalities: Heat / Ice / Massage Fall Precaution 2-3 x / week - 4 weeks **REFERRAL** Spine Neurology Ortho	Ibuprofen 800 mg 1 po bid / tid prn Naproxen 500mg 1 po tid prn Celebrex 100/200mg 1 PO qd / bid Flexeril 5mg 1 po bid / tid prn Tizanadine 2mg 1 PO bid prn Gabapentin 100 / 300 / 600 mg Topamax 25mg 1 qhs / bid Tramadol 50mg 1 PO bid / tid prn Medrol Dose Pack 4mg / Volterin Gel Lidoderm 5% patch 1 qd Top Voltaren Gel 1% 2gm tid Top _____ For 5 days / 30 days / 90 days	Cervical Collar LSO Knee Brace AFO Ankle Brace Wrist Splint TENS unit with supplies	X Ray CT Scan MRI With / Without Contrast Brain Cervical Thoracic Lumbar Shoulder Hip Knee Foot/Ankle	CBC Chem 7 B12 RA factor Thyroid panel LFTs ANA DsDNA Ant Smith

Director: Rajan Gupta, MD _____ Other Physician: _____

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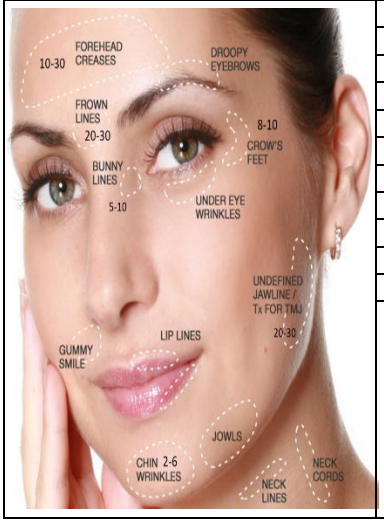
DIAGNOSIS CODES (ICD10)

HEAD / FACE	ICD 10	N
Headache NOS	**R51**	
Migraine WO Aura	G43.0	
Migraine With Aura	G43.1	
Chr Mig WO Aura	**G43.709**	
Chr Mig WO Aura-Int	G43.719	
Tension Headache	G44.20	
Tension Headache-Int	G44.21	
Cluster Headache	G44.00	
Trigeminal Neuralgia	**G50.0**	
Atypical Facial Pain	G50.1	
Occipital Neuralgia	M54.81	
Headache NOS	R51	
Migraine WO Aura	G43.0	
Migraine With Aura	G43.1	
TMJ	M26.603	
CHEST		
Costochondritis	**M94.0**	
Pst Herpetic Neuralgia	B02.29	
Intercostal Neuralgia	G58.0	
Intercostal Pain	R07.82	
Costochondritis	M94.0	
BREAST CODES		
Hypertrophy of breast	N62	
Erythema Intertrigo	L304	
Other pruritus	L298	
Obesity	E66.9	
Pendulous Breast	N64.89	
ABDOMEN/PELVIS		
Abdominal Pain Unsp	**R10.9**	
Pelvis Pain Syndrome	R10.2	
Int. Cystitis W Heme	N30.10	
Int. Cystitis WO Heme	N30.11	
NEURO		
Cerebral Infarct Unsp	I63.9	
Hemi Right Dominant	I69.351	
Hemi Left Dominant	I69.352	
Hemi Right Non-Domi	I69.353	
Hemi Left Non-Domi	I69.354	
Other Seq. of CVA	I69.398	
Spastic Gait	R26.1	
Abnormal reflex	R29.2	

CERVICAL	ICD 10	N
Cervicalgia	M54.2	
Cx Herniation Disc – Unspec	**M50.20**	
Cx Radiculopathy	**M54.12**	
Cx Spondylosis without M / R	**M47.812**	
Cx Spinal Stenosis	M48.02	
Cx Post Lami. Syndrome	**M96.1**	
Cx Spondylosis - W R	M47.22	
Cx Spondylosis Other	M47.892	
Cervical Disc Dis W R	M50.10	
Cervical Sprain / Strain	S13.4XX / D	
Cx Root Lesions	G54.2	
Cervical Sprain of Joints and Lig	**S13.8XX / D**	
Cx Degenerative Disc – Unsp	**M50.30**	
High / Mid / Cervicothoracic	31 / 32 / 33	
Cx Spondylosis – W M	M47.12	
	31 / 32 / 33	
Cx Dystonia / Torticolis	G24.3	
LUMBAR		
Lumbago	M54.5	
Lumbar Disc Displacement	**M51.26**	
Lumbar Radiculopathy	**M54.16**	
Lumbar Spondylosis	**M47.817**	
Spinal Stenosis without / with Claud	M48.06 1 / 2	
Lumbar Disc Disease W M	M51.06	
Lumbar Disc Disease W R	M51.16	
Postlaminectomy Syn – Not Specified	**M96.1**	
Lumbar Disc Degeneration	**M51.36**	
Lumbar Intervertebral Disc Stenosis	M99.53	
Lumbar Discitis	M46.46	
Lumbar Spr Other and Pelvis In / S	S33.8XXA / D	
Lumbar Compression Fracture In / S	S32.009 A / D	
Lumbar Ligaments Sprain In / S	**S33.5XX A / D**	
Lumbar Sprain Unspec. Parts In / S	S33.9XX A / D	
Lumbago With Sciatica Unsp / R / L	S33.9XX A / D	
SPINE OTHER		
Spondylosis site unspecified	**M47.819**	
Sciatica Unspecified / Right / Left	M54.30 / 31 / 32	
Sacroiliitis	M46.1	
Sacrocoocygeal / coccygodynia	M53.3	
MISCELLANEOUS		
Myalgia	**M79.1**	
Fibromyalgia	M79.9	
Myositis	M60.9	
Mood Dis	F06.30	
Mood Dis With Dep	F06.31	
Morbid Obesity	**E66.01**	
Obesity Other	E66.8	
Vit B Def	E53.9	
Vit D Def	E55.9	
B12 Def Qnemia	**D51.9**	
Def of Other Vitamins	E56.8	

THORACIC	ICD 10	N
Thoracic Spine Pain	M54.6	
Thoracic Disc Displacement	**M51.24**	
Thoracic Radiculopathy	**M54.14**	
Thoracic Spondylosis WO M / R	**M47.814**	
Thoracic Spinal Stenosis	M48.04	
Thoracic Root Lesions	G54.3	
Thoracic Spondylosis Other	M47.894	
Thoracic Disc Disease W M	M51.04	
Thoracic Disc Disease W R	M51.14	
Degenerative Disc Disease	**M51.34**	
Thoracic Post Lami. Syndrome	M96.1	
Thoracic Spondylosis W M	M47.14	
Compression Fracture	M48.54XA / D	
Thoracic Sprain Inj / Sub / Seq	S23.3XXA /D/S	
Thoracic Spondylosis W R	M47.24	
EXTREMITIES		
Knee OA Primary Unsp / R / L	**M17.0 / 11 / 12**	
Rheumatoid Arthritis Unsp	M05.60	
Arthropathy Unsp	M12.9	
Osteoarthritis Unsp	M19.90	
Polyosteoarthritis Unsp	M15.9	
Joint Pain Unsp / R / L	M25.50/11/12	
Shoulder Pain Unsp / R / L	**M25.519/11/12**	
Shoulder Bursitis Unsp / R / L	M75.50/51/52	
Knee Pain Unsp / R / L	**M25.569/61/62**	
Prepatellar Bursitis Unsp / R / L	M70.40/41/42	
Other Knee Bursitis Unsp / R / L	M70.50/51/52	
Elbow Pain Unspec/ Right / Left	M25.529/21/22	
Medial Epicondylitis Unsp / R / L	M77.00/01/02	
Lateral Epicondylitis Unsp / R / L	M77.10/11/12	
Hip Pain Unspec / Right / Left	M25.559/51/52	
Trochanteric Bursitis Unsp /R / L	M70.60/61/62	
Ankle Foot Pain Unspec/R / L	M25.579/71/72	
Congenital Pes Planus Unsp / R / L	Q66.50/51/52	
MISCELLANEOUS		
Cervical Plexus (Other Plexus)	**G54.8**	
Brachial Plexus	G54.0	
Lumbosacral Plexus	G54.1	
Phantom Limb Pain	G54.6	
CRPS I / CRPS II Unsp	G90.50	
Carpal Tunnel synd Unsp/R/L	**G56.00/01/02**	
Tarsal Tunnel SyndromeUnsp/R/L	G57.00/01/02	
Meralgia Parasthetica Unsp/R/L	G57.10/11/12	
Sciatica Unsp / R / L	M54.30 /31/32	
Diabetic Type I Neuropathy	E10.40	
Peroneal Neuropathy Unsp / R / L	G57.30/01/02	
Mononeuropathy / Scar Neuroma	G58.9	
Idiopathic Peripheral Neuropathy	G60.9	
Diabetic Type II Polyneuropathy	E11.42	
RLS	G25.81	



AESTHETICS

Botox / Dysport / Xeomin

Units Recommended

Units Used

WEIGHT LOSS PROGRAM

30 days program
(21 day kit+B12) $400
B12 Biweekly x2 $300
Physiq per app $300 x

Additional Codes / Comments:

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