☐ MANUAL REVIEW Hospital Name:

Physician:	Referring MD Name:
Admission Date: (DD / MM / YY) / /	Referring MD Provider #:
Discharge Date: (DD / MM / YY) / /	Diagnostic Code:

CONSULTS / VISITS	A	C	B 99X	C 99X	PREMIUM* 0	1	2	3	4	5	6	7	8	DATES (D/M/Y)
Consultation	☐	☐ 005	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Admission Premium	☐	E082												
On-Call Admission	☐	☐ 933	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
	☐	E082												
Limited Consult	☐	☐ 905	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Repeat Consult	☐	☐ 006	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
General Assess	☐	☐ 003	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
General R/A	☐	☐ 004	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Spec. Palliative Care	☐	☐ 945	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
House Call	☐	901	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
House Call - P. Death	☐	902	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Pronounce Death	☐	☐ 777	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
MRP Day2	☐	C122	☐	E083										/ /
MRP Day3	☐	C123	☐	E083										/ /
MRP Discharge	☐	C124	☐	E083										/ /

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ADMINISTRATION		DATES (D/M/Y)
CCAC Application	☐ K070	/ /
LTCF Health Report	☐ K038	/ /
Death Certificate	☐ C771 (incl. in A/C777)	/ /
Report to MTO	☐ K035	/ /
Form 1	☐ K623	/ /

TIME-BASED SERVICES		# UNITS (1 Unit=20min, 2=46, 3=76)	DATES (D/M/Y)
Interview POA	☐ K002	☐1 ☐2 ☐3	/ /
Individual counsel	☐ K013 (1st 3)	☐1 ☐2 ☐3	/ /
Family critical councel	☐ K015	☐1 ☐2 ☐3	/ /
Case conference	☐ K121	Minutes ☐10 ☐16 ☐26 ☐36 ☐46	/ /

INPT VISITS

☐C002 (1-5) ☐C007 (6-13) ☐C009 (13+) ☐C121 ☐E083 MONTH:

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20
☐21 ☐22 ☐23 ☐24 ☐25 ☐26 ☐27 ☐28 ☐29 ☐30 ☐31

☐C002 (1-5) ☐C007 (6-13) ☐C009 (13+) ☐C121 ☐E083 MONTH:

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20
☐21 ☐22 ☐23 ☐24 ☐25 ☐26 ☐27 ☐28 ☐29 ☐30 ☐31

OTHER CODES / PREMIUMS / UNITS / ETC.	DATES (D/M/Y)
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*PREMIUMS - CONSULTS / VISITS / NON-ELECTIVE PROCEDURES

990 (960 travel) -- M-F 07-17, 1st pt	991 -- M-F 07-17, each additional pt
992 (961 travel) -- M-F 17-24 , 1st pt sacrifice	
994 (962 travel) -- M-F 17-24 , 1st pt	995 -- M-F 17-24, each additional pt
996 (964 travel) -- Any day 24-07, 1st pt	997 -- Any day 24-07, each additional pt
B993/C986* (963 travel) -- Wnd 07-24, 1st pt	C987* -- Wnd 07-24, each additional pt
B997 (B966 travel) --Palliative, non 24-07	
B998 (B966 travel) --Palliative, 24-07	E082 / E083 -- MRP Premium

*Manual write travel premiums & C986/7 in *Other Codes* section

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☐ MANUAL REVIEW Hospital Name:

Physician:	Referring MD Name:
Admission Date: (DD / MM / YY) / /	Referring MD Provider #:
Discharge Date: (DD / MM / YY) / /	Diagnostic Code:

CONSULTS / VISITS	A	C	B 99X	C 99X	PREMIUM* 0	1	2	3	4	5	6	7	8	DATES (D/M/Y)
Consultation	☐	☐ 005	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Admission Premium	☐	E082												
On-Call Admission	☐	☐ 933	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
	☐	E082												
Limited Consult	☐	☐ 905	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Repeat Consult	☐	☐ 006	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
General Assess	☐	☐ 003	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
General R/A	☐	☐ 004	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Spec. Palliative Care	☐	☐ 945	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
House Call	☐	901	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
House Call - P. Death	☐	902	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
Pronounce Death	☐	☐ 777	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	/ /
MRP Day2	☐	C122	☐	E083										/ /
MRP Day3	☐	C123	☐	E083										/ /
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GP-Hospitalist v3

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Family critical councel	☐ K015	☐1 ☐2 ☐3	/ /
Case conference	☐ K121	Minutes ☐10 ☐16 ☐26 ☐36 ☐46	/ /

INPT VISITS

☐C002 (1-5) ☐C007 (6-13) ☐C009 (13+) ☐C121 ☐E083 MONTH:

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20
☐21 ☐22 ☐23 ☐24 ☐25 ☐26 ☐27 ☐28 ☐29 ☐30 ☐31

☐C002 (1-5) ☐C007 (6-13) ☐C009 (13+) ☐C121 ☐E083 MONTH:

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20
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OTHER CODES / PREMIUMS / UNITS / ETC.	DATES (D/M/Y)
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