

1870 Template REVISED November 2022

DR Name _____

DOS _____

Pt Name (last, First) _____

PHN _____

DOB _____

Dx _____

If a VISIT FEE is billed PRIOR to the start of the 1870 we need the following:

Fee code _____ Start time _____ End time _____

Please Note: When a visit is billed prior to the 1870 then the 1870 cannot start until at least 30 minutes after your visit start time and will be paid at the adjudicator's discretion.

1870 Exclusive hands on resuscitation of Pt AND / OR organ / limb saving care per 5 minutes or ANY portion

start time _____ end time _____ # units _____

start time _____ end time _____ # units _____

start time _____ end time _____ # units _____

Times must match charted / dictated times for audit purposes. Please list each non consecutive period of time. **If only billing an 1870 and less than 24 units then this template is not needed, just the start and end times and # of units.**

IF billing more than 24 units then the claim must be supported by a note record explaining the medical necessity for additional time actively providing hands on life saving resuscitative AND / OR organ / limb saving care. Payment is at the discretion of the adjudicator based on the strength of your note.

If a VISIT FEE is billed AFTER the 1870 we need the following:

Fee code _____ Start time _____ End time _____

The time cannot overlap the 1870 or additional procedures and should be reasonable for the level billed and will be paid at the adjudicator's discretion.

If any procedural codes are billed (and not listed as inclusive: intubation, cricothyrotomy, Vascular/IO access, invasive monitoring, chest tube, pacemaker or any central to the 1870) please provide codes and non concurrent times

Fee _____ start _____ end _____

Fee _____ start _____ end _____

Fee _____ start _____ end _____