



Reimbursement for Verruca-Freeze® and Derma-Cauter-All®

Sigma Pharmaceuticals, LLC has developed this guide to provide you with an overview of billing and reimbursement for lesion removal procedures performed with Verruca-Freeze® and Derma-Cauter-All®. The information contained in this guide is subject to change, and Sigma Pharmaceuticals, LLC cannot guarantee any third-party insurance payments. In all cases, please consult your local coding guidelines for appropriate procedure codes and applicable diagnosis codes.

Procedure Code

The following CPT® (Current Procedural Terminology) code may be appropriate when performing procedures using Verruca-Freeze® or Derma-Cauter-All®. The payment rate below reflects the Iowa Medicare Fee Schedule amount effective as of January 1, 2018.

Code	Description	2018 Iowa Medicare Allowable
67850 ¹	Destruction of Lid Margin Lesion (up to 1 cm)	\$200.40

Diagnosis Codes

The following table is a reference of International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes that may be used to support the medical necessity for Verruca-Freeze® and Derma-Cauter-All® procedures. Please note that not all Medicare, Medicaid and private insurers will cover the conditions listed in this table. Check with each insurer to determine the diagnosis codes that will be covered when submitting claims for Verruca-Freeze® and Derma-Cauter-All® procedures.

Code	Description
D23.1[*]	Benign Neoplasm - Lid
D48.5	Neoplasm of Uncertain Behavior of Skin
H02.6[*]	Xanthelasma
H02.82[*]	Cysts of Eyelid
L85.1	Acquired Keratoderma
L72.3	Sebaceous Cyst

Providers assume full responsibility when determining and submitting appropriate codes for services rendered. If you have any questions regarding coding, coverage or reimbursement for Verruca-Freeze® and Derma-Cauter-All® procedures, please contact Sigma Pharmaceuticals, LLC at (800) 779-3784.

¹ This is a unilateral procedure and most payers only reimburse per eye (not per lid or puncta). Therefore, when done unilaterally, use RT or LT and one unit (because this is per eye). If done on both eyes, use a 50 modifier (50 = Bilateral) on a single line and one unit. Procedures performed bilaterally will be reimbursed at 150% of one eye allowable fee.