

Emergency Care - Fee code 00081 is to be used for the evaluation, diagnosis and treatment of a critically ill patient who requires constant bedside care by a physician. Please note that fee code 00081 is not intended for standby time such as waiting for laboratory results, or simple monitoring of the patient.

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 1/2 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 1/2 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 1/2 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 1/2 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 1/2 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 1/2 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 _____

Monitoring of Critically Ill Patients - Fee code 00082 is to be used when a critically ill patient requires continuous monitoring by a physician when modification of care and active intervention is not required. Please note that fee code 00082 is not payable for discussions with the patient's family or other health care professionals, arranging transfers etc.

Doctor Name _____

Pt Name _____

(Please attach ER sheet or Pt label)

Date of Service _____

1st 1/2 hr _____ to _____

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

Other _____

Systems monitored:

_____ cardiovascular
 _____ respiratory
 _____ neurological
 _____ musculoskeletal
 _____ metabolic

Other _____

2nd 1/2 hr _____ to _____

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

Other _____

Systems monitored:

_____ cardiovascular
 _____ respiratory
 _____ neurological
 _____ musculoskeletal
 _____ metabolic

Other _____

3rd 1/2 hr _____ to _____

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

Other _____

Systems monitored:

_____ cardiovascular
 _____ respiratory
 _____ neurological
 _____ musculoskeletal
 _____ metabolic

Other _____

4th 1/2 hr _____ to _____

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

Other _____

Systems monitored:

_____ cardiovascular
 _____ respiratory
 _____ neurological
 _____ musculoskeletal
 _____ metabolic

Other _____

5th 1/2 hr _____ to _____

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

Other _____

Systems monitored:

_____ cardiovascular
 _____ respiratory
 _____ neurological
 _____ musculoskeletal
 _____ metabolic

Other _____

6th 1/2 hr _____ to _____

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

Other _____

Systems monitored:

_____ cardiovascular
 _____ respiratory
 _____ neurological
 _____ musculoskeletal
 _____ metabolic

Other _____