



Please print clearly

The treating physician must complete this section and submit the completed form and all supporting documentation of the diagnosis to Allstate Health Solutions by either:

Fax: 317-284-7281 or Email: Allstatehealth@keybenefit.com

Physician Statement

Patient's Information

Last Name: Smith First name: Jennifer MI: L

Date of Birth: 01/01/1963 (MM/DD/YY) Gender: Male ☐ Female ☒

Date patient first consulted you for this condition: 04/30/04 (MM/DD/YY)

Date patient was first diagnosed with this condition: 04/30/04 (MM/DD/YY)

If hospitalized, provide the date range. From date: _____ To date: _____

Applicable diagnosis codes: C43.4

Applicable procedure (CPT) codes: 11023, 12044

Name and Address of Facility where services were rendered: Dermatology Consultants
2405 Harrodsburg Rd Lexington, KY 40504

Have you previously treated this patient? ☐ Yes ☐ No

If "Yes", provide illness and dates treated: _____

From date: _____ To date: _____

Has this patient ever had the same or similar conditions? ☐ Yes ☒ No

If "Yes", please describe and provide dates: _____

From date: _____ To date: _____

Does the patient suffer from any chronic illness? ☐ Yes ☒ No

If "Yes", please identify: _____

Does the patient take prescription medication regularly? ☐ Yes ☒ No

If "Yes", please identify: _____

Has any other physician ever treated the patient for this condition? ☐ Yes ☐ No

Name and Address of physician who previously treated this patient: _____

Name, Address and Phone Number of referring physician: _____

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Physician's Name — printed: Michael Renzi, MD

Address — including city, state and zip code: 2405 Harrodsburg Rd
Lexington, KY 40504

Phone Number: (859) 278-9492 Fax Number: (859) 461-5461

Signature — including degrees and credentials

[Signature] Date: 07/11/2004



Jennifer Lynn Smith

(F | 61 • Jan 01, 1963)

C (859) 771-0579

JESM0055

HPI The patient is 61-year-old female who presents with the following complaint(s):

Skin Exam (Chief Complaint)

Pt wanting all moles and spots checked over the entire body.

MIS excised in January.

Hx lichen sclerosus—itching on abdomen currently

HISTORY ALLERGIES: cefdinir
CUTANEOUS MALIGNANCIES: malignant melanoma
GENERAL: hypertension, sjogren's syndrome
SURGERIES: d (dilation) and c (curettage) of uterus, tonsillectomy
SOCIAL HISTORY: married, non - drinker, non-smoker
FAMILY HISTORY: malignant melanoma

EXAM Vital Signs:
Height: 67.275 in | Weight: 186 lbs 0 oz
Body Mass Index: 28.9

Physical Exam:

Scattered symmetric brown macules/papules without worrisome dermoscopic features, involving Head, Neck, Chest, Abdomen, Back, Pelvis, Upper Extremities, Lower Extremities

hyperpigmented round to oval macule, involving sun exposed skin, involving Head, Neck, Chest, Abdomen, Back, Pelvis, Upper Extremities, Lower Extremities

0.8 cm asymmetrically pigmented macule, involving Left Lateral Neck - Posterior

Cicatrix without evidence of melanoma recurrence. No LAD., involving Right Medial Suprascapular Back - Lateral to T3, Left Medial Scapular Back - Lateral to T5

white shiny atrophic plaques, involving Female Genitalia

Pink hyperkeratotic rough papule, involving Left Dorsal Hand - Central

- A&P**
1. Multiple benign melanocytic nevi
 - Problem: New or Acute - Low Morbidity Risk
 - Locations: Head, Neck, Chest, Abdomen, Back, Pelvis, Upper Extremities, Lower Extremities
 - Plan:
 - Reassurance
 2. Lentigo simplex
 - Problem: New or Acute - Self Limited or Minor
 - Locations: Head, Neck, Chest, Abdomen, Back, Pelvis, Upper Extremities, Lower Extremities
 - Plan:
 - Reassurance
 3. Neoplasm of uncertain behavior of skin
 - Location: Left Lateral Neck - Posterior



Jennifer Lynn Smith
(F | 61 • Jan 01, 1963)
C (859) 771-0579
JESM0055

- Plan:
 - Biopsy: Left Lateral Neck - Posterior • Preoperative Dimension(s): 0.8 cm • Surgical Scrub: Alcohol • Anesthesia: 1. lidocaine 1 %-epinephrine 1:100,000 injection solution (1.0 ml) • Hemostasis: Ferric Chloride • Biopsy Technique: tangential (shave) • Procedure description: Patient consented orally. Risks, benefits and complications of procedure were discussed, including scar potential and recurrence of lesion. The area was cleaned; anesthesia was given and a double-edged razor was used to tangentially remove the lesion.
 - Follow Up: Pending path
- 4. History of malignant melanoma of the skin
 - Problem: Chronic - Stable
 - Locations: Right Medial Suprascapular Back - Lateral to T3, Left Medial Scapular Back - Lateral to T5
 - MIS - right upper back 01/2024
MIS- left upper back- 2010
 - Plan:
 - Counseling
 - Follow Up: In 3 Month(s)
- 5. Lichen sclerosus (disorder)
 - Problem: Chronic - Mildly Worse
 - Location: Female Genitalia
 - Plan:
 - Medications: Pt advised to use Triamcinolone as needed for areas that are symptomatic.
- 6. Actinic keratosis
 - Problem: New or Acute - Low Morbidity Risk
 - Location: Left Dorsal Hand - Central
 - Plan:
 - Destruction (Premalignant Lesions): Left Dorsal Hand - Central • Indications: Pre-malignant lesion • Procedure description: Actinic keratoses were treated with liquid nitrogen as marked on the body map. Recommended follow up in 4-6 weeks for any areas that remain rough and scaly. Discussed role of sun exposure in causing actinic damage and recommended sun protection and reviewed sun protective measures including hat, sunscreen, seeking shade, avoiding sun at peak hours and use of sun protective clothing. Discussed possible side effects of treatment such as hyperpigmentation, hypopigmentation, scabbing, blistering, and scarring.

COUNSELING

Multiple benign melanocytic nevi

Patient education:

- Although moles did appear to be normal at today's visit, it is important to continue routine checks to ensure that no changes have occurred.

To help monitor if your mole(s) are changing, you will want to follow the ABCDE rule:

Asymmetry (one half of the mole doesn't match the other)

Border irregularity

Color that is not uniform

Diameter greater than 6 mm (about the size of a pencil eraser)

Evolving size, shape or color.

* If any of these changes occur, please contact the office right away for reevaluation*



Jennifer Lynn Smith

(F | 61 • Jan 01, 1963)

C (859) 771-0579

JESM0055

Tips to Protect your Skin from the Sun:

- Avoid direct sun from 10AM to 4PM when the sun's UV rays are the most harmful.
- Use sunscreen and lip balm that contains UVA and UVB protection with SPF 30 or more.
- Apply sunscreen 20 minutes before going out into the sun and also apply on cloud days since UV rays can pass through clouds.
- Reapply sunscreen every 2 hours or after swimming.
- Wear sunglasses, a wide brim hat, and long sleeves if going outside for extended periods of time.
- Avoid sun lamps, tanning beds, or artificial lights.

Lentigo simplex

Patient education:

- <http://dermnetnz.org/lesions/lentigo-simplex.html>
- This is a benign lesion for which no medical treatment is required at this time. However, presence of these lesions is a sign of sun damage and sun avoidance or sun protection is recommended. Recommended SPF daily. In addition, the patient should examine the entire skin surface once a month, and if any new lesions appear, or if existing ones change, the patient should return for further evaluation.

Neoplasm of uncertain behavior of skin

Patient education:

- POST-BIOPSY PROCEDURE INSTRUCTIONS

GENERAL CONSIDERATIONS:

- It is normal to see some bloody drainage on the bandage the day of the biopsy procedure
- Avoid alcoholic beverages during the healing process, as alcohol dilates blood vessels which can lead to bleeding. Alcohol may also interact with prescribed medications.

ACTIVITIES:

- Follow any specific activity instructions given by your dermatologist
- Depending on the location and the extent of the biopsy procedure, you may need to minimize your activity for the first 48 hours and avoid any strenuous activity/exercise for at least 14 days following the biopsy procedure in order to prevent bleeding and/or opening of the wound (dehiscence)

WOUND CARE:

- Keep the bandage dry for 24 hours and then you may remove the bandage and shower over the biopsy site
- After 24 hours, gently cleans the biopsy site with soap and water on daily basis
- Gently apply Vaseline Ointment (or Bacitracin/Polysporin Ointment or a prescription medication as instructed by your surgeon) on top of the biopsy site daily until healed
- It is not necessary to reapply a bandage. However, you may apply one if desired to prevent irritation of sutures.

CALL OUR OFFICE IF:

- You develop a fever above 101.5°F
- You develop spreading redness extending one-half inch or more from the biopsy site
- You develop increased swelling and pain

FOLLOW UP:

- Follow up in the office as instructed by your dermatologist



Jennifer Lynn Smith
(F | 61 • Jan 01, 1963)
C (859) 771-0579
JESM0055

History of malignant melanoma of the skin

Patient education:

- <http://dermnetnz.org/lesions/melanoma.html>
- - Perform monthly self-examinations (<http://www.skincancer.org/skin-cancer-information/early-detection/step-by-step-self-examination>)
- Although rare, ocular (eye) melanoma occurs in approximately 6 people per 1 million every year, while invasive melanoma of the skin occurs in approximately 1 in 50 people per year. Therefore, eye exam by an ophthalmologist is suggested at least once yearly (<http://www.melanoma.org/understand-melanoma/what-is-melanoma/ocular-melanoma>)
- Steps in Melanoma Prevention (<http://www.cancer.org/cancer/skincancer-melanoma/detailedguide/melanoma-skin-cancer-prevention>)
- Aspirin may reduce incidence of melanoma (<http://www.cancer.org/cancer/news/aspirin-linked-to-lower-melanoma-risk-in-study>)
- Vitamin D may play a role in Melanoma prevention, but additional studies are needed (<http://www.ncbi.nlm.nih.gov/pubmed/19282200>)

Preventive care for history of Melanoma

- Apply a 45+ SPF sunscreen daily and reapply every 2 hours or sooner if swimming or sweating, even on cloudy days and in cooler months.
- Increase your SPF to as high as 100 for added protection. Recent studies have shown that early sunburn can be mitigated by a higher SPF.
- Avoid sun exposure between 10am and 3pm, if possible.
- Wear protective clothing such as long-sleeved shirts, wide brimmed hats and sunglasses.
- Wear a lip balm with 45+ SPF.
- Do not use tanning beds.
- Ask your dermatology provider about supplementation with vitamin D, niacinamide and Heliocare

The "ABCDE" warning signs of atypical nevi that warrant further evaluation by your HDC dermatology provider:

- A= Asymmetry
- B= Border irregularity
- C= Color variation
- D= Diameter larger than a pencil eraser
- E= Evolution; if you notice a new or changing mole

You will be instructed to follow-up regularly, as directed by your dermatology provider, so we can help monitor your skin, and keep your skin healthy.

Lichen sclerosus (disorder)

Patient education:

- <http://www.dermnetnz.org/immune/lichen-sclerosus.html>
- Lichen sclerosus is a common chronic skin disorder that most often affects genital and perianal areas. It can start at any age, but is most often diagnosed in women over 50. The causes may include genetic, hormonal, irritant, traumatic and infectious components and is often classified as an autoimmune disease.

To help manage this condition you should do the following:

- Wash area gently once or twice daily
- Use a non-sop cleanser, if any



Jennifer Lynn Smith
(F | 61 • Jan 01, 1963)
C (859) 771-0579
JESM0055

- Try to avoid tight clothing, rubbing and scratching
- Activities such as riding a bicycle or horse may aggravate symptoms
- Apply emollients to relieve dryness and itching, and as a barrier to protect sensitive skin in genital area from contact with urine and feces.

Actinic keratosis

Patient education:

- Caring for yourself after cryotherapy

Starting the day after your procedure, wash the treated area gently with fragrance-free soap and water daily.

Leave the treated area uncovered. If you have any drainage, you can cover the area with a bandage (Band-Aid®).

You may notice a blister form within the treatment area. If this occurs, do not pop.

If the treated area develops a crust, you can apply petroleum jelly (Vaseline®) on until the crust falls off.

If you have any bleeding, press firmly on the area with a clean gauze pad for 15 minutes. If the bleeding doesn't stop, repeat this step. If the bleeding still hasn't stopped after repeating this step, call your doctor's office.

Don't use scented soap, makeup, or lotion on the treated area until it has healed. This will usually be at least 10 days after your procedure.

You may lose some hair on the treated area. This depends on how deep the freezing went. The hair loss may be permanent.

Once the treated area has healed, apply a broad-spectrum sunscreen with an SPF of at least 30 to the area to protect it from scarring.

You may have discoloration (pinkness, redness, or lighter or darker skin) at the treated area for up to 1 year after your procedure. Some people may have it for even longer or it may be permanent.

Call Your Doctor or Nurse if You Have:

- A temperature of 100.4° F (38° C) or higher
- Chills
- Any of the following symptoms at or around the treated area:
 - Redness or swelling that extends to areas of untreated skin
 - Increasing pain or discomfort in the treated area
 - Skin in the treated area that's hot or hard to the touch
 - Increasing oozing, or drainage (yellow or green) from the treated area
 - A bad smell
 - Bleeding that doesn't stop after applying pressure
 - Any questions or concerns
 - Any problems you didn't expect



Jennifer Lynn Smith
(F | 61 • Jan 01, 1963)
C (859) 771-0579
JESM0055

IMAGES

Neoplasm of uncertain behavior of skin



Electronically signed by Erika Music, MD on 04-30-2024 at 12:40:48 PM EDT

Care Team:

Erika Music, MD, primary provider
Elizabeth Day, MA, staff



Jennifer Lynn Smith
(F | 61 • Jan 01, 1963)
C (859) 771-0579
JESM0055

HPI The patient is 61-year-old female, last seen on Tuesday, April 30, 2024, who presents with the following complaint(s):

Melanoma of skin (Follow Up) (Chief Complaint): The complaint involves Left Lateral Neck - Posterior.

HISTORY ALLERGIES: cefdinir
CUTANEOUS MALIGNANCIES: malignant melanoma
GENERAL: hypertension, sjogren's syndrome
SURGERIES: d (dilation) and c (curettage) of uterus, tonsillectomy
SOCIAL HISTORY: married, non - drinker, non-smoker
FAMILY HISTORY: malignant melanoma

EXAM Vital Signs:
BP: 184/87 mmHg

Physical Exam:
1.2 x 0.9 cm (1.08 cm²) Irregular pigmented macule with biopsy wound, involving Left Lateral Neck - Posterior

A&P 1. Melanoma of skin

- Morphology: Irregular pigmented macule with biopsy wound (Left Lateral Neck - Posterior)
- Location: Left Lateral Neck - Posterior
- Plan:
 - Head and neck lymph node exam performed: pre/post auricular, submental, submandibular, cervical - No lymphadenopathy

Patient will return to office in 24-48 hours for additional margin excision or closure pending the pathology results

- Procedures: Excision (Malignant Lesions) (Planned), Excision (Malignant Lesions) (Planned)
- Excision (Malignant Lesions): Left Lateral Neck - Posterior • Preoperative Dimension(s): 1.2 x 0.9 cm (1.08 cm²) • Indications: Malignant Lesion • Surgical Scrub: Hibiclens® • Anesthesia: 1. lidocaine 1 %-epinephrine 1:100,000 injection solution (6.0 ml) • Hemostasis: Electrocautery - Electrofulguration • Blood Loss: 1 ml • Complications: None • Surgical Margins: 0.5 cm • Biopsy Technique: excisional • Excised Diameter: 2.2 cm • Procedure description: SURGICAL PROCEDURE PREPARATION: The patient was brought into the operating room. The procedure site was identified by the surgeon and patient agrees. The area was marked with skin marking pen using pathology report and prior biopsy photos if available. The surgical site was prepped with hibiclens solution, infiltrated with local anesthetic and draped with sterile drape. The nature and purpose of the procedure, possible consequences and complications, and alternative forms of therapy were discussed with the patient in detail. TIME-OUT All team members have confirmed: Patient Identity, Incision Site, and that Consent(s) were signed. The procedure site was marked and was visible. PROCEDURE: The area identified above and marked with skin marking pen was incised with #15 blade in an ellipse to the depth of adipose tissue and excised and prepared for pathology in formalin solution in a vessel with patients identifying information and anatomic site. Hemostasis was achieved using electrocautery. OUTCOME: The patient tolerated the procedure well and was then prepped for closure.



Jennifer Lynn Smith
(F | 61 • Jan 01, 1963)
C (859) 771-0579
JESM0055

IMAGES

Melanoma of skin



Electronically signed by Michael Renzi, MD on 05-20-2024 at 09:27:29 AM EDT

Care Team:

Michael Renzi, MD, primary provider
Sydney Noel, staff



Jennifer Lynn Smith
(F | 61 • Jan 01, 1963)
C (859) 771-0579
JESM0055

HPI The patient is 61-year-old female, last seen on Monday, May 20, 2024, who presents with the following complaint(s):

Mohs Reconstruction (Chief Complaint): The complaint involves Left Lateral Neck - Posterior.

HISTORY
ALLERGIES: cefdinir
MEDICATIONS: hydrochlorothiazide, lisinopril
CUTANEOUS MALIGNANCIES: malignant melanoma
GENERAL: hypertension, sjogren's syndrome
SURGERIES: d (dilation) and c (curettage) of uterus, tonsillectomy
SOCIAL HISTORY: married, non - drinker, non-smoker
FAMILY HISTORY: malignant melanoma

EXAM Physical Exam:
Full thickness defect in the skin to adipose, involving Left Lateral Neck - Posterior

A&P 1. Defect in skin surface

- Morphology: Full thickness defect in the skin to adipose (Left Lateral Neck - Posterior)
- Location: Left Lateral Neck - Posterior
- Plan:
 - Intermediate repair: Left Lateral Neck - Posterior • Postoperative Dimension(s): 8.2 cm • Surgical Scrub: Hibiclens® • Anesthesia: 1. lidocaine 1 %-epinephrine 1:100,000 injection solution (12.0 ml) • Subcutaneous Closure: Suture: Monocryl™ 4-0 Buried vertical mattress • Epidermal Closure: Suture: Fast Absorbing Plain Gut 5-0 Simple running • Hemostasis: Electrocautery - Electrofulguration • Blood Loss: 1 ml • Complications: None • Depth Level: Subcutaneous Fat • Procedure description: PREPARATION: The patient was brought into the procedure room and positioned on the table. Treatment options for the surgical defect were discussed, including risks and benefits of each. Surgical margins as well as anticipated scar size and orientation were shown to the patient pre-operatively. Healing duration and restrictions were discussed. The risks of pain, bleeding, scar, infection, poor healing, poor cosmetic outcome, wound dehiscence, nerve damage, muscle weakness, and potential need for subsequent procedures and or hospitalization reviewed. After this discussion, the patient chose to have the surgical defect repaired and gave verbal consent. The surgical site was prepped with an antiseptic solution, infiltrated with local anesthetic and draped with sterile towels. TIME-OUT: A timeout was completed verifying the correct patient, procedure, site, positioning and implant(s) or special equipment if applicable to the planned procedure. PROCEDURE: Burrow's triangles were removed using a #15 scalpel blade. The surgical defect was undermined along the entire edge of the defect. Hemostasis was achieved using electrocautery. Hemostasis was achieved using electrodesiccation. The skin edges were then reapproximated using the above listed epidermal suturing technique and sutures. The patient tolerated the procedure well and there were no complications. OUTCOME: The patient tolerated the procedure well, and there were no complications. See excision documentation for additional information related the patient's surgery at this site. After completion of all procedures at this site, a pressure dressing was applied. The patient/family/caregiver were given verbal and written instruction in a manner they can understand, which included clinic contact information and emergency contact information.
 - Follow Up: In 2 Week(s)



Jennifer Lynn Smith

(F | 61 • Jan 01, 1963)

C (859) 771-0579

JESM0055

COUNSELING

Defect in skin surface

Patient education:

- <https://www.dermnetnz.org/topics/risks-and-complications-of-skin-surgery/>
- WOUND CARE INSTRUCTIONS FOR SUTURED WOUNDS

GENERAL TIPS

- Keep activity to a minimum
- Make sure hands are clean before you care for your wound
- Follow instructions provided on cleaning and changing your dressing
- Call the office with any questions
- Follow-up as directed

HOW TO CLEAN YOUR WOUND AND CHANGE YOUR DRESSING:

1. Leave the first bandage in place for 24-48 hours, then gently remove the dressing.
2. Clean the wound, with regular soap and water using a gauze or cotton ball to remove any drainage or crusting (doing this in the shower or bath is fine, although do not allow a forceful water stream to hit the wound directly or submerge the wound in a bath).
3. Pat the wound dry and apply a generous amount of ointment (Vaseline, or Mupirocin/Bactroban antibacterial ointment, or Aquaphor) using a qtip. ****Do not let the wound dry out or "air out".****
4. Cover with a piece of non-stick dressing trimmed to fit the shape of the wound and secure the non-stick dressing in place with paper tape. Alternately you may cover with a band-aid.
5. Repeat this procedure once a day until your stitches are removed or dissolve. If area becomes soiled repeat the procedure.
6. Do NOT use alcohol or Hydrogen peroxide on your wound

NOTE: if you had STERI-STRIPS (small white stickers) placed on your wound, you may take the outer dressing (gauze and tape) off after 24-48 hours, and shower as usual. No additional dressings are needed if steri-strips are placed. Leave them in place until you return for the sutures to be removed.

DURING THE HEALING PROCESS:

- Pain: Pain is usually minimal especially if activity restrictions are followed. If you experience discomfort, you may take extra strength tylenol or advil (generic is fine) as directed. Pain medication may be prescribed for you if necessary.
- Bleeding/Discharge: A small amount of bloody, yellow, or watery discharge after surgery is normal. If bleeding persists and saturates the dressing, apply firm and constant pressure uninterrupted for 20 minutes (no peeking!). Repeat if needed. In rare instances, if bleeding continues, please call us.
- Swelling/bruising/numbness: These are all very common after surgery. Bruising and swelling usually peak 2 days after surgery then decrease over the next week. If you have surgery in one location, don't be surprised if you get swelling nearby.
- Elevate the area where you had surgery. If you had surgery on your head/neck, put extra pillows under your head. If you had surgery on your arms/legs, use a sling or prop your leg up when sitting.
- Apply an ice pack over the dressing as often as 20 minutes every hour.
- Redness: Some redness around your wound is normal. If redness begins to spread more than an inch away from the wound, please call us immediately.
- Scarring: Any surgery that removes skin cancer will leave a scar. Everyone heals differently, but following our post-operative instructions is vital to successful wound healing. Redness and bumpiness of the scar is normal because of dissolving stitches underneath the skin and should improve over 3-6 months. Some people may benefit from injections or other treatments if they have a history of abnormal scarring, but your scar will continue to improve even up to a year after surgery. Direct sunlight should be avoided and can cause the scar to darken.

Tips if you had surgery on the following locations:



Jennifer Lynn Smith
(F | 61 • Jan 01, 1963)
C (859) 771-0579
JESM0055

Nose: Avoid blowing your nose. Hold your nose securely if you must sneeze.

Lip: Eat soft foods like soup, smoothies, or oatmeal for the first few days after surgery.

Forehead/Scalp/Cheek/Nose/Eyes: Swelling in this area can be quite dramatic and can migrate, be prepared for a black eye or two! If your wound is on your scalp, you may wash your hair with baby shampoo or any gentle shampoo to avoid any irritation.

PLEASE CALL US IF YOU EXPERIENCE THE FOLLOWING:

1. Pain that keeps getting worse over several days
2. Excessive yellow/green thick drainage that is foul-smelling
3. Significant redness and warmth around the wound that is spreading
4. New feelings of numbness or tingling around the wound
5. Fever (over 100 F)
6. Wound appears to be opening up or separating
7. Sutures have dislodged or fallen out too soon

IMAGES

Defect in skin surface



Electronically signed by Michael Renzi, MD on 05-21-2024 at 03:35:29 PM EDT

Care Team:

Michael Renzi, MD, primary provider
Andrea Ramey, CMA, staff



Jennifer Lynn Smith (F | 61 | Jan 01, 1963 | JESM0055)

327 Sandra Drive, Winchester, KY, 40391

Patient Financials

Type	Description	Billed Amount	Balance	Applied Amount	Unapplied Amount
05/21/2024 - Michael Renzi, MD Mohs Reconstruction					
DEBIT	12044 - REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	\$419.53	\$0.00		
CREDIT	Patient Payment - 06/13/2024			\$145.22	\$0.00
CREDIT	Insurance Payment from Caresource Kentucky - 05/30/2024			\$0.00	\$0.00
CREDIT	Patient Payment - 05/20/2024			\$40.00	\$0.00
CREDIT	Patient Payment - 05/15/2024			\$199.35	\$0.00
05/20/2024 - Michael Renzi, MD Melanoma of skin (Follow Up)					
DEBIT	11623 - EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	\$327.98	\$0.00		
CREDIT	Insurance Payment from Caresource Kentucky - 05/30/2024			\$0.00	\$0.00
CREDIT	Patient Payment - 05/20/2024			\$0.00	\$0.00
CREDIT	Patient Payment - 05/15/2024			\$300.65	\$0.00
04/30/2024 - Erika Music, MD Skin Exam					
DEBIT	99204 - New patient visit: Level 4	\$188.98	\$0.00		
DEBIT	17000 - DESTRUCTION PREMALIGNANT LESION 1ST	\$74.54	\$0.00		



Dermatology
Consultants

Dermatology Consultants PSC

T (859) 278-9492

04/30/2024 - Erika Music, MD Skin Exam					
DEBIT	11102 - TANGENTIAL BIOPSY SKIN SINGLE LESION	\$109.14	\$0.00		
CREDIT	Insurance Payment from Caresource Kentucky - 05/21/2024			\$267.45	\$0.00
CREDIT	Patient Payment - 04/30/2024			\$40.00	\$0.00
	Total	\$1,120.17	\$0.00	\$992.67	\$0.00



Jennifer Lynn Smith
(New Patient)
(F | 61 • Jan 01, 1963)
C (859) 771-0579

JESM0055

Billing Provider: Erika Music, MD
Attending Provider: Erika Music, MD
Place of Service: Dermatology Consultants - Lexington
Office
2405 Harrodsburg Road, Lexington, Kentucky 405043329

Coding Report

ICD-10
L81.4 - Other melanin hyperpigmentation
D48.5 - Neoplasm of uncertain behavior of skin
Z85.820 - Personal history of malignant melanoma of skin
L90.0 - Lichen sclerosus et atrophicus
L57.0 - Actinic keratosis
D22.4 - Melanocytic nevi of scalp and neck

PROCEDURES	CPT	MODIFIER	UNIT	ICD-10	NDC code
	99204	25	1	L81.4, Z85.820, L90.0, D22.4	
	11102		1	D48.5	
	17000	59	1	L57.0	

E&M CODE
Medical Decision Making - Moderate Complexity
Problem Points (3/4)

- Multiple benign melanocytic nevi (Low)
- Lentigo simplex (Minimal)
- Neoplasm of uncertain behavior of skin (N/A)
- History of malignant melanoma of the skin (Low)
- Lichen sclerosus (disorder) (Moderate)
- Actinic keratosis (Low)

Data Points (1/4)

Risk (3/4)

- Moderate

Generated by: Lyric Blackford (Jul 11, 2024 | 3:20 PM EDT)



Jennifer Lynn Smith
(Established Patient)
(F | 61 • Jan 01, 1963)
C (859) 771-0579

JESM0055

Billing Provider: Michael Renzi, MD
Attending Provider: Michael Renzi, MD
Place of Service: Dermatology Consultants - Lexington Office
2405 Harrodsburg Road, Lexington, Kentucky 405043329

Coding Report

ICD-10 C43.4 - Malignant melanoma of scalp and neck

PROCEDURES	CPT	MODIFIER	UNIT	ICD-10	NDC code
	11623		1	C43.4	

Generated by: Lyric Blackford (Jul 11, 2024 | 3:20 PM EDT)



Jennifer Lynn Smith

(Established Patient)

(F | 61 • Jan 01, 1963)

C (859) 771-0579

JESM0055

Billing Provider: Michael Renzi, MD

Attending Provider: Michael Renzi, MD

Place of Service: Dermatology Consultants - Lexington

Office

2405 Harrodsburg Road, Lexington, Kentucky 405043329

Coding Report

ICD-10 C43.4 - Malignant melanoma of scalp and neck

PROCEDURES	CPT	MODIFIER	UNIT	ICD-10	NDC code
	12044	58	1	C43.4	

Generated by: Lyric Blackford (Jul 11, 2024 | 3:20 PM EDT)