

Emergency Care and Monitoring - 81 Billable for Active Hands on Life Saving Management ONLY:

Please note that fee item 81 is not payable for managing Pt's family, discussions with other health care professionals, arranging transfers etc. Payable ONLY for the period of active hands on life saving management.

Doctor Name _____

Pt Name _____

(Please attach ER sheet or Pt label)

Date of Service _____ Pls indicate if you were __ second Dr on code __ third Dr on code

1st ½ hr _____ to _____

_____ cardiac arrest
_____ respiratory arrest
Other _____

_____ ACLS protocols
_____ bagged
_____ cardioversion
_____ catheter insertion
_____ central line insertion
_____ CPR
_____ infusion
_____ intubated
_____ IV meds
_____ O2
_____ transfusion
_____ ventilated
Other: _____

2nd ½ hr _____ to _____

_____ cardiac arrest
_____ respiratory arrest
Other _____

_____ ACLS protocols
_____ bagged
_____ cardioversion
_____ catheter insertion
_____ central line insertion
_____ CPR
_____ infusion
_____ intubated
_____ IV meds
_____ O2
_____ transfusion
_____ ventilated
Other: _____

3rd ½ hr _____ to _____

_____ cardiac arrest
_____ respiratory arrest
Other _____

_____ ACLS protocols
_____ bagged
_____ cardioversion
_____ catheter insertion
_____ central line insertion
_____ CPR
_____ infusion
_____ intubated
_____ IV meds
_____ O2
_____ transfusion
_____ ventilated
Other: _____

4th ½ hr _____ to _____

_____ cardiac arrest
_____ respiratory arrest
Other _____

_____ ACLS protocols
_____ bagged
_____ cardioversion
_____ catheter insertion
_____ central line insertion
_____ CPR
_____ infusion
_____ intubated
_____ IV meds
_____ O2
_____ transfusion
_____ ventilated
Other: _____

5th ½ hr _____ to _____

_____ cardiac arrest
_____ respiratory arrest
Other _____

_____ ACLS protocols
_____ bagged
_____ cardioversion
_____ catheter insertion
_____ central line insertion
_____ CPR
_____ infusion
_____ intubated
_____ IV meds
_____ O2
_____ transfusion
_____ ventilated
Other: _____

6th ½ hr _____ to _____

_____ cardiac arrest
_____ respiratory arrest
Other _____

_____ ACLS protocols
_____ bagged
_____ cardioversion
_____ catheter insertion
_____ central line insertion
_____ CPR
_____ infusion
_____ intubated
_____ IV meds
_____ O2
_____ transfusion
_____ ventilated
Other: _____

Emergency Care and Monitoring – 82 Billable for Exclusive Bedside Monitoring of unstable Pt ONLY:

Please note that fee item 82 is not payable for managing Pt's family, discussions with other health care professionals, arranging transfers etc. Payable ONLY for the period of constant bedside monitoring of an unstable Pt.

Doctor Name _____

Pt Name _____

(Please attach ER sheet or Pt label)

Date of Service _____

1st ½ hr _____ to _____

- _____ anaphylaxis
- _____ dysrhythmia
- _____ hyper/hypoglycemic
- _____ hyper/hypotensive
- _____ hypoxic
- _____ septic
- _____ seizures
- _____ shock
- _____ trauma

Other _____

Systems monitored:

- _____ cardiovascular
- _____ respiratory
- _____ neurological
- _____ musculoskeletal
- _____ metabolic

Other _____

2nd ½ hr _____ to _____

- _____ anaphylaxis
- _____ dysrhythmia
- _____ hyper/hypoglycemic
- _____ hyper/hypotensive
- _____ hypoxic
- _____ septic
- _____ seizures
- _____ shock
- _____ trauma

Other _____

Systems monitored:

- _____ cardiovascular
- _____ respiratory
- _____ neurological
- _____ musculoskeletal
- _____ metabolic

Other _____

3rd ½ hr _____ to _____

- _____ anaphylaxis
- _____ dysrhythmia
- _____ hyper/hypoglycemic
- _____ hyper/hypotensive
- _____ hypoxic
- _____ septic
- _____ seizures
- _____ shock
- _____ trauma

Other _____

Systems monitored:

- _____ cardiovascular
- _____ respiratory
- _____ neurological
- _____ musculoskeletal
- _____ metabolic

Other _____

4th ½ hr _____ to _____

- _____ anaphylaxis
- _____ dysrhythmia
- _____ hyper/hypoglycemic
- _____ hyper/hypotensive
- _____ hypoxic
- _____ septic
- _____ seizures
- _____ shock
- _____ trauma

Other _____

Systems monitored:

- _____ cardiovascular
- _____ respiratory
- _____ neurological
- _____ musculoskeletal
- _____ metabolic

Other _____

5th ½ hr _____ to _____

- _____ anaphylaxis
- _____ dysrhythmia
- _____ hyper/hypoglycemic
- _____ hyper/hypotensive
- _____ hypoxic
- _____ septic
- _____ seizures
- _____ shock
- _____ trauma

Other _____

Systems monitored:

- _____ cardiovascular
- _____ respiratory
- _____ neurological
- _____ musculoskeletal
- _____ metabolic

Other _____

6th ½ hr _____ to _____

- _____ anaphylaxis
- _____ dysrhythmia
- _____ hyper/hypoglycemic
- _____ hyper/hypotensive
- _____ hypoxic
- _____ septic
- _____ seizures
- _____ shock
- _____ trauma

Other _____

Systems monitored:

- _____ cardiovascular
- _____ respiratory
- _____ neurological
- _____ musculoskeletal
- _____ metabolic

Other _____