Scenario #2:
99202

Provider Documentation

Visit type:
New patient

Chief Complaint:
Patient presents today with a new concern about a lesion on her shoulder.

History of Present Illness:
Patient states there has been a change in the lesion over the past two years. The lesion worsens with scratching and rubbing. The lesion sometimes disappears and sometimes worsens. No treatment to date.

Review of Systems:
Denies constitutional symptoms. Skin, as stated in HPI.

Past Medical History:
Allergies: NKDA

Family History:
Noncontributory

Social History:
Patient has never smoked.

Exam:
- Constitutional: Appears stated age, healthy and well-developed young woman in no acute distress.
- Eyes: conjunctivae clear, eyelids normal and palpebral fissures equal.
- ENMT: Lips appear normal and healthy. Gums, normal. Palate, normal in appearance. Oropharynx: normal. Oral mucosa, normal with no thrush. Tongue is normal.
- Upper Extremities: Fingers and fingernails are normal. Nail plate is normal.
- Skin: examination of the shoulder area indicates Lentigenes, actinic damage, Seborrheic keratosis.

Assessment:
- Seborrheic keratosis, **L82.1**
- Extensive discussion with the patient about the etiologies, natural history and treatment options regarding seborrheic keratosis and acne.
- Prescription and skin care management recommended. Acanya 1.2 – 2.5% apply to affected area twice a day for eight weeks.
- Will try topical treatment and let us know.

Time spent:

15 minutes

Coding

Number and complexity of problems addressed:
2 minor or self-limited problems

Amount and/or complexity of data to be reviewed and analyzed:
None

Risk of complications and/or morbidity or mortality of patient management:
Moderate (prescription management)

Level of MDM based on 2 out of 3 elements of MDM:
Straightforward

Code:
99202

Rationale:
This visit for a new patient with a new straightforward problem and prescription management would support 99202. The code was limited to 99202 due to the expanded problem focused examination. Under the 2021 guidelines, the Detailed History and Expanded Problem Focused exam did not count toward level of service. The MDM complexity will support the visit, or the visit can be reported based on time.

BOX
Bonus tip:
The visit included extensive discussion with the patient about the etiologies, natural history and treatment options. Time can also be considered as total time spent by the billing provider on the date of service, including pre- and post-service activities, such as review of data (previous medical records and test results) and any coordination of care.