UNIVERSITY OF VIRGINIA HEALTH SYSTEM
ANTICOAGULATION ENCOUNTER FORM

CHARGE CONTROL NO	DIV NO.	DIV. NAME				INVOICE NO.	MULT SURG?
		ANTICOAGULATION CLINIC-NR				FSC LIST	
MRN	PATIENT NAME			ADMIT DATE	DISCHARGE DATE		
CASE	PROVIDER NUMBER AND PROVIDER NAME			FSC OVERRIDE	DISC TYPE	DISC %	
REFERRING PHYSICIAN		UPIN		INJURY DATE	ADJ AMT		
SVC CTR.	RESIDENT			INJURY TIME	THRU DATE		
REFERRAL #	LMP	ONSET	TREATMENT TIME	INJURY TYPE			
BILLING AREA #	LOCATION 211	SERVICE DATE	AUTHORIZATION #				
	HOSPITAL	COMMERCIAL LAB					

Location Northridge ☐ **UMA** ☐ **Other** ☐

Revenue Center: 163

APPOINTMENT TIME: **WITH PROVIDER:**

PHARM.D. OUTPATIENT VISIT			
	CPT	***Mod***	***DESCRIPTION***
	99211		Other Established Outpt Visit Lvl 1
NURSE PRACTITIONER OUTPATIENT VISITS			
	CPT	***Mod***	***Description***
New Patient			
	99201		Focused/Straightforward
	99202		Expanded/Straightforward
	99203		Detailed/Low Complexity
	99204		Comprehensive/Mod. Compl.
	99205		Comprehensive/High Compl.
Established Patient			
	99211		Minimal
	99212		Focused/Straightforward
	99213		Detailed/Low Complexity
	99214		Detailed/Mod. Complexity
	99215		Comprehensive/High Compl.
MISCELLANEOUS			

DIAGNOSIS (1. Primary, 2. Secondary)		
ICD-9 Code		***DESCRIPTION***
285.9		Anemia, unspec.
427.31		Atrial fib
790.2_		Abnormal glucose tolerance test
414.00		CAD
425.4		Cardiomyopathy
434.0_		Cerebral thrombosis (Current)
436		CVD, acute but ill-defined
453.40		DVT, NOS
289.8		Hypercoag state
394.0		Mitral Stenosis
415.19		Pulmonary Embolus
443.9		PVD, unspecified
426.4		Right bundle branch block
435.9		TIA (Current)
434.91		CVA (ischemic)

OTHER DIAGNOSIS - PLEASE SPECIFY		
ICD-9 Code		***DESCRIPTION***
	433.20	Vertebral artery stenosis
	250.00	Diabetes Mellitus, unspec.
	401.9	Essential hypertension, unspec.
	V12.51	History of cerebral thrombosis
	V12.59	History of CVA
	V12.51	History of TIA
	V58.61	Long-term anticoag therapy
	V43.3	Valve replacement

RETURN APPOINTMENT Overbook? ☐ Yes ☐ No _____ MONTHS / _____ WEEKS

ASAP? ☐ Yes ☐ No

OTHER APPOINTMENT/CONSULT Overbook? ☐ Yes ☐ No _____ MONTHS / _____ WEEKS

ASAP? ☐ Yes ☐ No

INSTRUCTIONS

DISCHARGE DISPOSITION:
☐ Home/Self Care (AHR) ☐ Other Outpt Svc (ARC) ☐ Home Health (ARS) ☐ Home IV Drug Tx (AHB)
☐ Left Against Med Advice (AMA) ☐ Admit UVA (ATF) ☐ Admit Other Institution (ATF)
☐ Nursing Home (ATI) ☐ Expired in Clinic (D7Z)

VISIT AMOUNT $

AMOUNT PAID $ ☐ Cash ☐ Check ☐ Other

PRACTITIONER SIGNATURE ATTENDING SIGNATURE (if applicable)