

**PERIOP CHARGES
DOWNTIME CHARGE SHEET**



PATIENT FIN

DOS

CIRCLE ONE: DISCHARGED / ADMITTED

PATIENT NAME

PATIENT DOB

HAVE PICK SHEET: YES / NO

SURGEON NAME

SCHEDULED CASE

IMPLANT SHEET ATTACHED: YES / NO

SCHEDULED CPT CODE

Operating Room/Procedure Room	Patient in Room Time	Patient Out Room Time	Procedure Start Time	Procedure Stop Time
CATH Lab				
ENDO Room				
IR Room				
OR Room				

OR Time Totals	Quantity
OR First 30 Minutes	
OR Additional 15 Minutes	

ANESTHESIA Type (Circle One)	Start Time	Stop Time
General Anesthesia		
Monitored Anesthesia Care (MAC)		
Regional Per Minute		
Deep Sedation		
Moderate Sedation per Minute/Conscious Sedation		

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ANESTHESIA FLAT FEE CHARGES	Quantity
Blood Patch	
SN Anesthesia Block Charge	
SN Epidural Charge	
BP Emergency Intubation	
BP ART Line Insertion	
BP Central Line Insertion	
BP Tap Block/Lumbar Puncture	

CONTRACTED SERVICES AND SUPPLIES	Quantity
Autotransfusion Service Non-Open Heart inc stdby	
Perfusion Professional Fee - Open Heart	
Neuromonitoring Intraop 15 min	
SN Lithotripsy, Extracorporeal Shock Wave	
SN Lithotripsy; Other	
Perfusion HIPEC first 60 minutes	
Perfusion HIPEC each subsequent 30 minutes	

FLAT FEE OB CHARGES	Quantity
C-Section Normal	
C-Section Complex	
Repair Tear Vaginal	
Repair Tear Perineal	
Cerclage Cervix	
D and C	
Suture B-Lynch Procedure, return to O.R. after Del	
Placement Tamponade Balloon, return to O.R. after	
Extraction Retained Placenta, return to O.R. after Delivery	
Hysterectomy (TAH)	
Ligation Fallopian Tube	
C-Section Multiple	
Hysterectomy Partial Abdominal	
Appendectomy	

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PACU CHARGES	Patient In Time	Patient Ready For Discharge Time	Patient Out/Discharge Time	Total Minutes
Cath Lab Phase I (PACU)				
Cath Lab PostOp/Phase II				
ENDO PACU Phase I				
ENDO PACU Phase II/(Post OP)				
OB Women's Health PACU				
OR PACU Phase I				
OR PACU Phase II				
Non-Surgical Phase I (recover out of unit patient)				
Non-Surgical Phase II (recovery out of unit patient)				
IR PACU Phase I				
IR PACU Phase II				

Implant Section	Circle One – Be sure to attach copy of Implant Sheet		Total Minutes	Make sure all clinical data is entered on the OR Record/Implant Record/Tissue Record for all implants
	YES	NO		
Implant(s)				
Implant Name	Quantity	Reference Number	Serial Number	Lot Number