



Internal Medicine Coding Alert

ICD-10 Update: Sebaceous Cyst: Simple One-to-One Transition

Pilar cysts and trichilemmal cysts have different diagnosis code

If your physician diagnoses a patient with sebaceous cyst, you report it in ICD-10 in the same manner in which you reported the condition in ICD-9. Even the list of inclusions and exclusions are similar to what you had in ICD-9.

ICD-9: When your internal medicine provider arrives at a diagnosis of sebaceous cyst, you will have to report it with the ICD-9 code, 706.2 (Sebaceous cyst). You will have to report the same ICD-9 code if your clinician's diagnosis is atheroma of the skin. The other diagnoses that warrant you to report 706.2 include keratin cyst and Wen.

Caveat: You cannot use 706.2 when your clinician diagnoses the patient with pilar cyst. You report this with the ICD-9 code, 704.41 (Pilar cyst). If your clinician diagnoses the patient with trichilemmal (proliferating) cyst, you report this with 704.42 (Trichilemmal cyst) instead of 706.2.

ICD-10: When you switch to using ICD-10 codes, you will have to report a diagnosis of sebaceous cyst with L72.3 (Sebaceous cyst). As with ICD-9, you will have to use the same diagnosis codes when your internal medicine provider diagnoses the patient with Wen.

As with ICD-9, you cannot report L72.3 for a diagnosis of pilar cyst. You report this with L72.11 (Pilar cyst) instead. For a diagnosis of trichilemmal (proliferating) cyst, you report L72.12 (Trichodermal cyst) instead of using L72.3.

Focus on These Basics Briefly

Documentation spotlight: Your clinician will arrive at a diagnosis of sebaceous cyst based on findings of history, signs and symptoms, physical examination, and results of certain tests.

Some of the common findings that your clinician might observe in a patient with sebaceous cyst include the presence of a flesh-colored to yellow nodules that are firm to touch. In the center of the nodule, a punctum or a pore might be seen. In many cases, the cysts might be asymptomatic and might be discovered accidentally. In some cases, the cysts might get infected and cause symptoms such as pain and tenderness. Some patients might also complain of bleeding from the lesion.

Tests: In most cases, your clinician will arrive at a diagnosis of sebaceous cyst based on the signs and symptoms and history. Your clinician will not order any specific tests to confirm the diagnosis of the cyst. Most lab tests will not be needed to confirm the diagnosis, although sometimes your doctor may ask for a culture test if the lesion is recurrent or has not resolved despite antibiotic treatment.
