

OFFICE USE ONLY

Review of Systems

H10.45 Other chronic allergic conjunctivitis	H65.01 Acute serous otitis media, right ear	H65.02 Acute serous otitis media, left ear	H65.03 Acute serous otitis media, bilateral
H65.04 Acute serous otitis media, recurrent, right ear	H65.05 Acute serous otitis media, recurrent, left ear	H65.06 Acute serous otitis media, recurrent, bilateral	H65.21 Chronic serous otitis media, right ear
H65.22 Chronic serous otitis media, left ear	H65.23 Chronic serous otitis media, bilateral	H65.411 Chronic allergic otitis media, right ear	H65.412 Chronic allergic otitis media, left ear
H65.413 Chronic allergic otitis media, bilateral	H65.491 Other chronic non-suppurative otitis media, right ear	H65.492 Other chronic non-suppurative otitis media, left ear	H65.493 Other chronic nonsuppurative otitis media, bilateral
H66.91 Otitis media, unspecified, right ear	H66.92 Otitis media, unspecified, left ear	H66.93 Otitis media, unspecified, bilateral	J01.00 Acute maxillary sinusitis, unspecified
J01.01 Acute recurrent maxillary sinusitis	J01.10 Acute frontal sinusitis, unspecified	J01.11 Acute recurrent frontal sinusitis	J01.20 Acute ethmoidal sinusitis, unspecified
J01.21 Acute recurrent ethmoidal sinusitis	J01.30 Acute sphenoidal sinusitis, unspecified	J01.31 Acute recurrent sphenoidal sinusitis	J01.40 Acute pansinusitis, unspecified
J01.41 Acute recurrent pansinusitis	J01.80 Other acute sinusitis	J01.81 Other acute recurrent sinusitis	J01.90 Acute sinusitis, unspecified
J01.91 Acute recurrent sinusitis, unspecified	J04.0 Acute laryngitis	J04.30 Supraglottitis, unspecified, without obstruction	J04.31 Supraglottitis, unspecified, with obstruction
J05.0 Acute obstructive laryngitis [croup]	J30.0 Vasomotor rhinitis	J30.1 Allergic rhinitis due to pollen	J30.2 Other seasonal allergic rhinitis
J30.5 Allergic rhinitis due to food	J30.81 Allergic rhinitis due to animal (cat) (dog) hair and dander	J30.89 Other allergic rhinitis	J31.0 Chronic rhinitis
J31.1 Chronic nasopharyngitis	J31.2 Chronic pharyngitis	J32.0 Chronic maxillary sinusitis	J32.1 Chronic frontal sinusitis
J32.2 Chronic ethmoidal sinusitis	J32.3 Chronic sphenoidal sinusitis	J33.0 Polyp of nasal cavity	J33.8 Other polyp of sinus
J34.3 Hypertrophy of nasal turbinates	J34.81 Nasal mucositis (ulcerative)	J34.89 Other specified disorders of nose and nasal sinuses	J35.01 Chronic tonsillitis
J35.02 Chronic adenoiditis	J35.03 Chronic tonsillitis and adenoiditis	J35.1 Hypertrophy of tonsils	J35.2 Hypertrophy of adenoids
J35.3 Hypertrophy of tonsils with hypertrophy of adenoids	J45.20 Mild intermittent asthma, uncomplicated	J45.21 Mild intermittent asthma with (acute) exacerbation	J45.22 Mild intermittent asthma with status asthmaticus
J45.30 Mild persistent asthma, uncomplicated	J45.31 Mild persistent asthma with (acute) exacerbation	J45.32 Mild persistent asthma with status asthmaticus	J45.40 Moderate persistent asthma, uncomplicated
J45.41 Moderate persistent asthma with (acute) exacerbation	J45.42 Moderate persistent asthma with status asthmaticus	J45.50 Severe persistent asthma, uncomplicated	J45.51 Severe persistent asthma with (acute) exacerbation
J45.52 Severe persistent asthma with status asthmaticus	J45.901 Unspecified asthma with (acute) exacerbation	J45.902 Unspecified asthma with status asthmaticus	J45.909 Unspecified asthma, uncomplicated
J45.991 Cough variant asthma	J45.998 Other asthma	R05 Cough	R06.02 Shortness of breath
R06.09 Other forms of dyspnea	R06.2 Wheezing		

STATEMENT OF MEDICAL NECESSITY:

Previously tried Treatments/Medications: _____

Check all that apply:

- 95004 (38 Units) Allergy Skin Test (Environmental) Other units _____
- 95165 (180 Units) Allergy Immunotherapy for significant positive results Other units _____

The patient was tested for allergies to assist in diagnosis. Prior to the test and or treatment the patient was informed of costs, possible risks and benefits of the allergy test and associated treatment. Refer to the patient file for a more complete allergy history, performed test forms, and test results. If patient received an allergy blood test in lieu of or in addition to skin testing, it was due to documented medically necessity.

Provider _____ SIGNED _____ DATE _____

Provider _____ SIGNED _____ DATE _____