

| OFFICE SERVICES                        |              |                                   | MOD   | DX                        | EXCISION LESIONS EXCEPT SKIN TAGS  |       |                  | MOD   | DX    | DESTRUCTION MALIGNANT LESIONS      |       |                                   | MOD   | DX    |
|--|--------------|-----------------------------------|-------|---------------------------|--|-------|------------------|-------|-------|------------------------------------|-------|-----------------------------------|-------|-------|
| 99201                                  | _____        | New Pat. Level 1                  | _____ | _____                     | TRUNK, ARMS, LEGS  |       |                  | _____ | _____ | TRUNK, ARMS, LEGS                  |       |                                   | _____ | _____ |
| 99202                                  | _____        | New Pat. Level 2                  | _____ | _____                     | 11400 / 11600  | _____ | Up to 0.5 cm     | _____ | _____ | 17260                              | _____ | Up to 0.5 cm                      | _____ | _____ |
| 99203                                  | _____        | New Pat. Level 3                  | _____ | _____                     | 11401 / 11601  | _____ | 0.6 cm to 1.0 cm | _____ | _____ | 17261                              | _____ | 0.6 cm to 1.0 cm                  | _____ | _____ |
| 99211                                  | _____        | Nurse Visit                       | _____ | _____                     | 11402 / 11602  | _____ | 1.1 cm to 2.0 cm | _____ | _____ | 17262                              | _____ | 1.1 cm to 2.0 cm                  | _____ | _____ |
| 99212                                  | _____        | Estab. Pat. Level 2               | _____ | _____                     | 11403 / 11603  | _____ | 2.1 cm to 3.0 cm | _____ | _____ | 17263                              | _____ | 2.1 cm to 3.0 cm                  | _____ | _____ |
| 99213                                  | _____        | Estab. Pat. Level 3               | _____ | _____                     | 11404 / 11604  | _____ | 3.1 cm to 4.0 cm | _____ | _____ | 17264                              | _____ | 3.1 cm to 4.0 cm                  | _____ | _____ |
| 99214                                  | _____        | Estab. Pat. Level 4               | _____ | _____                     | 11406 / 11606  | _____ | Over 4.1 cm      | _____ | _____ | 17266                              | _____ | Over 4.1 cm                       | _____ | _____ |
| OFFICE CONSULTATIONS                   |              |                                   | MOD   | DX                        | SCALP, NECK, HANDS, FEET, GENITALS   |       |                  |       |       | SCALP, NECK, HANDS, FEET, GENITALS |       |                                   | MOD   | DX    |
| 99241                                  | _____        | New or Established                | _____ | _____                     | 11420 / 11620  | _____ | Up to 0.5 cm     | _____ | _____ | 17270                              | _____ | Up to 0.5 cm                      | _____ | _____ |
| 99242                                  | _____        | New or Established                | _____ | _____                     | 11421 / 11621  | _____ | 0.6 cm to 1.0 cm | _____ | _____ | 17271                              | _____ | 0.6 cm to 1.0 cm                  | _____ | _____ |
| 99243                                  | _____        | New or Established                | _____ | _____                     | 11422 / 11622  | _____ | 1.1 cm to 2.0 cm | _____ | _____ | 17272                              | _____ | 1.1 cm to 2.0 cm                  | _____ | _____ |
| 99244                                  | _____        | New or Established                | _____ | _____                     | 11423 / 11623  | _____ | 2.1 cm to 3.0 cm | _____ | _____ | 17273                              | _____ | 2.1 cm to 3.0 cm                  | _____ | _____ |
| 99245                                  | _____        | New or Established                | _____ | _____                     | 11424 / 11624  | _____ | 3.1 cm to 4.0 cm | _____ | _____ | 17274                              | _____ | 3.1 cm to 4.0 cm                  | _____ | _____ |
| BIOPSY                                 |              |                                   |       |                           | 11426 / 11626  | _____ | Over 4.1 cm      | _____ | _____ | 17276                              | _____ | Over 4.1 cm                       | _____ | _____ |
| 11100                                  | _____        | Site #1                           | _____ | _____                     | FACE, EARS, EYELIDS, NOSE, LIPS  |       |                  |       |       | FACE, EARS, EYELIDS, NOSE, LIPS    |       |                                   | MOD   | DX    |
| 11101                                  | _____        | Subse. _____ @ \$ _____           | _____ | _____                     | 11440 / 11640  | _____ | Up to 0.5 cm     | _____ | _____ | 17280                              | _____ | Up to 0.5 cm                      | _____ | _____ |
| 69100                                  | _____        | External Ear                      | _____ | _____                     | 11441 / 11641  | _____ | 0.6 cm to 1.0 cm | _____ | _____ | 17281                              | _____ | 0.6 cm to 1.0 cm                  | _____ | _____ |
| 40490                                  | _____        | Lip                               | _____ | _____                     | 11442 / 11642  | _____ | 1.1 cm to 2.0 cm | _____ | _____ | 17282                              | _____ | 1.1 cm to 2.0 cm                  | _____ | _____ |
| 11755                                  | _____        | Nail                              | _____ | _____                     | 11443 / 11643  | _____ | 2.1 cm to 3.0 cm | _____ | _____ | 17283                              | _____ | 2.1 cm to 3.0 cm                  | _____ | _____ |
| DESTRUCTION PREMALIG. & BENIGN LESIONS |              |                                   | MOD   | DX                        | 11444 / 11644  | _____ | 3.1 cm to 4.0 cm | _____ | _____ | 17284                              | _____ | 3.1 cm to 4.0 cm                  | _____ | _____ |
| ALL PREMALIGNANT                       |              |                                   |       |                           | 11446 / 11646  | _____ | Over 4.1 cm      | _____ | _____ | 17286                              | _____ | Over 4.1 cm                       | _____ | _____ |
| 17000                                  | _____        | First Lesion                      | _____ | _____                     | LABORATORY   |       |                  | MOD   | DX    | SPECIAL PROCEDURES                 |       |                                   | MOD   | DX    |
| 17003                                  | _____        | 2nd-14th; Each #(_____)           | _____ | _____                     | 87101  | _____ | Fungal Culture   | _____ | _____ | 96405                              | _____ | Chemo./Intrales. Inj., up to 7    | _____ | _____ |
| 17004                                  | _____        | 15 or more                        | _____ | _____                     | 87220  | _____ | KOH              | _____ | _____ | J9040                              | _____ | Inj., Bleomycin, 15 units         | _____ | _____ |
| BENIGN                                 |              |                                   |       |                           | 36415  | _____ | Lab Draw         | _____ | _____ | J0704                              | _____ | Inj., IM Celestone, 4 mg          | _____ | _____ |
| 17110                                  | _____        | 1 to 14 Les.                      | _____ | _____                     | 88304  | _____ | Pathology        | _____ | _____ | J3301                              | _____ | Inj., IM Kenalog 10 mg X          | _____ | _____ |
| 17111                                  | _____        | 15 or more                        | _____ | _____                     | 88305  | _____ | Pathology        | _____ | _____ | 11900                              | _____ | Inj., Intralesional , up to 7     | _____ | _____ |
| 54050                                  | _____        | Lesions, Penis, Chemical          | _____ | _____                     | 87207  | _____ | Tzanck Smear     | _____ | _____ | 11901                              | _____ | Inj., Intralesional , more than 7 | _____ | _____ |
| 54056                                  | _____        | Lesions, Penis, Cryo              | _____ | _____                     | Medicare   | _____ |                  | _____ | _____ | 96920                              | _____ | Laser Treatment - Psoriasis       | _____ | _____ |
| 56501                                  | _____        | Lesions, Vulva, Any Method        | _____ | _____                     | Q0111  | _____ | Wet Mount, Skin  | _____ | _____ | 96910                              | _____ | Photochemo. UVB                   | _____ | _____ |
| 46900                                  | _____        | Lesions, Anus, Chemical           | _____ | _____                     | Q0112  | _____ | KOH              | _____ | _____ | A4550                              | _____ | Surgical Tray                     | _____ | _____ |
| 46916                                  | _____        | Lesions, Anus, Cryo               | _____ | _____                     | _____  | _____ |                  | _____ | _____ | 29580                              | _____ | Unna Boot                         | _____ | _____ |
| MINOR SURGICAL PROCEDURES              |              |                                   | MOD   | DX                        | _____  | _____ |                  | _____ | _____ | _____                              | _____ |                                   | _____ | _____ |
| 10040                                  | _____        | Acne Surgery                      | _____ | _____                     | <div>Diagnosis 1</div> <div>ICD-10Description</div> <div>Diagnosis 2</div> <div>ICD-10Description</div> <div>Diagnosis 3</div> <div>ICD-10Description</div> <div>Diagnosis 4</div> <div>ICD-10Description</div> <div>Diagnosis 5</div> <div>ICD-10Description</div> <div>Diagnosis 6</div> <div>ICD-10Description</div> <div>Diagnosis 7</div> <div>ICD-10Description</div> <div>Common Modifiers</div> <div>-24 E/M during postop-25 E/M with procedure</div> <div>-52 Reduced services-57 Decision for surgery</div> <div>-58 Staged/Related during postop-59/XS Distinct Procedure</div> <div>-76 Repeat procedure-79 Unrelated procedure</div> |       |                  |       |       |                                    |       |                                   |       |       |
| 11730                                  | _____        | Avulsion Nail, Single             | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11200                                  | _____        | Exc. Tags up to 15 Lesions        | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 10060                                  | _____        | I & D Simple, Single              | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 10061                                  | _____        | I & D Complicated, Multiple       | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 10140                                  | _____        | I & D Hematoma                    | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 12020                                  | _____        | Wound Dehiscence, Simple          | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 13160                                  | _____        | Wound Dehiscence, Complicated     | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11040                                  | _____        | Debridement, skin, partial        | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11041                                  | _____        | Debridement, skin, full-thickness | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11042                                  | _____        | Debridement, skin & subcutan.     | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| SHAVING OF EPIDERMAL OR DERMAL LESIONS |              |                                   | MOD   | DX                        |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11300                                  | _____        | Trunk, Arms, Legs < 0.5cm/d       | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11301                                  | _____        | 0.6 - 1.0 cm/d                    | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11302                                  | _____        | 1.1 - 2.0 cm/d                    | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11303                                  | _____        | Over 2.0 cm /d                    | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11305                                  | _____        | Scalp, Neck, Hand < 0.5cm/d       | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11306                                  | _____        | 0.6 - 1.0 cm/d                    | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11307                                  | _____        | 1.1 - 2.0 cm/d                    | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11308                                  | _____        | Over 2.0 cm /d                    | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11310                                  | _____        | Face, Ears, Nose < 0.5cm/d        | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11311                                  | _____        | 0.6 - 1.0 cm/d                    | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11312                                  | _____        | 1.1 - 2.0 cm/d                    | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| 11313                                  | _____        | Over 2.0 cm /d                    | _____ | _____                     |  |       |                  |       |       |                                    |       |                                   |       |       |
| ADDITIONAL SERVICES                    |              |                                   | MOD   | DX <td colspan="10"></td> |  |       |                  |       |       |                                    |       |                                   |       |       |
| Diagnosis Code: _____                  |              |                                   |       |                           |  |       |                  |       |       |                                    |       |                                   |       |       |
| Procedure Code: _____                  |              |                                   |       |                           |  |       |                  |       |       |                                    |       |                                   |       |       |
| HCPCS Code: _____                      |              |                                   |       |                           |  |       |                  |       |       |                                    |       |                                   |       |       |
| Other: _____                           |              |                                   |       |                           |  |       |                  |       |       |                                    |       |                                   |       |       |
| Date of Service                        | Patient Name |                                   |       |                           | Date of Birth  |       |                  |       |       |                                    |       |                                   |       |       |
| Insurance/Auth. #:                     |              |                                   |       |                           | Balance  |       |                  |       |       |                                    |       |                                   |       |       |
| NEXT APPOINTMENT                       |              |                                   |       |                           | Charges  |       |                  |       |       |                                    |       |                                   |       |       |
| DayWeekMonth                           |              |                                   |       |                           | Adjustments  |       |                  |       |       |                                    |       |                                   |       |       |
| Diagnosis 95:                          |              |                                   |       |                           | Amount Paid  |       |                  |       |       |                                    |       |                                   |       |       |
| Diagnosis 96:                          |              |                                   |       |                           | [ ] Cash [ ] Check   |       |                  |       |       |                                    |       |                                   |       |       |
| Diagnosis 97:                          |              |                                   |       |                           | [ ] Credit Card  |       |                  |       |       |                                    |       |                                   |       |       |
| Diagnosis 98                           |              |                                   |       |                           | Total Due  |       |                  |       |       |                                    |       |                                   |       |       |
| Diagnosis 99                           |              |                                   |       |                           |  |       |                  |       |       |                                    |       |                                   |       |       |
| Diagnosis 100                          |              |                                   |       |                           |  |       |                  |       |       |                                    |       |                                   |       |       |