

DERMATOLOGY

Provider # _____ Federal ID # _____

LOCATION:
13 UCC-MAIN

REFERRING MD: (PLEASE PRINT FULL NAME) _____ # _____
(AREA CODE): _____
PHONE NUMBER (IF NON CMG PROVIDER) _____

PT NAME		B #	
ACCT #	RP	HX #	FC HCL
ADDRESS			PCP
CITY		ST	DOB
ZIP	PHONE		SL SEX
SS#		CERT#	
INS:		COPY#	
VISIT DATE:		APPT TYPE:	
DEPT:		PHYS. #:	
PHYS NAME:			

AUTHORIZATION NUMBER:	DATE OF INJURY	CHANGE DATE TO
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ICD9 CODE 1	ICD9 CODE 2	ICD9 CODE 3	ICD9 CODE 4	ICD9 CODE 1	ICD9 CODE 2	ICD9 CODE 3	ICD9 CODE 4	ICD9 CODE 1	ICD9 CODE 2	ICD9 CODE 3	ICD9 CODE 4
OFFICE VISITS - NEW PATIENTS				SKIN GRAFT REPAIR, (cont'd)				MISCELLANEOUS			
99201				15240				10060*			
	LEVEL 1, BRIEF; 10 min					FACE, (FTSG), HANDS, FEET					I&D CYST, ABSCESS, SIMPLE
99202				15260				10061			
	LEVEL 2, LIMITED: 20 min					EYES, NOSE, LIPS (FTSG)					I&D CYST, ABSCESS, COMPLEX
99203					SHAVE	DEST	EXCISION	SIZE	11900*		
	LEVEL 3, EXPANDED; 30 min				EXCIS.	MALIG	BENIGN	MALIG			IL INJECTION 7 OR LESS
99204					TRUNK, ARMS, LEGS				11901*		
	LEVEL 4, COMPREHENSIVE; 45 min										IL INJECTION MORE THAN 7
99205				11300	17260				11950		
	LEVEL 5, COMPREHENSIVE; 60 min					LESS THAN 0.5cm					COLLAGEN INJ. 1cc OR LESS
99025				11301	17261	11401	11601		36471*		
	NEW PT, INITIAL VISIT W/PROC.										SCLEROTHERAPY, MULT VEINS, SAME LEG
OFFICE VISITS - EST. PATIENTS				SCALP, NECK HANDS, FEET, GENITALIA				UV TREATMENT			
99211				11302	17262	11402	11602		96910		
	LEVEL 1, BRIEF: 5 min					0.6 - 1.0 CM					PHOTOCHEMOTHERAPY, TAR&UV B
99212				11303	17263	11403	11603		96912		
	LEVEL 2, LIMITED: 10 min					1.1 - 2.0 CM					PHOTOCHEMOTHERAPY, PUVA
99213					17264	11404	11604		TRAYS (ADD TO SURGICAL PROCEDURES)		
	LEVEL 3, EXPANDED: 15 min					2.1 - 3.0 CM			02094		
99214					17266	11406	11606		02795		
	LEVEL 4, COMPREHENSIVE: 25 min					3.1 - 4.0 CM			02097		
99215						OVER 4.0 CM			02098		
	LEVEL 5, COMPREHENSIVE: 40min								02096		
OFFICE CONSULTATIONS				FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMB				LABORATORY			
99241				11305	17270	11420	11620		87210		
	LEVEL 1: 15 min					LESS THAN 0.5cm					WET MOUNT W/SIMPLE STAIN
99242				11306	17271	11421	11621		88304		
	LEVEL 2: 30 min					0.6 - 1.0 CM					SLIDE INTERPRETATION, LEVEL III
99243				11307	17272	11422	11622		88305		
	LEVEL 3: 40 min					1.1 - 2.0 CM					SLIDE INTERPRETATION, LEVEL IV
BIOPSY				DESTRUCTION				INJECTION			
11100					17274	11424	11624		90782		
	SKIN; ONE LESION					3.1 - 4.0 CM					SUB Q OR IM INJECTION ADMIN.
11101					17276	11426	11626		J1095		
	EA ADDITIONAL LESION					OVER 4.0 CM					DECADRON-LA UP TO 4mg/ml
67810				11310	17280	11440	11640		J3301		
	--EYELID					LESS THAN 0.5cm					KENALOG PER 10mg
69100				11311	17281	11441	11641		J0702		
	--EAR					0.6 - 1.0 CM					CELESTONE PER 3mg
49490				11312	17282	11442	11642		J3420		
	--LIP					1.1 - 2.0 CM					B-12 UP TO 1000mg
DESTRUCTION CONDYLOMA, MALE GENITALIA				MOH'S SURGERY				OTHER (SPECIFY)			
54050*				11313	17283	11443	11643		J0585		
	SIMPLE, CHEMICAL					2.1 - 3.0 CM					BOTOX PER UNIT (#)
54055*					17284	11444	11644		96405		
	ELECTRODESSICATION					3.1 - 4.0 CM					IL ADMIN OF CHEMO UP TO 7 LESION
54056*					17286	11446	11646		J9040		
	CRYOTHERAPY					OVER 4.0 CM					BLEOMYCIN PER 15 UNITS
DESTRUCTION CONDYLOMA MALE/FEMALE ANUS				DESTRUCTION							
46900*				17000		DEST.BEN LESION,ANY METHD, 1st					
	SIMPLE, CHEMICAL					2nd THROUGH 14th LESIONS EA					
46910*				17003		DEST BEN LES. ANY METH. > 15					
	ELECTRODESSICATION										
46916				17004							
	CRYOSURGERY										
SKIN GRAFT REPAIR				MOH'S SURGERY							
14000				17304		1ST STAGE, UP TO 5 SPECIMENS					
	TRUNK <10 SQ CM										
14020				17305		2ND STAGE, UP TO 5 SPECIMENS					
	SCALP, ARMS <10 SQ CM										
14040				17306		3RD STAGE, UP TO 5 SPECIMENS					
	FACE, NECK <10 SQ CM										
14060				17310		MORE THAN 5 , ANY STAGE; each					
	EYELIDS,NOSE, EARS,LIPS <10										
15000				11730							
	EXCISIONAL PREPARATION										
15200				11750		AVULSION NAIL, SIMPLE, SINGLE					
	TRUNK, (FTSG) <20 SQ CM					MATRIXECTOMY					
15220											
	SCALP, ARM, LEGS(FTSG)										

OFFICE SURGERY / PROCEDURE CPT CODE/MODIFIERS*	FEE
1ST	\$
2ND	\$
3RD	\$
4TH	\$
5TH	\$
6TH	\$

SPECIAL INSTRUCTIONS:

ACCIDENT

COORDINATION OF BENEFITS

NON-COVERED SERVICE

THIRD PARTY LIEN

WORKERS COMP

OTHER (SPECIFY) _____

MODIFIERS:

- 22 UNUSUAL SERVICE (NEED REPORT)
- 25 SEPARATELY IDENTIFIABLE E/M SERVICE SAME DAY AS PROCEDURE
- 50 BILATERAL PROCEDURE
- 51 MULTIPLE PROCEDURES
- 52 REDUCED SERVICES
- 55 POST OPERATIVE MANAGEMENT ONLY
- 56 PREOPERATIVE MANAGEMENT ONLY
- 62 TWO SURGEONS
- 78 RETURN TO OR FOR A RELATED PROC. DURING POST OP PERIOD
- 79 UNRELATED PROC BY SAME MD DURING POSTOP PERIOD
- 80 ASSISTANT SURGEON
- 99 MULTIPLE MODIFIERS