

Physician Order Form (VAT-ENGplus Combo)

Patient's Name: _____ Appointment Date: _____ Time: _____

Insurance Company: _____ Policy Number: _____ Group _____

Referring Physician: _____ Authorization Number: _____

Physician's Address: _____

Procedure - CPT	Additional Comments
<p>ENG</p> <p><input type="checkbox"/> 92540 Basic Vestibular Evaluation (\$250)</p> <p><input type="checkbox"/> 92547 Use of Vertical Electrodes (x3) (\$10 ea)</p> <p>VAT</p> <p><input type="checkbox"/> 92546 Sinusoidal Rotation Test (x2) (\$150 ea)</p> <p><input type="checkbox"/> 92270 Electro-Oculography (x2) (\$160 ea)</p>	<p style="text-align: center;"><u>Medicare</u></p> <p>Bill 92546 and 92270 on separate lines (1 unit each)</p> <p>Ex:</p> <p style="padding-left: 20px;">92546-59 92546-5976 92270-59 92270-5976</p> <p>Bill 92547 with 3 units</p> <p style="text-align: center;"><u>Private Insurance</u></p> <p>List quantity as (2) for dual procedures</p>

ICD 9

Primary	Secondary
<p><input type="checkbox"/> 386.2 Vertigo of Central Origin</p> <p><input type="checkbox"/> 386.10 Peripheral Vertigo, unspecified</p> <p><input type="checkbox"/> 386.9 Vertiginous syndromes and other disorders of vestibular system</p>	<p><input type="checkbox"/> 780.4 Dizziness</p> <p><input type="checkbox"/> 781.2 Imbalance</p> <p><input type="checkbox"/> V15.88 History of Falls – At risk for Falling</p> <p style="font-size: small;">*Please verify all codes with your local carriers, as codes are subject to change</p>

Physician's Signature: _____ Date: _____