**Billing suggestions for Lumps and Bumps**

**Abscess drainage:**

* Pilonidal 🡪 10080
* Perirectal or anywhere else 🡪 10061
* Digital nerve block 🡪 64450

**Epidermal inclusion cysts:**

* Should bill as excision of a benign skin lesion based on size and anatomical location (see attached)
* If use Vicryl in closure, can bill for intermediate closure
* If use Monocryl only, cannot bill for simple closure as this is bundled with the excision
* ICD10 should be an R22 code (localized swelling-see attached)

**Other skin lesions (nevi, skin tags, etc):**

* Excision of skin tags 🡺 11200 (up to 15)
* If you think it is malignant, need to use different CPT set (see attached)

**Lipomas or other soft tissue masses:**

* Billed based on size and anatomical location (see attached)
* Cannot bill for closure as this is bundled with the excision
* If subfascial then need to use different set of CPT codes (see attached)

**Lymph nodes:**

* FNA of lymph node with U/S guidance is 10022 and 76942 with 26 modifier
* Excisional biopsy of lymph node 🡪 Use CPT code 38500

**Suture repair of lacerations:**

* Based on size and anatomical location (see attached)

**Temporal artery biopsy:**

* CPT code is 37609 with 50 modifier if bilateral

**Other modifiers to be aware of:**

* Need to use 25 modifier if see patient and do the procedure at same visit
* Need to use 51 modifier if removing multiple masses
* If they come back just for the procedure at a separate visit, should use Procedure Only E&M designation