



Breathe Well. Hear Well. Be Well.

Group:
ENT and Allergy Associates of Florida
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Attention: Referral Coordinator

Below is a list of common ENT codes that may be added to a referral. This will help ensure we properly treat your patients at the time of service. The codes may not be necessary at the time of visit, but will eliminate unnecessary return office visits.

E&M Office Visit Codes **NEW PATIENT** 99204 + 99203 **ESTABLISHED PATIENT** 99214 + 99213

Date: _____ Referring Physician: _____ Phone: _____ Fax: _____

Patient Name: _____ Patient Date of Birth: _____ Patient Phone: _____

Patient Primary Insurance: _____ Secondary Insurance: _____

Referral Authorization Procedure Code Reference Sheet

Diagnosis	Procedure Code(s) Needed
<input type="checkbox"/> Any Ear Problem	69210 - Ear Cleaning (removal of Impacted Cerumen) and 92504 - Microscopy
<input type="checkbox"/> Hearing Loss or Tinnitus	92500, 92557, 92567, & 92588- Audiogram
<input type="checkbox"/> Vertigo, BPPV, & Dizziness	95992 - Epley Maneuver (Canalith Repositioning)
<input type="checkbox"/> Eustachian Tube Dysfunction, Otitis Media, Fluid in Ear, Tonsils & Adenoid Problems, Snoring, Nasopharyngeal Mass	92511- Nasopharyngoscopy and 31231- Nasal Endoscopy
<input type="checkbox"/> Any throat problems, Hoarseness, Swallowing Difficulty, Dysphagia, Reflux	31575- Laryngoscopy
<input type="checkbox"/> Epistaxis (Nosebleeds)	30901 - Anterior Nasal Cautery / 30905 - Posterior Cautery / 31238
<input type="checkbox"/> Foreign Body Removal	69200 - From Ear or 30300- From Nose
<input type="checkbox"/> Drainage of Skin Abscess or Cyst	10060 - I&D Simple and 10061 - I&D Complex or Multiple
<input type="checkbox"/> Drainage of Hematoma/Fluid	10140 - Drainage of Fluid
<input type="checkbox"/> Oral/Mouth Mass or Lesions (Biopsy Required)	40808 - Oral Biopsy / 40490 - Lip Biopsy / 41108 - Floor of Mouth 41100 - Anterior Tongue / 41105 - Posterior Tongue
<input type="checkbox"/> Sinus or any Nasal Problem	31231 - Nasal Endoscopy
Additional Diagnostics Services that may be required for a future visit	
<input type="checkbox"/> VNG (Balance Test for Vertigo, BPPV, & Dizziness)	92537, 92540, 97750, 92557, 92567
<input type="checkbox"/> Videostrobe (Vocal Cord Nodules, Polyps, Hoarseness)	31579, 92524 & 92520
<input type="checkbox"/> Speech Therapy (Vocal Problems)	92507
<input type="checkbox"/> Swallow Study (Dysphagia- Swallowing Problem)	92526, 92610 & 92612
<input type="checkbox"/> CT Scan (Limited in Office CT Sinus Scan)	70486
Allergy Services	
<input type="checkbox"/> Allergy Testing- Basic	99211, 95004 (x48), & 95024
<input type="checkbox"/> Allergy Testing- Food Testing	95004 (x80)
<input type="checkbox"/> Allergy Injections	95115 & 95117
<input type="checkbox"/> Allergy Serum Preparation	95165

Please fax over patient history & physical, progress notes, insurance information, medication list, and recent tests/lab work for faster processing. If the patient has had a CT and/or MRI, please send the CD for physician review.

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7425 Monika Manor Dr.
Tampa, FL 33625</p> |
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