Optum

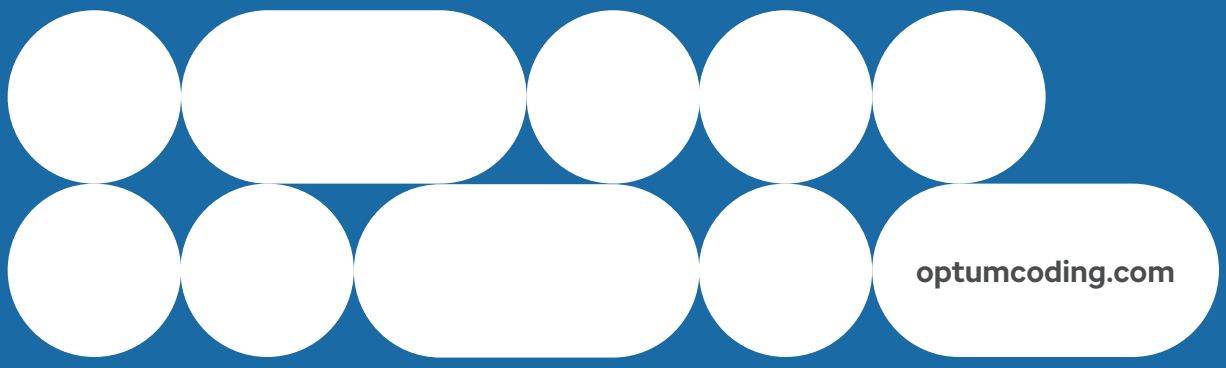
Coding Companion

Plastic Surgery/ Dermatology

A comprehensive illustrated guide to coding and reimbursement

SAMPLE

2027



optumcoding.com

Contents

SAMPLE

CPT © 2026 American Medical Association. All Rights Reserved.

© 2026 Optum360, LLC

Getting Started with Coding Companion

Coding Companion for Plastic Surgery/Dermatology is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

CPT/HCPCS Codes

For ease of use, evaluation and management codes related to plastic surgery/dermatology are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine codes pertinent to the specialty. Each CPT/HCPCS code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum *Coding Companion* series display in their resequenced order. **Resequenced codes are enclosed in brackets [ ] for easy identification.**

ICD-10-CM

The most current ICD-10-CM codes are provided, each listed with their full official description. Refer to the ICD-10-CM book for more ICD-10-CM coding information.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features.

Appendix Codes and Descriptions

Some CPT/HCPCS codes are presented in a less comprehensive format in the appendix. The CPT/HCPCS codes appropriate to the specialty are included in the appendix with the official CPT/HCPCS code description, followed by an easy-to-understand explanation, relative value units, and Medicare edits. The Relative Value Unit/Medicare Edits table will not be included with any CPT/HCPCS code with a "0" (zero) value.

The codes in the appendix are presented in the following order:

- HCPCS
- E/M
- Surgery
- Radiology
- Pathology and Laboratory
- Medicine Services
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edits, RVUs, HCPCS, and Other Coding Updates

The *Coding Companion* includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 32.3, the most current version available at press time. CCI edits are updated quarterly and will be posted on the product updates page listed below. The website address is http://www.optumcoding.com/ProductUpdates/. The 2027 edition password is: **XXXXX.** Log in frequently to ensure you receive the most current updates.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

could be found in the index under the following main terms:

Brow Ptosis
Repair, 67900

or **Eyebrow**
Repair
Ptosis, 67900

or **Repair**
Eyebrow
Ptosis, 67900

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xv of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

Sample Page and Key

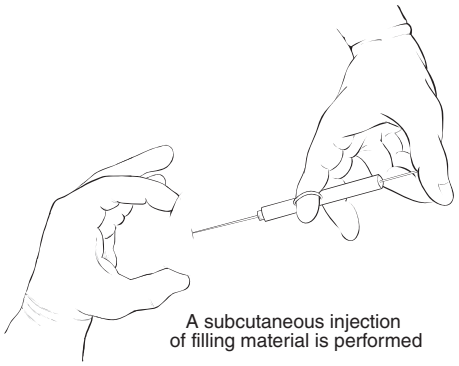
The following pages provide a sample page from the book displaying the format of *Coding Companion* with each element identified and explained.

SAMPLE

CPT © 2026 American Medical Association. All Rights Reserved.
© 2026 Optum360, LLC

11950-11954

11950 Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951 1.1 to 5.0 cc
11952 5.1 to 10.0 cc
11954 over 10.0 cc



A subcutaneous injection of filling material is performed

Explanation

The physician uses an injectable dermal implant to correct small soft tissue deformities. This technique is used to treat facial wrinkles, post-surgical defects, and acne scars. The injectable filling material can be autologous fat, synthetic surgical compound, or a commercially produced collagen preparation. The physician uses a syringe to inject the selected material into the subcutaneous tissue. The injection will augment the dermal layer and alleviate the soft tissue depression. Report 11950 for an injection of 1 cc or less; 11951 for 1.1 cc to 5 cc; 11952 for 5.1 cc to 10 cc; and 11954 for an injection of more than 10 cc.

Coding Tips

These procedures are usually not done out of medical necessity, the patient may be responsible for charges. Verify with the insurance carrier for coverage. For intralesional injection of steroids, anesthetic, or other pharmacologic agent, see 11900–11901.

ICD-10-CM Diagnostic Codes

E88.1 Lipodystrophy, not elsewhere classified
H61.111 Acquired deformity of pinna, right ear ☑
L57.2 Cutis rhomboidalis nuchae
L57.4 Cutis laxa senilis
L90.3 Atrophoderma of Pasini and Pierini
L90.8 Other atrophic disorders of skin
N65.0 Deformity of reconstructed breast 🅐
N65.1 Disproportion of reconstructed breast 🅐
Q10.3 Other congenital malformations of eyelid
Z41.1 Encounter for cosmetic surgery
Z42.1 Encounter for breast reconstruction following mastectomy 🅐
Z42.8 Encounter for other plastic and reconstructive surgery following medical procedure or healed injury

Associated HCPCS Codes

G0429 Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)

AMA: **11950** 2022,Feb; 2021,Aug; 2019,Aug **11951** 2022,Feb; 2021 2019,Aug **11952** 2022,Feb; 2021,Aug; 2019,Aug **11954** 2022,Feb; 2021,Aug; 2019,Aug

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
11950	0.84	1.46	0.16	2.46
11951	1.19	1.86	0.22	3.27
11952	1.69	2.37	0.31	4.37
11954	1.85	2.62	0.34	4.81
Facility RVU	**Work**	**PE**	**MP**	**Total**
11950	0.84	0.55	0.16	1.55
11951	1.19	0.76	0.22	2.17
11952	1.69	1.05	0.31	3.05
11954	1.85	1.14	0.34	3.33

	FUD	Status	MUE	Modifiers				IOM Reference
11950	0	R	1(2)	51	N/A	N/A	80*	None
11951	0	R	1(2)	51	N/A	N/A	80*	
11952	0	R	1(2)	51	N/A	N/A	80*	
11954	0	R	1(3)	51	N/A	N/A	80*	

* with documentation

Terms To Know

anomaly. Irregularity in the structure or position of an organ or tissue.

autologous. Tissue, cells, or structure obtained from the same individu

collagen. Protein based substance of strength and flexibility that is the component of connective tissue, found in cartilage, bone, tendons, anc

cosmetic. Superficial or external, having no medical necessity.

dermis. Skin layer found under the epidermis that contains a papillary layer and the deep reticular layer of collagen, vascular bed, and nerves.

fibrosis. Formation of fibrous tissue as part of the restorative process.

implant. Material or device inserted or placed within the body for therapeutic, reconstructive, or diagnostic purposes.

injection. Forcing a liquid substance into a body part such as a joint or muscle.

microcheilia. Congenital condition of abnormally small lips.

soft tissue. Nonepithelial tissues outside of the skeleton.

subcutaneous. Below the skin.

SAMPLE

© 2026 Optum360, LLC

CPT © 2026 American Medical Association. All Rights Reserved.

1. CPT/HCPCS Codes and Descriptions

This edition of *Coding Companion* is updated with CPT and HCPCS codes for year 2027.

The following icons are used in *Coding Companion:*

- ● This CPT code is new for 2027.
- ▲ This CPT code description is revised for 2027.
- ✚ This CPT code is an add-on code.

Add-on codes are not subject to bilateral or multiple procedure rules, reimbursement reduction, or appending modifier 50 or 51. Add-on codes describe additional intraservice work associated with the primary procedure performed by the same physician on the same date of service and are not reported as stand-alone procedures. Add-on codes for procedures performed on bilateral structures are reported by listing the add-on code twice.

- ★ This CPT code is identified by CPT as appropriate for audio-visual telemedicine services. Note: This icon is not appended to the synchronous audio-video visit codes 98000-98007.

The Centers for Medicare and Medicaid Services (CMS) have identified services that may be performed via telehealth. Payers may require telehealth/telemedicine to be reported with place of service 02 Telehealth Provided Other than the Patient's Home or 10 Telehealth Provided in Patient's Home and modifier 93 or 95 appended. If specialized equipment is used at the originating site, HCPCS Level II code Q3014 may be reported. Individual payers should be contacted for additional or different guidelines regarding telehealth/telemedicine services. Documentation should include the type of technology used for the treatment in addition to the patient evaluation, treatment, and consents.

According to CPT guidelines, the codes listed below may be used for reporting audio-only telemedicine services, when modifier 93 Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System, is appended. These procedures involve electronic communication using interactive telecommunications equipment that at a minimum includes audio.

90785	90791	90792	90832	90833	90834	90836
90837	90838	90839	90840	90845	90846	90847
92507	92508	92521	92522	92523	92524	96041
96110	96116	96121	96156	96158	96159	96160
96161	96164	96165	96167	96168	96170	96171
97802	97803	97804	99406	99407	99408	99409
99497	99498					

2. Illustrations

The illustrations that accompany the *Coding Companion* series provide coders a better understanding of the medical procedures referenced by the codes and data. The graphics offer coders a visual link between the technical language of the operative report and the cryptic descriptions accompanying the codes. Although most pages will have an illustration, there will be some pages that do not.

3. Explanation

Every CPT code or series of similar codes is presented with its official CPT code description. However, sometimes these descriptions do not provide the coder with sufficient information to make a proper code selection. In *Coding Companion*, an easy-to-understand step-by-step clinical description of the procedure is provided. Technical language that might be used by the physician is included and defined. *Coding Companion* describes a common method of performing each procedure.

4. Coding Tips

Coding tips provide information on how the code should be used, provides related CPT codes, and offers help concerning common billing errors, modifier usage, and anesthesia. This information comes from consultants and subject matter experts at Optum and from the coding guidelines provided in the CPT book and by the Centers for Medicare and Medicaid Services (CMS).

5. ICD-10-CM Diagnostic Codes

ICD-10-CM diagnostic codes listed are common diagnoses or reasons the procedure may be necessary. This list in most cases is inclusive to the specialty. Some ICD-10-CM codes are further identified with the following icons:

- N Newborn: 0
- P Pediatric: 0-17
- M Maternity: 9-64
- A Adult: 15-124
- ☑ Laterality

Please note that in some instances the ICD-10-CM codes for only one side of the body (right) have been listed with the CPT code. The associated ICD-10-CM codes for the other side and/or bilateral may also be appropriate. Codes that refer to the right or left are identified with the ☑ icon to alert the user to check for laterality. In some cases, not every possible code is listed and the ICD-10-CM book should be referenced for other valid codes.

6. Associated HCPCS Codes

Medicare and some other payers require the use of HCPCS Level II codes and not CPT codes when reporting certain services. The HCPCS codes and their description are displayed in this field. If there is not a HCPCS code for this service, this field will not be displayed.

7. AMA References

The AMA references for *CPT Assistant* are listed by CPT code, with the most recent reference listed first. Generally only the last six years of references are listed.

8. Relative Value Units/Medicare Edits

Medicare edits are provided for most codes. These Medicare edits were current as of November 2026.

Relative Value Units

In a resource based relative value scale (RBRVS), services are ranked based on the relative costs of the resources required to provide those services as opposed to the average fee for the service, or average prevailing Medicare charge. The Medicare RBRVS defines three distinct components affecting the value of each service or procedure:

- Physician work component, reflecting the physician's time and skill
- Practice expense (PE) component, reflecting the physician's rent, staff, supplies, equipment, and other overhead
- Malpractice (MP) component, reflecting the relative risk or liability associated with the service
- Total RVUs are a sum of the work, PE, and MP RVUs

There are two groups of RVUs listed for each CPT code. The first RVU group is for facilities (Facility RVU), which includes provider services performed in hospitals, ambulatory surgical centers, or skilled nursing facilities. The second RVU group is for nonfacilities (Non-Facility RVU), which represents provider services performed in physician offices, patient's homes, or other nonhospital settings. The appendix includes RVU components for facility and non-facility. Because no values have been established by CMS for the Category III codes, no relative value unit/grids are identified. Refer to the RBRVS tool or guide for the RVUs when the technical (modifier TC) or professional (modifier 26) component of a procedure is provided.

SAMPLE

CPT © 2026 American Medical Association. All Rights Reserved.
© 2026 Optum360, LLC

99202-99205

99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

Explanation

Providers report these codes for new patients being seen in the doctor's office, a multispecialty group clinic, or other outpatient environment. All require a medically appropriate history and/or examination. Code selection is based on the level of medical decision making (MDM) or total time personally spent by the physician and/or other qualified health care professional(s) on the date of the encounter. Factors to be considered in MDM include the number and complexity of problems addressed during the encounter, amount and complexity of data requiring review and analysis, and the risk of complications and/or morbidity or mortality associated with patient management. The most basic service is represented by 99202, which entails straightforward MDM. If time is used for code selection, a total time of 15 minutes must be met or exceeded on the day of the encounter. Report 99203 for a visit requiring a low level of MDM or meeting or exceeding 30 minutes of total time; 99204 for a visit requiring a moderate level of MDM or meeting or exceeding 45 minutes of total time; and 99205 for a visit requiring a high level of MDM or meeting or exceeding 60 minutes of total time.

Coding Tips

These codes are used to report office or other outpatient services for a new patient. A medically appropriate history and physical examination, as determined by the treating provider, should be documented. The level of history and physical examination are not considered when determining the level of service. Codes should be selected based upon the current CPT Medical Decision Making table. Alternatively, time alone may be used to select the appropriate level of service. Total time for reporting these services includes face-to-face and non-face-to-face time personally spent by the physician or other qualified health care professional on the date of the encounter. Medicare has identified these codes as telehealth/telemedicine services. CMS requires the use of a place of service (POS) indicator: POS 02 for telehealth services when the originating site is not the patient's home and POS 10 for telehealth services when the originating site is the patient's home. For prolonged services applicable to 99205, see 99417; for Medicare, see G2212. Medicare and commercial payers should be contacted regarding their coverage guidelines. For office or other outpatient services for an established patient, see 99211-99215.

ICD-10-CM Diagnostic Codes

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

AMA: **99202** 2024,Sep; 2024,Jun; 2024,Jan; 2023,Dec; 2023,Nov; 2023,Oct; 2023,Sep; 2023,Aug; 2023,May; 2023,Apr; 2023,Mar; 2022,Dec; 2022,Nov; 2022,Oct; 2022,Sep; 2022,Aug; 2022,Jul; 2022,Jun; 2022,Apr; 2022,Feb; 2022,Jan; 2021,Nov; 2021,Oct; 2021,Sep; 2021,Aug; 2021,Jul; 2021,Jun; 2021,May; 2021,Apr; 2021,Mar; 2021,Feb; 2021,Jan; 2020,Dec; 2020,Nov; 2020,Oct; 2020,Sep; 2020,Jun; 2020,May; 2020,Mar; 2020,Feb; 2020,Jan; 2019,Oct; 2019,Jul; 2019,Jun; 2019,Feb; 2019,Jan; 2018,Oct; 2018,Sep; 2018,Apr; 2018,Mar **99203** 2024,Oct; 2024,Sep; 2024,Jun; 2024,Jan; 2023,Dec; 2023,Nov; 2023,Oct; 2023,Sep; 2023,Aug; 2023,May; 2023,Apr; 2023,Mar; 2022,Dec; 2022,Nov; 2022,Oct; 2022,Sep; 2022,Aug; 2022,Jul; 2022,Jun; 2022,Apr; 2022,Feb; 2022,Jan; 2021,Nov; 2021,Oct; 2021,Sep; 2021,Aug; 2021,Jul; 2021,Jun; 2021,May; 2021,Apr; 2021,Mar; 2021,Feb; 2021,Jan; 2020,Dec; 2020,Nov; 2020,Oct; 2020,Sep; 2020,Jun; 2020,May; 2020,Mar; 2020,Feb; 2020,Jan; 2019,Oct; 2019,Jul; 2019,Jun; 2019,Feb; 2019,Jan; 2018,Oct; 2018,Sep; 2018,Apr; 2018,Mar **99204** 2024,Oct; 2024,Sep; 2024,Jun; 2024,Jan; 2023,Dec; 2023,Nov; 2023,Oct; 2023,Sep; 2023,Aug; 2023,May; 2023,Apr; 2023,Mar; 2022,Dec; 2022,Nov; 2022,Oct; 2022,Sep; 2022,Aug; 2022,Jul; 2022,Jun; 2022,Apr; 2022,Feb; 2022,Jan; 2021,Nov; 2021,Oct; 2021,Sep; 2021,Aug; 2021,Jul; 2021,Jun; 2021,May; 2021,Apr; 2021,Mar; 2021,Feb; 2021,Jan; 2020,Dec; 2020,Nov; 2020,Oct; 2020,Sep; 2020,Jun; 2020,May; 2020,Mar; 2020,Feb; 2020,Jan; 2019,Oct; 2019,Jul; 2019,Jun; 2019,Feb; 2019,Jan; 2018,Oct; 2018,Sep; 2018,Apr; 2018,Mar **99205** 2024,Oct; 2024,Sep; 2024,Mar; 2024,Jan; 2023,Dec; 2023,Nov; 2023,Oct; 2023,Sep; 2023,Aug; 2023,May; 2023,Apr; 2023,Mar; 2022,Dec; 2022,Nov; 2022,Oct; 2022,Sep; 2022,Aug; 2022,Jul; 2022,Jun; 2022,Apr; 2022,Feb; 2022,Jan; 2021,Nov; 2021,Oct; 2021,Sep; 2021,Aug; 2021,Jul; 2021,Jun; 2021,May; 2021,Apr; 2021,Mar; 2021,Feb; 2021,Jan; 2020,Dec; 2020,Nov; 2020,Oct; 2020,Sep; 2020,Jun; 2020,May; 2020,Mar; 2020,Feb; 2020,Jan; 2019,Oct; 2019,Jul; 2019,Jun; 2019,Feb; 2019,Jan; 2018,Oct; 2018,Sep; 2018,Apr; 2018,Mar

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
99202	0.93	1.16	0.08	2.17
99203	1.6	1.59	0.16	3.35
99204	2.6	2.18	0.24	5.02
99205	3.5	2.79	0.33	6.62
Facility RVU	**Work**	**PE**	**MP**	**Total**
99202	0.93	0.4	0.08	1.41
99203	1.6	0.68	0.16	2.44
99204	2.6	1.13	0.24	3.97
99205	3.5	1.57	0.33	5.4

	FUD	Status	MUE	Modifiers				IOM Reference
99202	N/A	A	1(2)	N/A	N/A	N/A	80*	None
99203	N/A	A	1(2)	N/A	N/A	N/A	80*	
99204	N/A	A	1(2)	N/A	N/A	N/A	80*	
99205	N/A	A	1(2)	N/A	N/A	N/A	80*	

* with documentation

SAMPLE

CPT © 2026 American Medical Association. All Rights Reserved.

● New ▲ Revised + Add On ★ Telemedicine [Resequenced] ☑ Laterality

© 2026 Optum360, LLC

11200-11201

11200 Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions

\+ **11201** each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)

Explanation

The physician removes skin tag lesions. Skin tags are common benign tumors found on many body regions, most frequently around the axillae, inguinal area, head, and neck. The physician uses sharp excision with scissors or scalpel, chemical cautery, electrical cautery, ligature strangulation, or any combination of these methods. Report 11200 for up to 15 lesions and 11201 for each additional 10 lesions, or part thereof, beyond the initial 15.

Coding Tips

These codes report the removal of skin tags by scissoring or any sharp method, ligature strangulation, electrosurgical destruction, or a combination of treatment modalities and include chemical or electrocauterization of the wound. Report 11201 in addition to 11200. For excision of benign lesions, other than skin tags, see 11400–11446. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

L91.8	Other hypertrophic disorders of the skin
N90.89	Other specified noninflammatory disorders of vulva and perineum
Q17.0	Accessory auricle
Q82.8	Other specified congenital malformations of skin

AMA: **11200** 2022,Feb **11201** 2022,Feb

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
11200	0.82	1.88	0.09	2.79
11201	0.29	0.23	0.03	0.55
Facility RVU	**Work**	**PE**	**MP**	**Total**
11200	0.82	1.4	0.09	2.31
11201	0.29	0.16	0.03	0.48

	FUD	Status	MUE	Modifiers				IOM Reference
11200	10	A	1(2)	51	N/A	N/A	N/A	None
11201	N/A	A	1(3)	N/A	N/A	N/A	N/A	

* with documentation

Terms To Know

cauterization. Tissue destruction by means of a hot instrument, an electric current, or a caustic chemical.

fibrocutaneous tags. Skin colored or light brown hyperplastic epidermal lesions that resemble a miniature polyp, usually occurring on the skin of the neck, upper chest, and axillae.

ligation. Tying off a blood vessel or duct with a suture or a soft, thin wire.

skin tag. Small skin-colored or brown appendage appearing on the neck and upper chest resembling a little epithelial polyp.

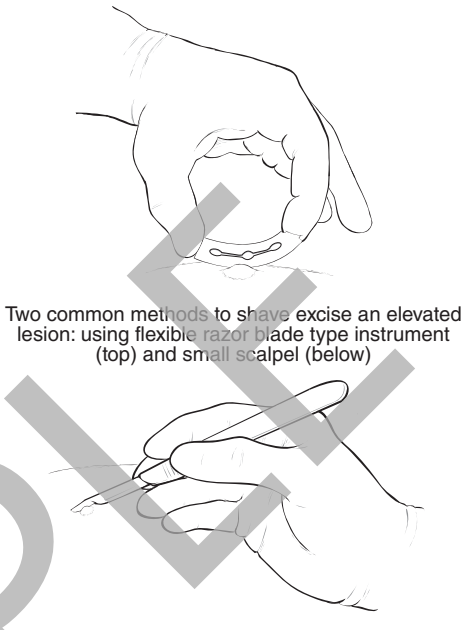
11300-11303

11300 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less

11301 lesion diameter 0.6 to 1.0 cm

11302 lesion diameter 1.1 to 2.0 cm

11303 lesion diameter over 2.0 cm



Two common methods to shave excise an elevated lesion: using flexible razor blade type instrument (top) and small scalpel (below)

Explanation

The physician removes a single, elevated epidermal or dermal lesion from the trunk, arm, or legs by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11300 for a lesion diameter 0.5 cm or less; 11301 for 0.6 cm to 1 cm; 11302 for 1.1 cm to 2 cm; and 11303 for lesions greater than 2 cm.

Coding Tips

Chemical or electrical cauterization of the wound is included in these codes. For excision of a benign lesion, see 11400–11406. For excision of a malignant lesion, see 11600–11606. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

D22.5	Melanocytic nevi of trunk
D22.61	Melanocytic nevi of right upper limb, including shoulder ☑
D22.62	Melanocytic nevi of left upper limb, including shoulder ☑
D22.71	Melanocytic nevi of right lower limb, including hip ☑
D22.72	Melanocytic nevi of left lower limb, including hip ☑
D23.5	Other benign neoplasm of skin of trunk
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder ☑
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder ☑
D23.71	Other benign neoplasm of skin of right lower limb, including hip ☑

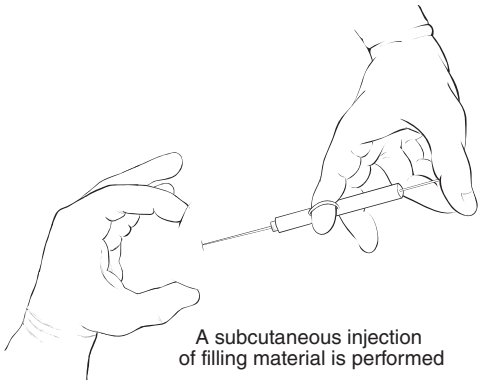
SAMPLE

© 2026 Optum360, LLC

CPT © 2026 American Medical Association. All Rights Reserved.

11950-11954

11950 Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951 1.1 to 5.0 cc
11952 5.1 to 10.0 cc
11954 over 10.0 cc



A subcutaneous injection of filling material is performed

Explanation

The physician uses an injectable dermal implant to correct small soft tissue deformities. This technique is used to treat facial wrinkles, post-surgical defects, and acne scars. The injectable filling material can be autologous fat, synthetic surgical compound, or a commercially produced collagen preparation. The physician uses a syringe to inject the selected material into the subcutaneous tissue. The injection will augment the dermal layer and alleviate the soft tissue depression. Report 11950 for an injection of 1 cc or less; 11951 for 1.1 cc to 5 cc; 11952 for 5.1 cc to 10 cc; and 11954 for an injection of more than 10 cc.

Coding Tips

These procedures are usually not done out of medical necessity, the patient may be responsible for charges. Verify with the insurance carrier for coverage. For intralesional injection of steroids, anesthetic, or other pharmacologic agent, see 11900–11901.

ICD-10-CM Diagnostic Codes

E88.1 Lipodystrophy, not elsewhere classified
H61.111 Acquired deformity of pinna, right ear ☑
L57.2 Cutis rhomboidalis nuchae
L57.4 Cutis laxa senilis
L90.3 Atrophoderma of Pasini and Pierini
L90.8 Other atrophic disorders of skin
N65.0 Deformity of reconstructed breast A
N65.1 Disproportion of reconstructed breast A
Q10.3 Other congenital malformations of eyelid
Z41.1 Encounter for cosmetic surgery
Z42.1 Encounter for breast reconstruction following mastectomy A
Z42.8 Encounter for other plastic and reconstructive surgery following medical procedure or healed injury

Associated HCPCS Codes

G0429 Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)

AMA: **11950** 2022,Feb; 2021,Aug; 2019,Aug **11951** 2022,Feb; 2021,Aug; 2019,Aug **11952** 2022,Feb; 2021,Aug; 2019,Aug **11954** 2022,Feb; 2021,Aug; 2019,Aug

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
11950	0.84	1.46	0.16	2.46
11951	1.19	1.86	0.22	3.27
11952	1.69	2.37	0.31	4.37
11954	1.85	2.62	0.34	4.81
Facility RVU	**Work**	**PE**	**MP**	**Total**
11950	0.84	0.55	0.16	1.55
11951	1.19	0.76	0.22	2.17
11952	1.69	1.05	0.31	3.05
11954	1.85	1.14	0.34	3.33

	FUD	Status	MUE	Modifiers				IOM Reference
11950	0	R	1(2)	51	N/A	N/A	80*	None
11951	0	R	1(2)	51	N/A	N/A	80*	
11952	0	R	1(2)	51	N/A	N/A	80*	
11954	0	R	1(3)	51	N/A	N/A	80*	

* with documentation

Terms To Know

anomaly. Irregularity in the structure or position of an organ or tissue.

autologous. Tissue, cells, or structure obtained from the same individual.

collagen. Protein based substance of strength and flexibility that is the major component of connective tissue, found in cartilage, bone, tendons, and skin.

cosmetic. Superficial or external, having no medical necessity.

dermis. Skin layer found under the epidermis that contains a papillary upper layer and the deep reticular layer of collagen, vascular bed, and nerves.

fibrosis. Formation of fibrous tissue as part of the restorative process.

implant. Material or device inserted or placed within the body for therapeutic, reconstructive, or diagnostic purposes.

injection. Forcing a liquid substance into a body part such as a joint or muscle.

microcheilia. Congenital condition of abnormally small lips.

soft tissue. Nonepithelial tissues outside of the skeleton.

subcutaneous. Below the skin.

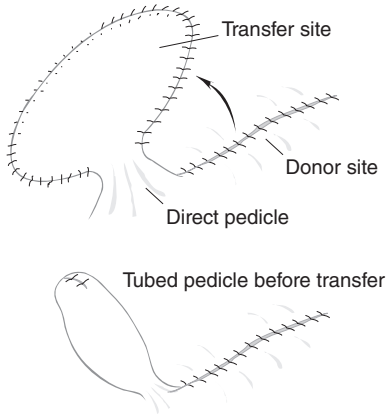
SAMPLE

© 2026 Optum360, LLC

CPT © 2026 American Medical Association. All Rights Reserved.

15574

15574 Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet



Explanation

The physician forms a direct or tubed pedicle flap on the forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, or feet to reconstruct traumatic defects. A pedicle flap of full-thickness skin and subcutaneous tissue that retains its supporting blood vessels is developed in the donor area. A tubed pedicle flap maintains two vascular ends and the cut edges of the raised flap are sutured together to form a tube. The flap may be rotated or transferred to the defect area and sutured to the recipient bed in layers. The physician closes the harvest region in layers or covers it with a split-thickness skin graft. Repairs to the donor area using skin grafts or flaps are reported separately. Other exposed regions, including portions of the pedicle, may also be covered with a split-thickness skin graft. Once the recipient site has healed, a second surgery detaches the pedicle and returns the unused flap to its anatomic location.

Coding Tips

Repair of the donor site that requires a skin graft or local flaps is considered an additional, separate procedure and should be coded separately. Extensive immobilization and/or repair of the donor site is reported separately. When 15574 is performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure and subsequent procedures are appended with modifier 51. If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report. For intermediate transfer of any pedicle flap in any location, see 15650. For adjacent tissue transfer flaps, see 14000-14302. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

C43.4	Malignant melanoma of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
D03.4	Melanoma in situ of scalp and neck
D04.4	Carcinoma in situ of skin of scalp and neck
D17.0	Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck
D21.0	Benign neoplasm of connective and other soft tissue of head, face and neck
S01.411A	Laceration without foreign body of right cheek and temporomandibular area, initial encounter ☑
S01.412A	Laceration without foreign body of left cheek and temporomandibular area, initial encounter ☑
S01.421A	Laceration with foreign body of right cheek and temporomandibular area, initial encounter ☑
S01.422A	Laceration with foreign body of left cheek and temporomandibular area, initial encounter ☑
S01.431A	Puncture wound without foreign body of right cheek and temporomandibular area, initial encounter ☑
S01.432A	Puncture wound without foreign body of left cheek and temporomandibular area, initial encounter ☑
S01.441A	Puncture wound with foreign body of right cheek and temporomandibular area, initial encounter ☑
S01.442A	Puncture wound with foreign body of left cheek and temporomandibular area, initial encounter ☑
S01.451A	Open bite of right cheek and temporomandibular area, initial encounter ☑
S01.452A	Open bite of left cheek and temporomandibular area, initial encounter ☑
S61.411A	Laceration without foreign body of right hand, initial encounter ☑
S61.412A	Laceration without foreign body of left hand, initial encounter ☑
S61.421A	Laceration with foreign body of right hand, initial encounter ☑
S61.422A	Laceration with foreign body of left hand, initial encounter ☑
S61.431A	Puncture wound without foreign body of right hand, initial encounter ☑
S61.432A	Puncture wound without foreign body of left hand, initial encounter ☑
S61.441A	Puncture wound with foreign body of right hand, initial encounter ☑
S61.442A	Puncture wound with foreign body of left hand, initial encounter ☑
S61.451A	Open bite of right hand, initial encounter ☑
S61.452A	Open bite of left hand, initial encounter ☑

AMA: **15574** 2023,Apr; 2022,Feb; 2021,Aug

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
15574	10.7	14.3	1.67	26.67
Facility RVU	**Work**	**PE**	**MP**	**Total**
15574	10.7	9.86	1.67	22.23

	FUD	Status	MUE	Modifiers				IOM Reference
15574	90	A	2(3)	51	N/A	N/A	N/A	None

* with documentation

Terms To Know

pedicle flap. Full-thickness skin and subcutaneous tissue for grafting that remains partially attached to the donor site by a pedicle or stem in which the blood vessels supplying the flap remain intact.

SAMPLE

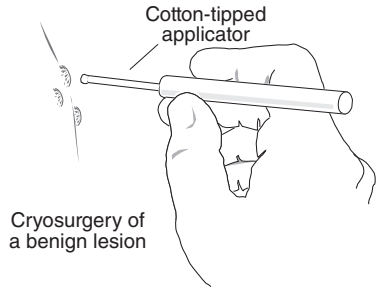
CPT © 2026 American Medical Association. All Rights Reserved.

© 2026 Optum360, LLC

17110-17111

17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions

17111 15 or more lesions



Various methods may be used for destruction

Explanation

The physician uses a laser, electrosurgery, cryosurgery, chemical treatment, or surgical curettement to obliterate or vaporize benign lesions other than skin tags or lesions such as cutaneous vascular proliferative lesions. Examples of lesions that may be removed under this code description include, but are not limited to, molluscum contagiosum or melanocytic nevi. Report 17110 when one to 14 lesions are removed and 17111 when 15 or more lesions are removed.

Coding Tips

These codes are specific to benign lesions other than skin tags or cutaneous vascular proliferative lesions. Local anesthesia is included in these services. For sharp removal, ligature strangulation, electrosurgical destruction, or combination of treatment modalities, including chemical or electrocauterization of skin tags and/or fibrocutaneous lesions, up to and including 15 lesions, see 11200; each additional 10 lesions, report 11201 with 11200. For destruction of malignant skin lesions, see 17260–17286. For destruction of cutaneous vascular proliferative lesions (e.g., laser technique), see 17106–17108. For destruction of extensive cutaneous neurofibroma over 50 lesions, see 0419T; over 100 lesions, see 0420T. For destruction of premalignant lesions, see 17000–17004. A biopsy followed by destruction is not reported separately unless the biopsy is from an unrelated lesion(s).

ICD-10-CM Diagnostic Codes

A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B08.1	Molluscum contagiosum
D22.0	Melanocytic nevi of lip
D22.111	Melanocytic nevi of right upper eyelid, including canthus ☑
D22.112	Melanocytic nevi of right lower eyelid, including canthus ☑
D22.121	Melanocytic nevi of left upper eyelid, including canthus ☑
D22.122	Melanocytic nevi of left lower eyelid, including canthus ☑
D22.21	Melanocytic nevi of right ear and external auricular canal ☑
D22.22	Melanocytic nevi of left ear and external auricular canal ☑
D22.39	Melanocytic nevi of other parts of face
D22.4	Melanocytic nevi of scalp and neck
D22.5	Melanocytic nevi of trunk
D22.61	Melanocytic nevi of right upper limb, including shoulder ☑
D22.62	Melanocytic nevi of left upper limb, including shoulder ☑
D22.71	Melanocytic nevi of right lower limb, including hip ☑
D22.72	Melanocytic nevi of left lower limb, including hip ☑
D23.0	Other benign neoplasm of skin of lip
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus ☑
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus ☑
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus ☑
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus ☑
D23.21	Other benign neoplasm of skin of right ear and external auricular canal ☑
D23.22	Other benign neoplasm of skin of left ear and external auricular canal ☑
D23.39	Other benign neoplasm of skin of other parts of face
D23.4	Other benign neoplasm of skin of scalp and neck
D23.5	Other benign neoplasm of skin of trunk
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder ☑
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder ☑
D23.71	Other benign neoplasm of skin of right lower limb, including hip ☑
D23.72	Other benign neoplasm of skin of left lower limb, including hip ☑
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L72.0	Epidermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L82.0	Inflamed seborrheic keratosis

AMA: 17110 2023,Jan; 2022,Aug; 2022,Feb; 2021,Aug; 2020,Apr **17111** 2023,Jan; 2022,Aug; 2022,Feb; 2021,Aug

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
17110	0.7	2.66	0.07	3.43
17111	0.97	2.94	0.1	4.01
Facility RVU	**Work**	**PE**	**MP**	**Total**
17110	0.7	1.3	0.07	2.07
17111	0.97	1.44	0.1	2.51

	FUD	Status	MUE	Modifiers				IOM Reference
17110	10	A	1(2)	51	N/A	N/A	N/A	None
17111	10	A	1(2)	51	N/A	N/A	N/A	

* with documentation

Terms To Know

chemosurgery. Application of chemical agents to destroy tissue, originally referring to the in situ chemical fixation of premalignant or malignant lesions to facilitate surgical excision.

destruction. Ablation or eradication of a structure or tissue.

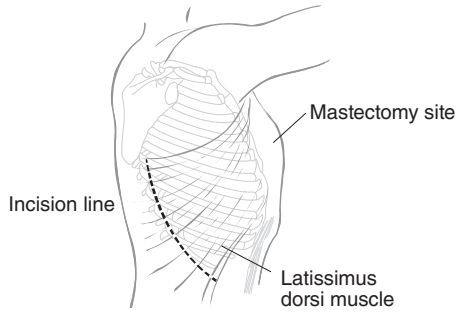
SAMPLE

© 2026 Optum360, LLC

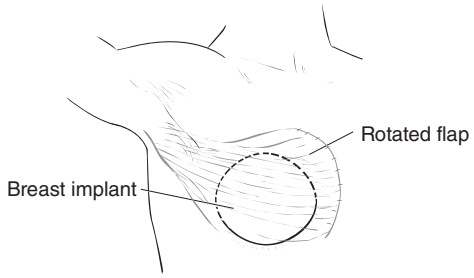
CPT © 2026 American Medical Association. All Rights Reserved.

19361

19361 Breast reconstruction; with latissimus dorsi flap



A breast is reconstructed using the latissimus dorsi muscle to add bulk to the site. A breast implant may also augment the reconstruction



Explanation

The physician performs breast reconstruction with a latissimus dorsi flap. The physician transfers skin and muscle from the patient's back to the breast area to correct defects created from a previous modified radical or radical mastectomy. The physician makes a skin incision in the back and dissects a portion of the latissimus muscle and the overlying skin from surrounding structures. The muscle-skin flap remains attached to a main artery. In preparation for the transfer, the mastectomy scar is excised. The muscle flap is rotated to the front of the chest through a tunnel under the armpit so that it extends through to the mastectomy incision. The incision in the back is repaired with layered closure. The physician adjusts the flap for the most aesthetic appearance and secures it with sutures to the chest wall, adjacent muscles, and skin. The incision is repaired with sutures. This code includes flap harvesting, donor site closure, and flap insetting and shaping. If placement of a breast implant or a tissue expander is performed with flap reconstruction, it is reported separately.

Coding Tips

This is a unilateral procedure. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers. Modifier 50 identifies a procedure performed identically on the opposite side of the body (mirror image). For an immediate insertion of a prosthesis on the same day of mastectomy, see 19340; delayed insertion, see 19342. For breast augmentation with implant, see 19325. For removal of an intact breast implant, see 19328; for removal of breast implant material, see 19330.

ICD-10-CM Diagnostic Codes

C50.011 Malignant neoplasm of nipple and areola, right female breast ☑
C50.012 Malignant neoplasm of nipple and areola, left female breast ☑
C50.111 Malignant neoplasm of central portion of right female breast ☑
C50.112 Malignant neoplasm of central portion of left female breast ☑
C50.211 Malignant neoplasm of upper-inner quadrant of right female breast ☑
C50.212 Malignant neoplasm of upper-inner quadrant of left female breast ☑
C50.311 Malignant neoplasm of lower-inner quadrant of right female breast ☑
C50.312 Malignant neoplasm of lower-inner quadrant of left female breast ☑
C50.411 Malignant neoplasm of upper-outer quadrant of right female breast ☑
C50.412 Malignant neoplasm of upper-outer quadrant of left female breast ☑
C50.511 Malignant neoplasm of lower-outer quadrant of right female breast ☑
C50.512 Malignant neoplasm of lower-outer quadrant of left female breast ☑
C50.611 Malignant neoplasm of axillary tail of right female breast ☑
C50.612 Malignant neoplasm of axillary tail of left female breast ☑
C50.811 Malignant neoplasm of overlapping sites of right female breast ☑
C50.812 Malignant neoplasm of overlapping sites of left female breast ☑
C79.81 Secondary malignant neoplasm of breast
D05.01 Lobular carcinoma in situ of right breast ☑
D05.02 Lobular carcinoma in situ of left breast ☑
D05.11 Intraductal carcinoma in situ of right breast ☑
D05.12 Intraductal carcinoma in situ of left breast ☑
N60.11 Diffuse cystic mastopathy of right breast A ☑
N60.12 Diffuse cystic mastopathy of left breast A ☑
N61.21 Granulomatous mastitis, right breast ☑
N61.22 Granulomatous mastitis, left breast ☑
N61.23 Granulomatous mastitis, bilateral breast ☑
N64.82 Hypoplasia of breast A
N65.0 Deformity of reconstructed breast A
N65.1 Disproportion of reconstructed breast A
Z40.01 Encounter for prophylactic removal of breast
Z41.1 Encounter for cosmetic surgery
Z42.1 Encounter for breast reconstruction following mastectomy A
Z90.11 Acquired absence of right breast and nipple ☑
Z90.12 Acquired absence of left breast and nipple ☑
Z90.13 Acquired absence of bilateral breasts and nipples ☑

AMA: **19361** 2022,Feb; 2021,Apr; 2020,Apr; 2019,Nov

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
19361	23.36	18.96	4.36	46.68
Facility RVU	**Work**	**PE**	**MP**	**Total**
19361	23.36	18.96	4.36	46.68

	FUD	Status	MUE	Modifiers				IOM Reference
19361	90	A	1(2)	51	50	62*	80	None

* with documentation

Terms To Know

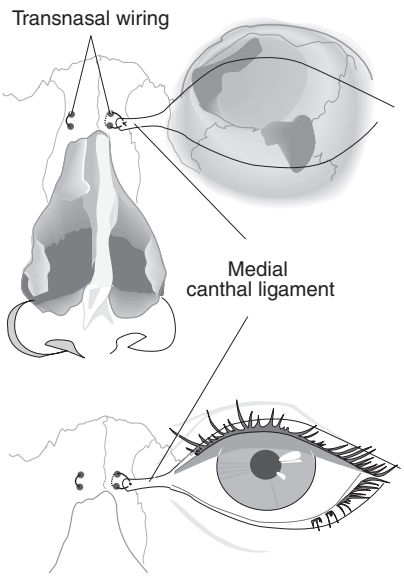
defect. Imperfection, flaw, or absence.

SAMPLE

CPT © 2026 American Medical Association. All Rights Reserved.

21280

21280 Medial canthopexy (separate procedure)



Explanation

The physician reattaches the medial canthal ligament. The medial canthal ligament is attached medially to nasal-orbital bones and laterally to the orbital fascia, the upper eyelid, and the lower eyelid. The ligament is isolated through a bicoronal incision or through skin incisions placed beside the ligament. After locating the ligament, stainless steel suture or wire is placed through the ligament. A hole is made in the nasal bones on the opposite side with a drill or awl. The suture or wire is passed under the nasal complex to the opposite side through the bony hole. The suture or wire is ligated to the bone. Any incisions are repaired with a layered closure.

Coding Tips

Detachment of the medial canthal ligament usually results from fractures of the nasal-orbital-ethmoidal region or from laceration of the ligament. This separate procedure by definition is usually a component of a more complex service and is not identified separately. When performed alone or with other unrelated procedures/services it may be reported. If performed alone, list the code; if performed with other procedures/services, list the code and append modifier 59 or an X{EPSU} modifier. For lateral canthopexy, see 21282. For medial canthoplasty, see 67950.

ICD-10-CM Diagnostic Codes

Q10.3 Other congenital malformations of eyelid

Q15.8 Other specified congenital malformations of eye

S00.211A Abrasion of right eyelid and periocular area, initial encounter ☑

S00.212A Abrasion of left eyelid and periocular area, initial encounter ☑

S00.221A Blister (nonthermal) of right eyelid and periocular area, initial encounter ☑

S00.222A Blister (nonthermal) of left eyelid and periocular area, initial encounter ☑

S00.271A Other superficial bite of right eyelid and periocular area, initial encounter ☑

S00.272A Other superficial bite of left eyelid and periocular area, initial encounter ☑

S01.111A Laceration without foreign body of right eyelid and periocular area, initial encounter ☑

S01.112A Laceration without foreign body of left eyelid and periocular area, initial encounter ☑

S01.121A Laceration with foreign body of right eyelid and periocular area, initial encounter ☑

S01.122A Laceration with foreign body of left eyelid and periocular area, initial encounter ☑

S01.131A Puncture wound without foreign body of right eyelid and periocular area, initial encounter ☑

S01.132A Puncture wound without foreign body of left eyelid and periocular area, initial encounter ☑

S01.141A Puncture wound with foreign body of right eyelid and periocular area, initial encounter ☑

S01.142A Puncture wound with foreign body of left eyelid and periocular area, initial encounter ☑

S01.151A Open bite of right eyelid and periocular area, initial encounter ☑

S01.152A Open bite of left eyelid and periocular area, initial encounter ☑

S05.21XA Ocular laceration and rupture with prolapse or loss of intraocular tissue, right eye, initial encounter ☑

S05.22XA Ocular laceration and rupture with prolapse or loss of intraocular tissue, left eye, initial encounter ☑

S05.31XA Ocular laceration without prolapse or loss of intraocular tissue, right eye, initial encounter ☑

S05.32XA Ocular laceration without prolapse or loss of intraocular tissue, left eye, initial encounter ☑

S05.41XA Penetrating wound of orbit with or without foreign body, right eye, initial encounter ☑

S05.42XA Penetrating wound of orbit with or without foreign body, left eye, initial encounter ☑

S05.51XA Penetrating wound with foreign body of right eyeball, initial encounter ☑

S05.52XA Penetrating wound with foreign body of left eyeball, initial encounter ☑

S05.61XA Penetrating wound without foreign body of right eyeball, initial encounter ☑

S05.62XA Penetrating wound without foreign body of left eyeball, initial encounter ☑

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
21280	7.13	9.83	0.74	17.7
Facility RVU	**Work**	**PE**	**MP**	**Total**
21280	7.13	9.83	0.74	17.7

	FUD	Status	MUE	Modifiers				IOM Reference
21280	90	A	1(2)	51	50	N/A	80*	None

* with documentation

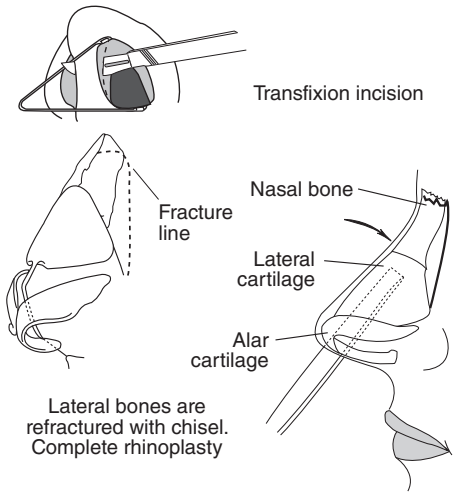
SAMPLE

© 2026 Optum360, LLC

CPT © 2026 American Medical Association. All Rights Reserved.

30410

30410 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip



Explanation

The physician performs surgery to reshape the external nose. No surgery to the nasal septum is necessary. This surgery can be performed open (external skin incisions) or closed (intranasal incisions). Topical vasoconstrictive agents are applied to shrink the blood vessels and local anesthesia is injected in the nasal mucosa. After incisions are made, dissections expose the external nasal cartilaginous and bony skeleton. The cartilages may be reshaped by trimming or may be augmented by grafting. Local grafts from adjacent nasal bones and cartilage are not reported separately. The physician may reshape the dorsum with files. The physician fractures the lateral nasal bones with chisels. Fat may be removed from the subcutaneous regions. Incisions are closed in single layers. Steri-strip tape is used to support cartilaginous surgery of the nasal tip. An external splint or cast supports changes in bone position.

Coding Tips

Topical vasoconstrictive agents and local anesthesia are not reported separately. The patient may desire surgery because of a hereditary condition or trauma, producing an unacceptable function and/or appearance. Presurgical treatment planning defines the functional and cosmetic goals of the nasal corrective surgery. Because this procedure may not be done out of medical necessity, the patient may be responsible for charges. Verify with the insurance carrier for coverage. When tissues are obtained from distant sites for graft, see 15769, 20900–20924, and 21210. For columellar reconstruction, see 13151–13153. For rhinoplasty, including major septal repair, see 30420.

ICD-10-CM Diagnostic Codes

C30.0	Malignant neoplasm of nasal cavity
C43.31	Malignant melanoma of nose
C44.311	Basal cell carcinoma of skin of nose
C44.321	Squamous cell carcinoma of skin of nose
C44.391	Other specified malignant neoplasm of skin of nose
C76.0	Malignant neoplasm of head, face and neck
D03.39	Melanoma in situ of other parts of face
D04.39	Carcinoma in situ of skin of other parts of face
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
D22.39	Melanocytic nevi of other parts of face
D23.39	Other benign neoplasm of skin of other parts of face
D38.5	Neoplasm of uncertain behavior of other respiratory organs
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.89	Other specified disorders of nose and nasal sinuses
M95.0	Acquired deformity of nose
Q30.1	Agenesis and underdevelopment of nose
Q30.2	Fissured, notched and cleft nose
Q30.8	Other congenital malformations of nose
S01.21XA	Laceration without foreign body of nose, initial encounter
S01.22XA	Laceration with foreign body of nose, initial encounter
S01.23XA	Puncture wound without foreign body of nose, initial encounter
S01.24XA	Puncture wound with foreign body of nose, initial encounter
S01.25XA	Open bite of nose, initial encounter
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.2XXB	Fracture of nasal bones, initial encounter for open fracture
S07.0XXA	Crushing injury of face, initial encounter
S08.812A	Partial traumatic amputation of nose, initial encounter
T20.34XA	Burn of third degree of nose (septum), initial encounter
T20.74XA	Corrosion of third degree of nose (septum), initial encounter
T34.02XA	Frostbite with tissue necrosis of nose, initial encounter
Z41.1	Encounter for cosmetic surgery
Z42.8	Encounter for other plastic and reconstructive surgery following medical procedure or healed injury

AMA: 30410 2021,Jan

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
30410	14.0	26.01	2.59	42.6
Facility RVU	**Work**	**PE**	**MP**	**Total**
30410	14.0	26.01	2.59	42.6

	FUD	Status	MUE	Modifiers				IOM Reference
30410	90	R	1(2)	51	N/A	N/A	80	None

* with documentation

Terms To Know

augment. Add to or increase.

carcinoma in situ. Malignancy that arises from the cells of the vessel, gland, or organ of origin that remains confined to that site or has not invaded neighboring tissue.

cartilage. Variety of fibrous connective tissue that is inherently nonvascular. Usually found in the joints, it aids in movement and provides a cushion to absorb jolts and shocks.

dissection. Separating by cutting tissue or body structures apart.

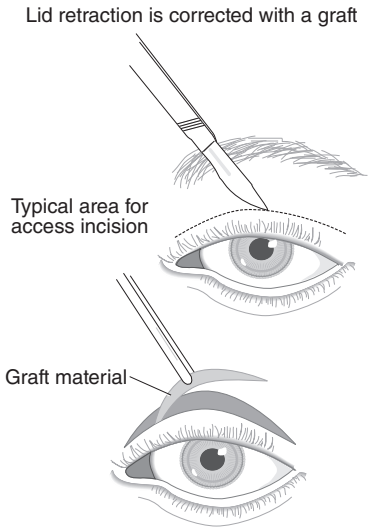
SAMPLE

© 2026 Optum360, LLC

CPT © 2026 American Medical Association. All Rights Reserved.

67911

67911 Correction of lid retraction



Explanation

The physician administers local anesthetic and the patient's face and eyelid are draped and prepped for surgery. The physician outlines the incision line, usually in the crease of the upper lid. The distal portion of the tendon responsible for elevating the lid (levator aponeurosis) is isolated from its attachment to the tarsal plate. The levator aponeurosis is allowed to retract itself posteriorly or autogenous graft materials are inserted between the levator aponeurosis and the tarsal plate. The patient is generally placed in a sitting position and the amount of the retraction of the levator aponeurosis is judged by the position of the eyelid while the patient is sitting on the table. Alternatively, the eyelid margin may be placed approximately 2 mm below the limbus. When the lid is positioned satisfactorily, it is affixed. The incision is closed with sutures.

Coding Tips

This procedure includes a full-thickness graft and should not be reported separately. Harvesting of fascia lata or other tissue grafts is reported separately, see 15769, 20920, and 20922. For liposuction of fat for grafting, see 15773 and 15774. Some payers require that the eyelid treated be reported by appending modifier E1 for the left upper eyelid or E3 for the right upper eyelid. For correction of trichiasis by mucous membrane graft, see 67835. For correction of lagophthalmos, see 67912. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

H02.21A	Cicatricial lagophthalmos right eye, upper and lower eyelids ☑
H02.21B	Cicatricial lagophthalmos left eye, upper and lower eyelids ☑
H02.221	Mechanical lagophthalmos right upper eyelid ☑
H02.222	Mechanical lagophthalmos right lower eyelid ☑
H02.224	Mechanical lagophthalmos left upper eyelid ☑
H02.225	Mechanical lagophthalmos left lower eyelid ☑
H02.22A	Mechanical lagophthalmos right eye, upper and lower eyelids ☑
H02.22B	Mechanical lagophthalmos left eye, upper and lower eyelids ☑
H02.231	Paralytic lagophthalmos right upper eyelid ☑
H02.232	Paralytic lagophthalmos right lower eyelid ☑
H02.234	Paralytic lagophthalmos left upper eyelid ☑
H02.235	Paralytic lagophthalmos left lower eyelid ☑
H02.23A	Paralytic lagophthalmos right eye, upper and lower eyelids ☑
H02.23B	Paralytic lagophthalmos left eye, upper and lower eyelids ☑
H02.531	Eyelid retraction right upper eyelid ☑
H02.532	Eyelid retraction right lower eyelid ☑
H02.534	Eyelid retraction left upper eyelid ☑
H02.535	Eyelid retraction left lower eyelid ☑
H05.89	Other disorders of orbit
H16.211	Exposure keratoconjunctivitis, right eye ☑
H16.212	Exposure keratoconjunctivitis, left eye ☑
Q10.3	Other congenital malformations of eyelid

AMA: **67911** 2021,Nov

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
67911	7.5	8.5	0.62	16.62
Facility RVU	**Work**	**PE**	**MP**	**Total**
67911	7.5	8.5	0.62	16.62

	FUD	Status	MUE	Modifiers				IOM Reference
67911	90	A	2(3)	51	50	N/A	N/A	None

* with documentation

Terms To Know

Bell's palsy. Facial paralysis or weakness resulting from facial nerve damage. The muscles on one side of the face are affected, causing the face to sag on the side involved. Bell's palsy usually occurs abruptly and often resolves spontaneously within a few weeks.

exophthalmos. Abnormal bulging or protrusion of the eyeballs, seen in cases of hyperthyroidism, like Grave's disease and toxic diffuse goiter, or as a congenital condition.

keratoconjunctivitis. Condition in which both the cornea and the conjunctiva are irritated and inflamed. Etiology may be infection, injury, exposure to ultraviolet light, chemical or other external irritants, disease, or contact lens irritation.

lagophthalmos. Condition of the eye that prevents it from closing completely.

SAMPLE

© 2026 Optum360, LLC

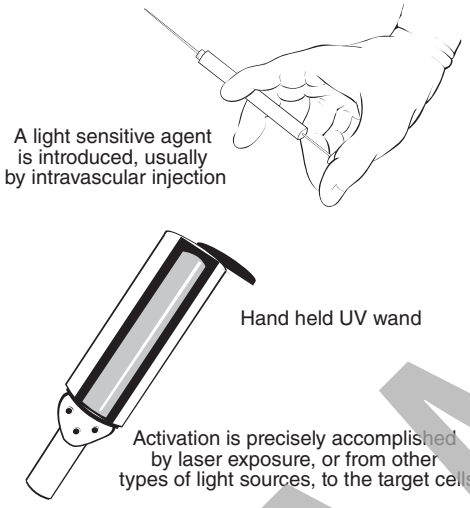
CPT © 2026 American Medical Association. All Rights Reserved.

96567, 96573-96574

96567 Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day

96573 Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day

96574 Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day



Explanation

In 96567, photodynamic therapy (PDT) is performed by a provider, other than a physician or other qualified health care provider, by applying a photosensitizing agent, such as 20 percent topical aminolevulinic acid HCl, directly onto the patient's lesions to treat premalignant cells, such as non-hyperkeratotic actinic keratosis and malignant cells. The patient is sent home and scheduled to return within the timeframe required for the light treatment to activate the photosensitive drug. The lesions are irradiated with a photodynamic therapy illuminator for a predetermined amount of minutes. The exposure time does not depend on the number of lesions. The blue light exposure causes a cytotoxic reaction with the topical agent that was applied to the lesions, killing the existing cells and preventing the spread of the suspect or malignant cells. Report 96573 when PDT is provided by a physician or other qualified health care provider. For debridement of premalignant hyperkeratotic lesions performed prior to PDT, report 96574. These codes are reported on a per day basis.

Coding Tips

These procedures include any drug administration (e.g., topical or intravenous) the physician may perform. These procedures may be performed with any or a combination of techniques (e.g., laser, LED, fluorescent light sources). Do not report 96573 or 96574 together or with 96567 for the same anatomic site. Do not report 11000–11005, 11102–11107, 11300–11313, or 11400–11471 with photodynamic treatment codes (96573 or 96574) when performed on the same day within the same operative area. For endoscopic application of a light source, see 96570–96571.

ICD-10-CM Diagnostic Codes

B07.0	Plantar wart
B07.8	Other viral warts
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L40.8	Other psoriasis
L41.0	Pityriasis lichenoides et varioliformis acuta
L41.1	Pityriasis lichenoides chronica
L41.3	Small plaque parapsoriasis
L41.4	Large plaque parapsoriasis
L41.5	Retiform parapsoriasis
L41.8	Other parapsoriasis
L57.0	Actinic keratosis
L70.0	Acne vulgaris
L70.1	Acne conglobata
L70.2	Acne varioliformis
L70.3	Acne tropica
L70.4	Infantile acne P
L70.5	Acne excoriee
L70.8	Other acne

AMA: **96567** 2018,Jul; 2018,Feb **96573** 2018,Jul; 2018,Feb **96574** 2018,Feb

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
96567	0.0	4.1	0.01	4.11
96573	0.48	6.3	0.02	6.8
96574	1.01	7.27	0.05	8.33
Facility RVU	**Work**	**PE**	**MP**	**Total**
96567	0.0	4.1	0.01	4.11
96573	0.48	6.3	0.02	6.8
96574	1.01	7.27	0.05	8.33

	FUD	Status	MUE	Modifiers				IOM Reference
96567	N/A	A	1(3)	N/A	N/A	N/A	80*	None
96573	0	A	1(2)	N/A	N/A	N/A	80*	
96574	0	A	1(2)	N/A	N/A	N/A	80*	

* with documentation

SAMPLE

© 2026 Optum360, LLC

CPT © 2026 American Medical Association. All Rights Reserved.