

# MDM Derm Summary

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- Assess ONE lesion and you WATCH or plan to do surgery →  
99202/12
- Assess TWO different lesions and you decide to WATCH →  
99202/12
- Assess TWO different lesions, plan for minor surgery (+/- risk):  
99203/13
- Assess ONE BAD lesion that you discuss surgical options ...  
99204/14 and maybe 99205/15

## Evaluation and Management **Office** Coding (MDM Based on 2 of 3 Components)

E/M LEVEL, MDM, {time} (99201 deleted, 99211 N/A)	NUMBER AND COMPLEXITY OF <b>PROBLEMS</b> ADDRESSED	AMOUNT AND/OR COMPLEXITY OF <b>DATA</b> TO BE REVIEWED AND ANALYZED (Each unique test, order, or doc. reviewed counts)	<b>RISK</b> OF COMPLICATIONS, and/or MORBIDITY/MORTALITY OF PATIENT MANAGEMENT
99202 {15} 99212 {10} Straightfwd MDM	<b>MINIMAL</b> <ul style="list-style-type: none"> <li>One self-limited or minor prob.</li> </ul>	Minimal but usually none	Minimal risk of morbidity from additional diagnostic testing/treatment.
99203 {30} 99213 {20} Low MDM	<b>LOW</b> <ul style="list-style-type: none"> <li>2 or more self-limited or minor prob.</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>1 chronic stable illness</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>1 acute, uncomplicated illness/injury</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>1 stable, acute illness</li> </ul>	<p style="text-align: center;"><b>(Must Meet 1 of 2 Categories)</b></p> <p><u>Category 1:</u> Tests and documents (any 2)</p> <ol style="list-style-type: none"> <li>Review of prior external note(s) from EACH unique source</li> <li>Review results of EACH unique test</li> <li>Order of EACH unique test</li> </ol> <b>OR</b> <p><u>Category 2:</u> Assessment requiring an independent historian</p>	Low risk for undergoing additional testing/treatment Consider: OTC drugs, non-contrast imaging, PT/OT, skin bx, minor surgery
99204 {45} 99214 {30} Moderate MDM	<b>MODERATE NUMBER AND COMPLEXITY</b> <ul style="list-style-type: none"> <li>One or more chronic illnesses with exacerbation, progression, or treatment of side effects</li> <li>2 or more chronic stable illnesses</li> <li>New prob w/ uncertain prognosis</li> <li>Acute illness with systemic symptoms</li> <li>Acute complicated injury</li> </ul>	<p style="text-align: center;"><b>(Must Meet 1 of 3 Categories: Moderate)</b></p> <p><u>Category 1:</u> Tests, documents, historian (any 3)</p> <ol style="list-style-type: none"> <li>*Review of prior external note(s) from EACH unique source</li> <li>*Review results of EACH unique test</li> <li>*Order of EACH unique test</li> <li>Assessment requiring an independent historian.</li> </ol> <b>OR</b> <p><u>Category 2:</u> Independent interpretation of tests</p> <ul style="list-style-type: none"> <li>Independent interpretation of tests performed by another provider (not separately billed)</li> </ul> <b>OR</b> <p><u>Category 3:</u> Discussion of management or test interpretation</p> <ul style="list-style-type: none"> <li>Discuss mgmt./interpretation of test with another provider (not separately billed)</li> </ul>	Moderate risk of morbidity from additional tests/treatment Consider: <ul style="list-style-type: none"> <li>Rx mgmt.,</li> <li>Discussion regarding minor surgery w/ patient or procedure risk factors</li> <li>Discussion regarding elective major surgery w/o risk factors</li> <li>Diagnosis or treatment significantly limited by social determinants of health</li> </ul>
99205 {60} 99215 {40} High MDM	<b>HIGH NUMBER AND COMPLEXITY</b> <ul style="list-style-type: none"> <li>1 or more chronic illness with severe exacerbation, progression, or treatment side effects</li> <li>Acute/chronic illness that may pose threat to life or bodily function</li> </ul>	<p style="text-align: center;"><b>(Must Meet 2 of 3 Categories: High)</b></p>	High risk of morbidity from additional diagnostic testing or treatment Consider: Drug therapy req. intensive monitoring for toxicity, Decision regarding hospital care (admit/escalate), Decision regarding elective major surgery w/ patient and/or procedure risk factors, Decision to de-escalate care/decide DNR due to poor prog, IV controlled substance use