

OFFICE SERVICES			MOD	DX	DESTRUCTION MALIGNANT LESIONS			MOD	DX	COMPLEX REPAIR OF WOUNDS			MOD	DX
99201	_____	New Pat. Level 1	_____	_____	TRUNK, ARMS, LEGS			_____	_____	TRUNK			_____	_____
99202	_____	New Pat. Level 2	_____	_____	17260	_____	Up to 0.5 cm	_____	_____	13100	_____	1.1 to 2.5 cm	_____	_____
99203	_____	New Pat. Level 3	_____	_____	17261	_____	0.6 cm to 1.0 cm	_____	_____	13101	_____	2.6 to 7.5 cm	_____	_____
99211	_____	Nurse Visit	_____	_____	17262	_____	1.1 cm to 2.0 cm	_____	_____	13102	_____	each addtl. 5 cm	_____	_____
99212	_____	Estab. Pat. Level 2	_____	_____	17263	_____	2.1 cm to 3.0 cm	_____	_____	SCALP, ARMS, LEGS			_____	_____
99213	_____	Estab. Pat. Level 3	_____	_____	17264	_____	3.1 cm to 4.0 cm	_____	_____	13120	_____	1.1 to 2.5 cm	_____	_____
99214	_____	Estab. Pat. Level 4	_____	_____	17266	_____	Over 4.1 cm	_____	_____	13121	_____	2.6 to 7.5 cm	_____	_____
OFFICE CONSULTATIONS			MOD	DX	SCALP, NECK, HANDS, FEET, GENITALS			_____	_____	13122	_____	each addtl. 5 cm	_____	_____
99241	_____	New or Established	_____	_____	17270	_____	Up to 0.5 cm	_____	_____	FACE, NECK AXILLAE, GENIT., HANDS, FEET			_____	_____
99242	_____	New or Established	_____	_____	17271	_____	0.6 cm to 1.0 cm	_____	_____	13131	_____	1.1 to 2.5 cm	_____	_____
99243	_____	New or Established	_____	_____	17272	_____	1.1 cm to 2.0 cm	_____	_____	13132	_____	2.6 to 7.5 cm	_____	_____
99244	_____	New or Established	_____	_____	17273	_____	2.1 cm to 3.0 cm	_____	_____	13133	_____	each addtl. 5 cm	_____	_____
99245	_____	New or Established	_____	_____	17274	_____	3.1 cm to 4.0 cm	_____	_____	EYELIDS, NOSE, EARS, LIPS			_____	_____
BIOPSY			MOD	DX <td>17276</td> <td>_____</td> <td>Over 4.1 cm</td> <td>_____</td> <td>_____</td> <td>13151</td> <td>_____</td> <td>1.1 to 2.5 cm</td> <td>_____</td> <td>_____</td>	17276	_____	Over 4.1 cm	_____	_____	13151	_____	1.1 to 2.5 cm	_____	_____
11100	_____	Site #1	_____	_____	FACE, EARS, EYELIDS, NOSE, LIPS			_____	_____	13152	_____	2.6 to 7.5 cm	_____	_____
11101	_____	Subse. _____ @ \$_____	_____	_____	17280	_____	Up to 0.5 cm	_____	_____	13153	_____	each addtl. 5 cm	_____	_____
69100	_____	External Ear	_____	_____	17281	_____	0.6 cm to 1.0 cm	_____	_____	ADJACENT TISSUE TRANSFERS			MOD	DX
40490	_____	Lip	_____	_____	17282	_____	1.1 cm to 2.0 cm	_____	_____	14000	_____	Trunk 10 sq. cm	_____	_____
11755	_____	Nail	_____	_____	17283	_____	2.1 cm to 3.0 cm	_____	_____	14001	_____	...10.1 to 30 sq. cm	_____	_____
DESTRUCTION PREMALIGN. & BENIGN LESIONS			MOD	DX <td>17284</td> <td>_____</td> <td>3.1 cm to 4.0 cm</td> <td>_____</td> <td>_____</td> <td>14020</td> <td>_____</td> <td>Scalp, arms, legs 10 sq. cm.</td> <td>_____</td> <td>_____</td>	17284	_____	3.1 cm to 4.0 cm	_____	_____	14020	_____	Scalp, arms, legs 10 sq. cm.	_____	_____
ALL PREMALIGNANT			_____	_____	17286	_____	Over 4.1 cm	_____	_____	14021	_____	...10.1 to 30 sq. cm	_____	_____
17000	_____	First Lesion	_____	_____	EXCISION LESIONS EXCEPT SKIN TAGS			MOD	DX	14040	_____	Face, neck, axillae, genital, hands, feet, defect up to 10 sq. cm	_____	_____
17003	_____	2nd-14th; Each #(_____)	_____	_____	TRUNK, ARMS, LEGS			_____	_____	14041	_____	...10.1 to 30 sq. cm	_____	_____
17004	_____	15 or more	_____	_____	11400 / 11600	_____	Up to 0.5 cm	_____	_____	14060	_____	Eyelids, nose, ears, &/or lips up to 10 sq. cm	_____	_____
BENIGN			_____	_____	11401 / 11601	_____	0.6 cm to 1.0 cm	_____	_____	14061	_____	... 10.1 to 30 sq. cm	_____	_____
17110	_____	1 to 14 Les.	_____	_____	11402 / 11602	_____	1.1 cm to 2.0 cm	_____	_____	14300	_____	Any area over 30 sq. cm	_____	_____
17111	_____	15 or more	_____	_____	11403 / 11603	_____	2.1 cm to 3.0 cm	_____	_____	SKIN GRAFTS			MOD	DX
54050	_____	Lesions, Penis, Chemical	_____	_____	11404 / 11604	_____	3.1 cm to 4.0 cm	_____	_____	FULL THICKNESS GRAFT			_____	_____
54056	_____	Lesions, Penis, Cryo	_____	_____	11406 / 11606	_____	Over 4.1 cm	_____	_____	15240 / 15241	_____	Forehead, Cheeks, Chin, Moutl	_____	_____
56501	_____	Lesions, Vulva, Any Method	_____	_____	SCALP, NECK, HANDS, FEET, GENITALS			_____	_____	15260 / 15261	_____	Neck, Nose, Ears, Eyelids, Lips	_____	_____
46900	_____	Lesions, Anus, Chemical	_____	_____	11420 / 11620	_____	Up to 0.5 cm	_____	_____	LABORATORY			MOD	DX
46916	_____	Lesions, Anus, Cryo	_____	_____	11421 / 11621	_____	0.6 cm to 1.0 cm	_____	_____	87101	_____	Fung: Culture, Skin, Nail, Hair	_____	_____
_____	_____	_____	_____	_____	11422 / 11622	_____	1.1 cm to 2.0 cm	_____	_____	87220	_____	KOH, Skin, Nail, Hair	_____	_____
_____	_____	_____	_____	_____	11423 / 11623	_____	2.1 cm to 3.0 cm	_____	_____	Q0112	_____	KOH (Medicare)	_____	_____
_____	_____	_____	_____	_____	11424 / 11624	_____	3.1 cm to 4.0 cm	_____	_____	36415	_____	Lab Draw	_____	_____
MINOR SURGICAL PROCEDURES			MOD	DX <td>11426 / 11626</td> <td>_____</td> <td>Over 4.1 cm</td> <td>_____</td> <td>_____</td> <td>88304</td> <td>_____</td> <td>Pathology _____@_____</td> <td>_____</td> <td>_____</td>	11426 / 11626	_____	Over 4.1 cm	_____	_____	88304	_____	Pathology _____@_____	_____	_____
10040	_____	Acne Surgery	_____	_____	FACE, EARS, EYELIDS, NOSE, LIPS			_____	_____	88305	_____	Pathology _____@_____	_____	_____
11730	_____	Avulsion Nail, Single	_____	_____	11440 / 11640	_____	Up to 0.5 cm	_____	_____	87207	_____	Tzanck Smear	_____	_____
11040	_____	Debridement, skin, partial	_____	_____	11441 / 11641	_____	0.6 cm to 1.0 cm	_____	_____	Q0111	_____	Wet Mount, Skin (Medicare)	_____	_____
11041	_____	Debridement, skin, full-thickness	_____	_____	11442 / 11642	_____	1.1 cm to 2.0 cm	_____	_____	_____	_____	_____	_____	_____
11042	_____	Debridement, skin & subcutan.	_____	_____	11443 / 11643	_____	2.1 cm to 3.0 cm	_____	_____	_____	_____	_____	_____	_____
11200	_____	Exc. Tags up to 15 Lesions	_____	_____	11444 / 11644	_____	3.1 cm to 4.0 cm	_____	_____	_____	_____	_____	_____	_____
10060	_____	I & D Simple, Single	_____	_____	11446 / 11646	_____	Over 4.1 cm	_____	_____	_____	_____	_____	_____	_____
10061	_____	I & D Complicated, Multiple	_____	_____	INTERMEDIATE CLOSURE OF WOUNDS			MOD	DX	SPECIAL PROCEDURES			MOD	DX
10140	_____	I & D Hematoma	_____	_____	SCALP, AXILLAE, TRUNK, EXTREMITIES			_____	_____	96900	_____	Actinotherapy	_____	_____
12020	_____	Wound Dehiscence, Simple	_____	_____	12031	_____	Up to 2.5 cm	_____	_____	96372	_____	IM or Subcutaneous Injection	_____	_____
13160	_____	Wound Dehiscence, Complic.	_____	_____	12032	_____	2.6 to 7.5 cm	_____	_____	J9040	_____	Inj., Bleomycin, 15 units	_____	_____
SHAVING OF EPIDERMAL OR DERMAL LESIONS			MOD	DX <td>12034</td> <td>_____</td> <td>7.6 to 12.5 cm</td> <td>_____</td> <td>_____</td> <td>J0704</td> <td>_____</td> <td>Inj., IM Celestone, 4 mg</td> <td>_____</td> <td>_____</td>	12034	_____	7.6 to 12.5 cm	_____	_____	J0704	_____	Inj., IM Celestone, 4 mg	_____	_____
11300	_____	Trunk, Arms, Legs < 0.5cm/d	_____	_____	NECK, HANDS, FEET, EXTERNAL GENITALI			MOD	DX	J3301	_____	Inj., IM Kenalog 10 mg X _____	_____	_____
11301	_____	0.6 - 1.0 cm/d	_____	_____	12041	_____	Up to 2.5 cm	_____	_____	11900	_____	Inj., Intralesional , up to 7 _____	_____	_____
11302	_____	1.1 - 2.0 cm/d	_____	_____	12042	_____	2.6 to 7.5 cm	_____	_____	11901	_____	Inj., Intralesional , more than 7 _____	_____	_____
11303	_____	Over 2.0 cm /d	_____	_____	12044	_____	7.6 to 12.5 cm	_____	_____	96920	_____	Laser Treatment - Psoriasis	_____	_____
11305	_____	Scalp, Neck, Hand < 0.5cm/d	_____	_____	FACE, EARS, EYELIDS, NOSE, LIPS			MOD	DX	96910	_____	Photochemo. UVB	_____	_____
11306	_____	0.6 - 1.0 cm/d	_____	_____	12051	_____	Up to 2.5 cm	_____	_____	96912	_____	Photochemo. PUVA	_____	_____
11307	_____	1.1 - 2.0 cm/d	_____	_____	12052	_____	2.6 to 5.0 cm	_____	_____	96567	_____	Photodynamic therapy (PDT)	_____	_____
11308	_____	Over 2.0 cm /d	_____	_____	12053	_____	5.1 to 7.5 cm	_____	_____	A4550	_____	Surgical Tray	_____	_____
11310	_____	Face, Ears, Nose < 0.5cm/d	_____	_____	12054	_____	7.6 to 12.5 cm	_____	_____	29580	_____	Unna Boot	_____	_____
11311	_____	0.6 - 1.0 cm/d	_____	_____	ADDITIONAL SERVICES			MOD	DX	ADDITIONAL SERVICES			MOD	DX
11312	_____	1.1 - 2.0 cm/d	_____	_____	Diagnosis Code: _____			_____	_____	Diagnosis Code: _____			_____	_____
11313	_____	Over 2.0 cm /d	_____	_____	Procedure Code: _____			_____	_____	Procedure Code: _____			_____	_____
_____	_____	_____	_____	_____	HCPCS Code: _____			_____	_____	HCPCS Code: _____			_____	_____
_____	_____	_____	_____	_____	Other: _____			_____	_____	Other: _____			_____	_____
_____	_____	_____	_____	_____	_____			_____	_____	_____			_____	_____
Date of Service		Patient Name			Date of Birth									
Insurance/Auth. #:				Balance										
NEXT APPOINTMENT				Charges										
Day		Week		Month		Adjustments								
DX 1				Amount Paid										
DX 2				[] Cash [] Check										
DX 3				[] Credit Card										
DX 4				Total Due										
DX 5														
DX 6														