

MILLIMAN REPORT

Medicare dermatology office visits that include skin biopsy and lesion treatment: Diagnosis patterns

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Table of contents

EXECUTIVE SUMMARY	1
BACKGROUND.....	3
RESULTS	4
DATA SOURCES AND METHODOLOGY	10
APPENDIX: SUPPLEMENTAL DATA	13

Executive summary

Dermatologists evaluate and manage a range of skin conditions during evaluation and management (E/M) office visits, which may also include biopsy and lesion-treatment procedures. A procedure code for biopsy or lesion treatment identifies that a specific service was performed in the office visit but does not, by itself, describe the full range of medical conditions evaluated and managed in the visit. The American Academy of Dermatology Association (AADA) commissioned Milliman to examine diagnosis patterns on Medicare fee-for-service (FFS) billing-group days—E/M visits where a procedure was provided for the same beneficiary, on the same date, billed by the same provider group—involving three common dermatologic procedures that often accompany dermatology E/M visits. By Current Procedural Terminology (CPT) codes,¹ they are:

1. CPT 11102: Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); single lesion
2. CPT 17000: Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion
3. CPT 17110: Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions

Milliman analysis shows that billing-group days containing one of these three procedures accounted for approximately 85% of analyzed dermatology billing-group days.

Using calendar year (CY) 2024 Medicare FFS claims from the 5% limited data set (LDS), extrapolated to a national FFS basis, this report addresses two related questions:

1. Among CPT 11102 (skin biopsy) billing-group days, what share of the biopsies are for a cancer-related diagnostic purpose?
2. Beyond the specific diagnosis for which billed procedures were performed, what other diagnoses are commonly reported on billing-group days containing CPT 11102, 17000, or 17110?

The claims analyzed were limited to billing-group days that included both a modifier 25 office or other outpatient (O/O) E/M service and a same-day procedure with a 0-, 10-, or 90-day global period, based on a prior Milliman analysis. Therefore, the findings describe diagnosis patterns in this specific cohort and do not represent all Medicare dermatology visits or all claims for these procedure codes. The selection criteria and their implications are described in the Data Sources and Methodology section.

KEY FINDINGS

- **Skin biopsies commonly had a cancer-related diagnosis code:** Skin biopsies billed under CPT 11102 are frequently provided for cancer-related diagnostic purposes. Approximately 96% of CPT 11102 billing-group days (both within dermatology and among other specialties billing this code) had a cancer-related line-level diagnosis—most commonly D48.5 (Neoplasm of uncertain behavior of skin), which alone accounted for approximately 80% of CPT 11102 billing-group days across all specialties.

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- **Multiple diagnoses were reported for visits alongside procedures:** Billing-group days containing CPT 11102, 17000, or 17110 included an average of approximately 4.5 to 5.0 other unique diagnosis codes beyond the line-level diagnoses reported for procedures. Most of the additional diagnoses were International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) medical condition diagnoses, averaging 3.5 to 4.1 per billing-group day, reflecting that claims for these billing-group days commonly reported diagnoses for additional dermatologic conditions that were assessed and managed in the visits in addition to the conditions linked to procedures.
- **Z-codes were less frequent but common:** ICD-10-CM Z-codes—which represent reasons for healthcare encounters rather than diseases covering screenings, history, aftercare, social determinants, and other factors influencing health status—were also reported regularly on billing-group days, averaging approximately 0.9 to 1.1 unique Z-codes per billing-group day, compared to an average of 3.5 to 4.1 non-Z-code diagnoses. At least one Z-code was reported on approximately 50% to 56% of billing-group days for each procedure.
- **Most Z-codes were for skin cancer assessment:** Among billing-group days reporting at least one Z-code, approximately 78% to 87% included a Z-code specifically related to skin cancer assessment (e.g., screening, surveillance, or personal history of skin cancer), indicating that most Z-code reporting on these billing-group days reflects skin cancer history or follow-up as the reason for the encounter or a factor influencing the patient's health status, rather than unrelated administrative context.
- **Other reported diagnoses often included skin conditions and skin cancer history:** The most common medical condition diagnoses and Z-codes reported across all three procedures relate to benign or premalignant skin conditions (e.g., seborrheic keratosis, actinic keratosis) and personal history of or follow-up for skin cancer (e.g., Z85.828, Z08), consistent with the cancer-focused diagnostic and monitoring nature of these dermatology visits.

METHODOLOGY IN BRIEF

Milliman analyzed CY 2024 physician/supplier Part B claims in the Medicare 5% LDS. The unit of analysis was a billing-group day: services for the same beneficiary, date of service, and billing provider group. The analyzed billing-group days were identified in Milliman's earlier analysis of same-day modifier 25 office or other outpatient (O/O) E/M services and procedures under the CY 2027 proposed policy.² Accordingly, the findings describe that selected population of billing-group days, rather than all encounters involving the three procedures studied in this analysis (CPT 11102, 17000, 17110). Dermatology results combine Medicare specialty codes 07 (dermatology) and D7 (micrographic dermatologic surgery).

For CPT 11102, Milliman identified the single line-level diagnosis code linked by the pointer to each biopsy service line and classified it as cancer-related or not cancer-related using a code-level framework developed by Milliman. This classification describes the reported diagnostic context, not whether a biopsy confirmed cancer.

For the diagnosis-pattern analysis, Milliman pooled all unique claim-level diagnoses reported on claims on a billing-group day, excluding the diagnoses linked to the procedure of interest and any other same-

2. Hansen, D., Bazell, C., & Pelizzari, P. (2026, October 12). Estimated payment impact of the CY 2027 Medicare physician fee schedule proposed modifier 25 policy on same-day dermatology services. Milliman. Accessed October 13, 2026, from <https://www.milliman.com/en/insight/cy-2027-mpfs-proposed-modifier-25-policy-impact>.

day global procedures. The remaining codes were analyzed overall and separately, segmented by ICD-10-CM Z-codes and non-Z-codes.

Results from the data sample were extrapolated to a national FFS basis using a factor of 20. Because diagnoses on claims do not document everything assessed or treated during an encounter, the findings should be interpreted as coding patterns, not a medical record-based summary of all medical conditions evaluated and managed in the visit.

Milliman has developed models to characterize the diagnosis patterns associated with common dermatologic procedures included in this report. The models, including all input, calculations, and output, may not be appropriate for any other purpose. We have reviewed the models, including their inputs, calculations, and outputs, for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as input to the models. To the extent that the data and information provided are not accurate or are not complete, the values provided in this report may likewise be inaccurate or incomplete.

This report was commissioned by the AADA. The findings reflect the research of the authors; Milliman does not intend to endorse any product or organization. If this report is reproduced, it should be reproduced in its entirety because pieces taken out of context can be misleading. Our analysis is based on historical claims-based practice patterns and diagnosis coding behaviors, which change over time. One of the coauthors, Dane Hansen, is a member of the American Academy of Actuaries and meets its qualification standards for this work.

Background

Skin cancer is among the most common cancers in the United States, with one study estimating that one in five 70-year-olds had a history of nonmelanoma skin cancer.³ Risk increases with age and is also associated with factors such as ultraviolet exposure, a history of sunburns, numerous moles, and a personal or family history of skin cancer.⁴ More than 90% of Medicare beneficiaries are age 65 or older, making these risk factors particularly relevant to this population.⁵ The consequences of melanoma also differ markedly by stage at diagnosis: National Cancer Institute data report five-year relative survival exceeding 99% for localized melanoma, compared with 34% for melanoma diagnosed after distant spread.⁶

There are several reasons a patient might have their skin evaluated by a dermatologist. A patient may present with a particular lesion or symptom, return for follow-up after treatment, or seek assessment in the context of a personal history or other skin cancer risk factors. This context matters when considering the 2023 statement on skin cancer screening from the U.S. Preventive Services Task Force (USPSTF).

3. Stern, R.S. (2010). Prevalence of a history of skin cancer in 2007: Results of an incidence-based model. *Archives of Dermatological Research*, 146(3), 279–282. Accessed October 1, 2026, from <https://jamanetwork.com/journals/jamadermatology/fullarticle/209761>.

4. Centers for Disease Control and Prevention. (2026, June 17). Skin cancer risk factors. Accessed October 1, 2026, from <https://www.cdc.gov/skin-cancer/risk-factors/index.html>.

5. Centers for Medicare & Medicaid Services (CMS). (2026, September 23). Medicare Monthly Enrollment. Accessed October 1, 2026, from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>.

6. National Cancer Institute Surveillance, Epidemiology, and End Results Program. Cancer stat facts: Melanoma of the skin. Accessed October 1, 2026, from <https://seer.cancer.gov/statfacts/html/melan.html>.

The USPSTF concluded that evidence was insufficient to assess the balance of benefits and harms of visual skin examination to screen asymptomatic adolescents and adults without a history of premalignant or malignant skin lesions.⁷

Both dermatologists and primary care clinicians assess patients for potential skin cancer. A recent systematic review and meta-analysis found that diagnostic accuracy varied by lesion type, physician specialty and experience, and examination method.⁸ For melanoma, experienced dermatologists generally performed better than primary care physicians in the comparisons studied.

Evaluation and treatment of skin conditions can also occur on the same day. During an office visit, a dermatologist may perform a full-body skin examination, biopsy a lesion, destroy an actinic keratosis, and treat a benign lesion. The patient may have other skin findings or a history of skin cancer relevant to the visit. Same-day E/M visits and diagnostic and treatment procedures are common in dermatology care for Medicare beneficiaries. In a review of 2019 and 2020 claims, the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) reported that approximately 61.5% of Medicare-paid dermatology E/M claims included a minor surgical procedure performed by the same dermatologist on the same day.⁹

Prior research has described healthcare utilization associated with specific dermatologic conditions. For example, a 2026 Milliman report commissioned by the National Eczema Association found that office visits were the primary setting of care for patients with diagnosed atopic dermatitis (AD) across commercial, Medicare FFS, and Medicaid markets, and that approximately 50% to 58% of patients had at least one AD-related office visit in 2023, after adjustment for age and sex.¹⁰ However, little research has described the totality of skin conditions assessed and managed through same-day dermatology care during E/M office visits that include skin biopsy or lesion-treatment procedures.

Results

CPT 11102 CANCER DIAGNOSTIC SERVICE FINDINGS

CPT 11102—Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); single lesion—is one of the most common procedures on the analyzed dermatology billing-group days. Because a skin biopsy may be performed for a variety of clinical reasons, the line-level diagnoses reported with CPT 11102 were examined to characterize the extent to which the analyzed billing-group days reflect a cancer-related diagnostic purpose for the skin biopsy.

Figure 1 provides the estimated billing-group days for the 10 most common diagnoses associated with CPT 11102, by specialty group. Across all specialties, 95.9% of estimated CPT 11102 billing-group days were for a cancer-related diagnosis, with a nearly identical share observed within dermatology (95.9%)

7. U.S. Preventive Services Task Force. (2023, April 18). Skin cancer: Screening, final recommendation statement. Accessed October 1, 2026, from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/skin-cancer-screening>.

8. Chen, J.Y., Fernandez, K., Fadau, R.P., Reddy, R., Kim, M.-O., Tan, J., & Wei, M.L. (2025). Skin cancer diagnosis by lesion, physician, and examination type: A systematic review and meta-analysis. *JAMA Dermatology*, 161(2), 135–146. Accessed October 1, 2026, from <https://jamanetwork.com/journals/jamadermatology/fullarticle/2826310>.

9. U.S. Department of Health and Human Services Office of Inspector General. (2025, November 18). Dermatology providers generally met Medicare requirements for evaluation and management services performed on same day as minor surgical procedures. Accessed October 1, 2026, from <https://oig.hhs.gov/reports/all/2025/dermatology-providers-generally-met-medicare-requirements-for-evaluation-and-management-services-performed-on-same-day-as-minor-surgical-procedures/>.

10. National Eczema Association. (2026, August). The state of AD report. Available at <https://stateofad.org/state-of-ad-report/>.

and among all other non-dermatology specialties billing this code (95.9%), indicating that this pattern was prevalent across the specialty groups analyzed. A single diagnosis code, D48.5 (Neoplasm of uncertain behavior of skin), accounted for 79.6% of all CPT 11102 billing-group days across all specialties, and was the most frequently occurring diagnosis for the biopsy procedure within both dermatology and all other specialties. The next most common cancer-related diagnosis, D49.2 (Neoplasm of unspecified behavior of bone, soft tissue, and skin), accounted for an additional 10.5% of billing-group days across all specialties. Together, these two diagnoses represented over 90% of all CPT 11102 billing-group days.

Across all specialties, CPT 11102 lines with a cancer-related pointer diagnosis accounted for approximately 96.0% of total line-level allowed amounts for CPT 11102, proportionally similar to the 95.9% share of estimated CPT 11102 billing-group days.

FIGURE 1: ESTIMATED ANALYZED BILLING-GROUP DAYS CONTAINING CPT 11102 BY LINE-LEVEL DIAGNOSIS, BY SPECIALTY GROUP

Line-Level Diagnosis	Cancer Diagnostic Status	Estimated Billing-Group Day Count (000s)		
		Dermatology Specialties*	Non-Dermatology Specialties	Total (All Specialties)
D48.5 – Neoplasm of uncertain behavior of skin	Cancer-Related	1,522.0 (79.7%)	833.0 (79.4%)	2,355.0 (79.6%)
D49.2 – Neoplasm of unspecified behavior of bone, soft tissue, and skin	Cancer-Related	183.3 (9.6%)	127.6 (12.2%)	310.9 (10.5%)
L30.9 – Dermatitis, unspecified	Not Cancer-Related	12.7 (0.7%)	9.0 (0.9%)	21.8 (0.7%)
L57.0 – Actinic keratosis	Cancer-Related	15.4 (0.8%)	5.8 (0.6%)	21.2 (0.7%)
D48.9 – Neoplasm of uncertain behavior, unspecified	Cancer-Related	13.7 (0.7%)	4.0 (0.4%)	17.7 (0.6%)
L98.9 – Disorder of the skin and subcutaneous tissue, unspecified	Not Cancer-Related	10.9 (0.6%)	5.2 (0.5%)	16.2 (0.5%)
L82.0 – Inflamed seborrheic keratosis	Not Cancer-Related	10.8 (0.6%)	5.2 (0.5%)	16.0 (0.5%)
C44.319 – Basal cell carcinoma of skin of other parts of face	Cancer-Related	11.5 (0.6%)	4.0 (0.4%)	15.5 (0.5%)
L82.1 – Other seborrheic keratosis	Not Cancer-Related	6.8 (0.4%)	2.9 (0.3%)	9.8 (0.3%)
C44.519 – Basal cell carcinoma of skin of other part of trunk	Cancer-Related	6.3 (0.3%)	2.6 (0.2%)	8.9 (0.3%)
All Other Diagnosis Codes	N/A	115.3 (6.0%)	50.4 (4.8%)	165.7 (5.6%)
Total		1,908.9 (100.0%)	1,049.6 (100.0%)	2,958.5 (100.0%)
<i>Subtotal: Cancer-Related</i>		<i>1,829.8 (95.9%)</i>	<i>1,006.8 (95.9%)</i>	<i>2,836.6 (95.9%)</i>
<i>Subtotal: Not Cancer-Related</i>		<i>79.1 (4.1%)</i>	<i>42.8 (4.1%)</i>	<i>121.9 (4.1%)</i>

Note: Diagnosis codes for CPT 11102 are ranked by the count of estimated billing-group days across all specialties. The 10 diagnoses with the largest total billing-group days are shown, with all remaining diagnoses combined in "All Other Diagnosis Codes." Percentages shown in parentheses reflect each row's share of the corresponding total for each specialty group. CPT copyright 2026 American Medical Association. All rights reserved.

*Results for specialties dermatology (07) and micrographic dermatologic surgery (D7) are combined.

DIAGNOSIS PATTERNS FOR OTHER MEDICAL CONDITIONS EVALUATED AND MANAGED IN E/M VISITS WHERE CPT 11102, 17000, OR 17110 IS PERFORMED

Beyond the diagnoses directly associated with billed procedures, dermatology billing-group days typically include additional claim-level diagnoses reflecting other medical conditions evaluated and managed during the same visit as one of the specified procedures. These other diagnosis codes on billing-group days containing CPT 11102, 17000, or 17110 were analyzed to illustrate the range of dermatologic conditions commonly addressed in the E/M visit alongside these procedures. We found that billing-group days containing one of these three procedures accounted for approximately 85% of analyzed dermatology billing-group days.

Figure 2 provides the average count of other diagnosis codes per billing-group day, by procedure of interest. Billing-group days containing CPT 11102, 17000, or 17110 included between approximately 4.5 and 5.0 other unique claim-level diagnosis codes beyond the diagnoses tied to the analyzed procedures and other global procedures on the billing-group day. The majority of these other diagnoses were ICD-10-CM non-Z-codes, averaging between approximately 3.5 and 4.1 medical condition diagnosis codes per billing-group day and reflecting additional dermatologic conditions. ICD-10-CM Z-codes reflecting personal or family history, screening, or follow-up encounters were also common, averaging between approximately 0.9 and 1.1 codes per billing-group day across the three procedures.

FIGURE 2: AVERAGE COUNT OF OTHER UNIQUE DIAGNOSIS CODES PER ANALYZED DERMATOLOGY BILLING-GROUP DAY, BY PROCEDURE OF INTEREST

Procedure of Interest	Total Other Unique Diagnosis Codes	Other Unique Non- Z-Code Diagnoses	Other Unique Z- Code Diagnoses
CPT 11102 – Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); single lesion	4.6	3.6	1.0
CPT 17000 – Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion	4.5	3.5	1.1
CPT 17110 – Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	5.0	4.1	0.9

Note: Provides the average count of other unique claim-level diagnosis codes on billing-group days containing the procedure of interest, excluding the line-level diagnosis for the procedure and for any other global procedures billed the same day. CPT copyright 2026 American Medical Association. All rights reserved.

Figure 3 shows the average count of other reported diagnosis codes for the five most common procedure combinations on analyzed dermatology billing-group days. These combinations include billing-group days with a single procedure of interest (e.g., CPT 17000 alone) as well as days with more than one (e.g., CPT 17000 and CPT 17110 on the same day). Across these common combinations, billing-group days reported an average of approximately 4.1 to 5.2 other diagnosis codes, in addition to the diagnoses associated with the procedures performed.

FIGURE 3: AVERAGE COUNT OF OTHER UNIQUE DIAGNOSIS CODES PER ANALYZED DERMATOLOGY BILLING-GROUP DAY, FOR 5 MOST COMMON PROCEDURE CODE COMBINATIONS

Rank	Procedure Code Combination	Total Other Unique Diagnosis Codes	Other Unique Non-Z-Code Diagnoses	Other Unique Z-Code Diagnoses
1	CPT 17000 Only	4.2	3.2	1.0
2	CPT 11102 Only	4.1	3.2	0.8
3	CPT 17110 Only	4.6	3.9	0.7
4	CPT 11102 + CPT 17000	4.8	3.6	1.2
5	CPT 17000 + CPT 17110	5.2	4.2	1.0

Note: Provides the average count of other unique claim-level diagnosis codes on billing-group days for the procedure code combination, excluding the line-level diagnosis for the procedure and for any other global procedures billed the same day. The procedure combinations are ranked by the estimated number of dermatology billing-group days impacted by the proposed modifier 25 policy, as identified in Milliman's earlier analysis, available at <https://www.milliman.com/en/insight/cy-2027-mpfs-proposed-modifier-25-policy-impact>. See Figure 2 for descriptions of the procedure codes. CPT copyright 2026 American Medical Association. All rights reserved.

To illustrate common clinical patterns, the most frequent combinations of the line-level diagnosis for each procedure of interest, any additional global procedures furnished on the same billing-group day, and the other claim-level diagnoses were identified, ranked by estimated billing-group day count. The top five combinations for each procedure of interest are shown in Figure 4; up to 25 combinations for each procedure of interest are presented in the appendix.

For CPT 11102, the most frequent combination paired the procedure line-level diagnosis D48.5 (Neoplasm of uncertain behavior of skin), a cancer-related diagnosis code, with L82.1 (Other seborrheic keratosis). For CPT 17000, the leading combination pairs the procedure line-level diagnosis L57.0 (Actinic keratosis) with L82.1 (Other seborrheic keratosis), with no additional global procedure, consistent with a visit evaluating and managing both a premalignant and a benign skin lesion. For CPT 17110, common combinations most frequently pair the procedure line-level diagnosis L82.0 (Inflamed seborrheic keratosis) with other similar skin conditions with different clinical presentation, such as L82.1 (Other seborrheic keratosis). Across each procedure of interest, no individual combination accounted for more than approximately 1% of billing-group days, indicating substantial clinical variation across analyzed dermatology office visits.

FIGURE 4: TOP 5 DIAGNOSIS/PROCEDURE COMBINATIONS FOR DERMATOLOGY BILLING-GROUP DAYS, BY PROCEDURE OF INTEREST

Rank	Line-Level Diagnosis on Procedure of Interest	Additional Global Procedure(s)	Additional Other Claim-Level Diagnosis(es)	Estimated Billing-Group Day Count (000s)
CPT 11102 - Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); single lesion				
1	D48.5 – Neoplasm of uncertain behavior of skin	None	L82.1 – Other seborrheic keratosis	14.0 (0.7%)
2	D48.5 – Neoplasm of uncertain behavior of skin	None	None	7.8 (0.4%)
3	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	L82.1 – Other seborrheic keratosis	7.5 (0.4%)
4	D48.5 – Neoplasm of uncertain behavior of skin	None	L57.0 – Actinic keratosis	7.2 (0.4%)
5	D48.5 – Neoplasm of uncertain behavior of skin	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation	6.9 (0.4%)
CPT 17000 - Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion				
1	L57.0 – Actinic keratosis	None	L82.1 – Other seborrheic keratosis	42.3 (1.2%)
2	L57.0 – Actinic keratosis	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation	28.3 (0.8%)
3	L57.0 – Actinic keratosis	None	None	18.1 (0.5%)
4	L57.0 – Actinic keratosis	None	L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	15.1 (0.4%)
5	L57.0 – Actinic keratosis	None	Z85.828 – Personal history of other malignant neoplasm of skin	13.8 (0.4%)
CPT 17110 - Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions				
1	L82.0 – Inflamed seborrheic keratosis	None	L82.1 – Other seborrheic keratosis	6.9 (0.4%)
2	L82.0 – Inflamed seborrheic keratosis	None	None	3.7 (0.2%)
3	L82.0 – Inflamed seborrheic keratosis	CPT 17000	L82.1 – Other seborrheic keratosis	3.4 (0.2%)
4	L82.0 – Inflamed seborrheic keratosis	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation	3.4 (0.2%)
5	L82.0 – Inflamed seborrheic keratosis	CPT 17000	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation	2.6 (0.2%)

Note: Percentages shown in parentheses reflect each row's share of the corresponding total for each procedure of interest. See Figure 2 for descriptions of the procedure codes. CPT copyright 2026 American Medical Association. All rights reserved.

Z-CODE PREVALENCE AND SKIN CANCER ASSESSMENT

ICD-10-CM Z-codes—diagnosis codes reflecting contextual factors influencing health status, personal or family history, or screening/follow-up encounters, rather than an active medical condition—were reported regularly on billing-group days for all three procedures of interest. We examined how often these Z-codes specifically related to skin cancer assessment (e.g., screening, surveillance, or personal/family history of skin cancer). Figure 5 shows the prevalence of any Z-code and skin cancer assessment Z-codes by procedure code of interest. Between approximately 50% and 56% of billing-group days for each procedure of interest included at least one Z-code, and among those billing-group days, approximately

78% to 87% included at least one Z-code specifically related to skin cancer assessment, indicating that most Z-code reporting on these billing-group days reflects skin cancer follow-up or surveillance activity.

FIGURE 5: PREVALENCE OF ANY Z-CODE AND SKIN CANCER ASSESSMENT Z-CODES ON DERMATOLOGY BILLING-GROUP DAYS, BY PROCEDURE OF INTEREST

Procedure of Interest	Share of Billing-Group Days for Procedure with Any Z-Code	Share of Billing-Group Days for Procedure with a Skin Cancer Assessment-Related Z-Code	Among Billing-Group Days with Any Z-Code, Share with a Skin Cancer Assessment-Related Z-Code
CPT 11102 – Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); single lesion	54%	46%	86%
CPT 17000 – Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion	56%	49%	87%
CPT 17110 – Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	50%	39%	78%

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We also identified the five most common Z-codes reported on billing-group days across the three procedures of interest and the estimated share of all billing-group days for each procedure that included each code. Figure 6 provides the top five Z-codes for the three procedures of interest. The most common Z-code across all three procedures of interest was Z85.828 (Personal history of other malignant neoplasm of skin), followed by Z08 (Encounter for follow-up examination after completed treatment for malignant neoplasm), both reflecting ongoing evaluation and management of patients with a history of skin cancer.

FIGURE 6: TOP 5 OTHER Z-CODES REPORTED ON DERMATOLOGY BILLING-GROUP DAYS, BY PROCEDURE OF INTEREST

Rank	Z-Code	Description	Estimated Billing-Group Day Count (000s)		
			CPT 11102	CPT 17000	CPT 17110
1	Z85.828	Personal history of other malignant neoplasm of skin	690.7 (36%)	1,379.8 (39%)	479.1 (29%)
2	Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm	444.2 (23%)	851.2 (24%)	302.6 (19%)
3	Z71.89	Other specified counseling	178.8 (9%)	320.9 (9%)	131.1 (8%)
4	Z12.83	Encounter for screening for malignant neoplasm of skin	141.0 (7%)	282.8 (8%)	113.3 (7%)
5	Z85.820	Personal history of malignant melanoma of skin	145.3 (8%)	249.1 (7%)	85.2 (5%)

Note: Other Z-code diagnoses reflect the claim-level Z-code diagnosis codes on billing-group days containing the procedure of interest, excluding the line-level diagnosis for the procedure and for any other global procedures billed the same day. Percentages shown in parentheses reflect the share of billing-group days for the procedure of interest with that Z-code. Results are shown for the top five Z-codes combined across the three procedures of interest. CPT copyright 2026 American Medical Association. All rights reserved.

Data sources and methodology

Except as noted below, the analyses use the same underlying claims data, population, and billing-group day framework as the “Estimated payment impact of the CY 2027 Medicare Physician Fee Schedule proposed modifier 25 policy on same-day dermatology services” report.¹¹

DATA SOURCES

We relied on the following data sources for this analysis.

- **Medicare 5% LDS**

The Medicare 5% LDS data is a representative sample of claims for 5% of Medicare FFS beneficiaries.¹² We used Part B carrier (noninstitutional) claims in the Medicare 5% LDS for dates of service in CY 2024 for this analysis.

- **CY 2024 PFS Relative Value File (PPRRVU, October 2024 release)**

The Physician Fee Schedule (PFS) Relative Value File provides the fee schedule reference information based on the October 2024 release,¹³ including the CPT and Healthcare Common Procedure Coding System (HCPCS) codes, global surgery indicator, multiple procedure indicator, the fee schedule status code, and total relative value units (RVUs).

METHODOLOGY

The following methodology was used in this analysis:

- **Analysis population:** The analysis is limited to Part B carrier (noninstitutional) claim lines with CY 2024 dates of service. References to Part B in this report reflect physician/supplier services (excluding durable medical equipment supplier services) included in the carrier file and do not include provider services paid under other Part B payment systems, such as outpatient facility services under the Outpatient Prospective Payment System (OPPS). Eligible services are those payable under the Medicare Physician Fee Schedule (MPFS) (identified with MPFS status indicators of A, R, or T with assigned RVUs; Figure 7) and are either an O/O E/M CPT code (Figure 8) reported with modifier 25 or a procedure code with a 0-, 10-, or 90-day global period. Lines with zero or negative allowed amounts are excluded, as are services not paid under the MPFS.

11. Hansen, D., Bazell, C., & Pelizzari, P. (2026, October 12). Estimated payment impact of the CY 2027 Medicare physician fee schedule proposed modifier 25 policy on same-day dermatology services. Milliman. Accessed October 13, 2026, from <https://www.milliman.com/en/insight/cy-2027-mpfs-proposed-modifier-25-policy-impact>.

12. More information on the CMS LDS files is available at <https://www.cms.gov/data-research/cms-data/data-available-researchers/limited-data-set-lds-files>.

13. The MPFS Relative Value Files are available at <https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files>.

FIGURE 7: MEDICARE STATUS INDICATOR CODES USED IN THIS ANALYSIS

Status Code	Description
A	Active: Separately paid under the fee schedule if covered; has RVUs and payment amounts.
R	Restricted Coverage: Special coverage instructions apply to the service.
T	Bundled/Theoretically Paid: RVUs exist, but payment is made only if no other primary service is billed on the same day by the same provider.

Note: Full descriptions of all Medicare status codes are available at <https://www.cms.gov/help/status-indicators>.

FIGURE 8: O/O E/M CPT CODES

CPT Code	Description
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.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional
99212	Office or other outpatient visit for the evaluation and management of an established 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, 10 minutes must be met or exceeded.
99213	Office or other outpatient visit for the evaluation and management of an established 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, 20 minutes must be met or exceeded.
99214	Office or other outpatient visit for the evaluation and management of an established 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, 30 minutes must be met or exceeded.
99215	Office or other outpatient visit for the evaluation and management of an established 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, 40 minutes must be met or exceeded.

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- **Billing-group day definition:** A billing-group day is a unique combination of beneficiary, date of service, and billing provider group (billing National Provider Identifier [NPI]). A billing-group day contains at least one modifier 25 O/O E/M service and at least one same-day 0-, 10-, or 90-day global procedure. The analyzed billing-group days are limited to those classified as affected under the methodology in Milliman's prior analysis;¹⁴ they do not include all days with a separately reported E/M service and one of the analyzed procedures.

14. Hansen, D., Bazell, C., & Pelizzari, P. (2026, October 12). Estimated payment impact of the CY 2027 Medicare Physician Fee Schedule proposed modifier 25 policy on same-day dermatology services. Milliman. Accessed October 13, 2026, from <https://www.milliman.com/en/insight/cy-2027-mpfs-proposed-modifier-25-policy-impact>.

- **Specialty attribution:** Specialty is based on the Medicare specialty designation of the rendering (performing) provider on each claim line. Because billing-group days are defined by the billing provider group, while specialty is captured at the rendering-provider level, a single billing-group day may include services rendered by providers of more than one specialty. Each billing-group day is attributed to the specialty of the rendering provider on its highest-RVU modifier 25 O/O E/M service.
- **National extrapolation:** Sample-level counts are extrapolated to a 100% Medicare FFS basis applying a factor of 20. Shares and percentages are ratios and are unaffected by the extrapolation.
- **CPT 11102 cancer diagnostic service:** For each CPT 11102 line on an analyzed billing-group day, the single line-level pointer diagnosis code (i.e., the diagnosis code specifically linked to the CPT 11102 service line on the claim) is identified and classified as cancer-related or not cancer-related based on clinical judgment using a custom code-level framework developed by Milliman. Cancer-related diagnoses are intended to capture medical conditions that increase the risk of skin cancer or indicate the potential for a lesion to be malignant. Only one pointer diagnosis code is available at the claim line level in the Medicare 5% LDS.
- **Other diagnosis patterns:** For each analyzed billing-group day containing CPT 11102, 17000, or 17110, all unique claim-level diagnosis codes reported across the claims billed on the billing-group day are identified, excluding the line-level diagnoses associated with the analyzed procedure and with any other global procedures furnished on the same billing-group day. The remaining diagnoses are referred to as “other diagnoses” and are further classified into Z-codes (ICD-10-CM diagnosis codes beginning with Z, which generally reflect factors influencing health status, such as personal or family history, or the reason for the encounter, such as aftercare, rather than an active medical condition) and non-Z-codes for medical conditions (all other ICD-10-CM diagnosis codes).

Estimates reflect CY 2024 utilization and do not account for potential future changes in coding, billing, payment, behavioral responses (e.g., rescheduling a service to a different day), or care patterns. The estimates are subject to the assumptions above and to sampling variability inherent in the 5% LDS, particularly at granular specialty or code levels.

Appendix: Supplemental data

FIGURE 9: TOP 25 DIAGNOSIS/PROCEDURE COMBINATIONS FOR ANALYZED DERMATOLOGY BILLING-GROUP DAYS CONTAINING CPT 11102

Rank	Line-Level Diagnosis on Procedure of Interest	Additional Global Procedure(s)	Additional Other Claim-Level Diagnosis(es)	Estimated Billing-Group Day Count (000s)	Share of Total Billing-Group Days for Procedure of Interest
Total CPT 11102				1,908.9	100.0%
1	D48.5 – Neoplasm of uncertain behavior of skin	None	L82.1 – Other seborrheic keratosis	14.0	0.7%
2	D48.5 – Neoplasm of uncertain behavior of skin	None	None	7.8	0.4%
3	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	L82.1 – Other seborrheic keratosis	7.5	0.4%
4	D48.5 – Neoplasm of uncertain behavior of skin	None	L57.0 – Actinic keratosis	7.2	0.4%
5	D48.5 – Neoplasm of uncertain behavior of skin	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation	6.9	0.4%
6	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation	6.6	0.3%
7	D48.5 – Neoplasm of uncertain behavior of skin	None	L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	4.6	0.2%
8	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	None	3.9	0.2%
9	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	3.7	0.2%
10	D48.5 – Neoplasm of uncertain behavior of skin	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; L82.1 – Other seborrheic keratosis	3.5	0.2%
11	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	D22.5 – Melanocytic nevi of trunk; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	3.1	0.2%
12	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	D22.5 – Melanocytic nevi of trunk; L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	3.0	0.2%
13	D48.5 – Neoplasm of uncertain behavior of skin	None	L81.4 – Other melanin hyperpigmentation	2.9	0.2%
14	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	Z85.828 – Personal history of other malignant neoplasm of skin	2.8	0.1%

Rank	Line-Level Diagnosis on Procedure of Interest	Additional Global Procedure(s)	Additional Other Claim-Level Diagnosis(es)	Estimated Billing-Group Day Count (000s)	Share of Total Billing-Group Days for Procedure of Interest
15	D48.5 – Neoplasm of uncertain behavior of skin	None	D22.5 – Melanocytic nevi of trunk; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	2.8	0.1%
16	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; L82.1 – Other seborrheic keratosis	2.8	0.1%
17	D48.5 – Neoplasm of uncertain behavior of skin	None	Z85.828 – Personal history of other malignant neoplasm of skin	2.3	0.1%
18	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	L82.1 – Other seborrheic keratosis; Z85.828 – Personal history of other malignant neoplasm of skin	2.2	0.1%
19	D48.5 – Neoplasm of uncertain behavior of skin	None	D22.5 – Melanocytic nevi of trunk; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis; Z71.89 – Other specified counseling	2.1	0.1%
20	D48.5 – Neoplasm of uncertain behavior of skin	None	L30.9 – Dermatitis, unspecified	2.1	0.1%
21	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	D22.5 – Melanocytic nevi of trunk; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis; Z08 – Encounter for follow-up examination after completed treatment for malignant neoplasm; Z85.828 – Personal history of other malignant neoplasm of skin	2.1	0.1%
22	D48.5 – Neoplasm of uncertain behavior of skin	None	D22.5 – Melanocytic nevi of trunk; L82.1 – Other seborrheic keratosis	2.0	0.1%
23	D48.5 – Neoplasm of uncertain behavior of skin	None	L21.8 – Other seborrheic dermatitis	1.9	0.1%
24	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; Z85.828 – Personal history of other malignant neoplasm of skin	1.9	0.1%
25	D48.5 – Neoplasm of uncertain behavior of skin	CPT 17000	D22.5 – Melanocytic nevi of trunk; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis; Z71.89 – Other specified counseling	1.9	0.1%

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FIGURE 10: TOP 25 DIAGNOSIS/PROCEDURE COMBINATIONS FOR ANALYZED DERMATOLOGY BILLING-GROUP DAYS CONTAINING CPT 17000

Rank	Line-Level Diagnosis on Procedure of Interest	Additional Global Procedure(s)	Additional Other Claim-Level Diagnosis(es)	Estimated Billing-Group Day Count (000s)	Share of Total Billing-Group Days for Procedure of Interest
Total CPT 17000				3,559.5	100.0%
1	L57.0 – Actinic keratosis	None	L82.1 – Other seborrheic keratosis	42.3	1.2%
2	L57.0 – Actinic keratosis	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation	28.3	0.8%
3	L57.0 – Actinic keratosis	None	None	18.1	0.5%
4	L57.0 – Actinic keratosis	None	L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	15.1	0.4%
5	L57.0 – Actinic keratosis	None	Z85.828 – Personal history of other malignant neoplasm of skin	13.8	0.4%
6	L57.0 – Actinic keratosis	None	D22.5 – Melanocytic nevi of trunk; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	13.0	0.4%
7	L57.0 – Actinic keratosis	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; L82.1 – Other seborrheic keratosis	13.0	0.4%
8	L57.0 – Actinic keratosis	None	D22.5 – Melanocytic nevi of trunk; L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	11.8	0.3%
9	L57.0 – Actinic keratosis	None	L82.1 – Other seborrheic keratosis; Z85.828 – Personal history of other malignant neoplasm of skin	11.4	0.3%
10	L57.0 – Actinic keratosis	None	L81.4 – Other melanin hyperpigmentation	9.4	0.3%
11	L57.0 – Actinic keratosis	None	Z08 – Encounter for follow-up examination after completed treatment for malignant neoplasm; Z85.828 – Personal history of other malignant neoplasm of skin	7.5	0.2%
12	L57.0 – Actinic keratosis	CPT 11102	L82.1 – Other seborrheic keratosis	7.5	0.2%
13	L57.0 – Actinic keratosis	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; Z08 – Encounter for follow-up examination after completed treatment for malignant neoplasm; Z85.828 – Personal history of other malignant neoplasm of skin	7.5	0.2%
14	L57.0 – Actinic keratosis	None	D22.5 – Melanocytic nevi of trunk; L82.1 – Other seborrheic keratosis	7.4	0.2%
15	L57.0 – Actinic keratosis	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; Z85.828 – Personal history of other malignant neoplasm of skin	7.2	0.2%
16	L57.0 – Actinic keratosis	None	D22.5 – Melanocytic nevi of trunk	6.9	0.2%

Rank	Line-Level Diagnosis on Procedure of Interest	Additional Global Procedure(s)	Additional Other Claim-Level Diagnosis(es)	Estimated Billing-Group Day Count (000s)	Share of Total Billing-Group Days for Procedure of Interest
17	L57.0 – Actinic keratosis	None	L21.8 – Other seborrheic dermatitis	6.9	0.2%
18	L57.0 – Actinic keratosis	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; L82.1 – Other seborrheic keratosis; Z08 – Encounter for follow-up examination after completed treatment for malignant neoplasm; Z85.828 – Personal history of other malignant neoplasm of skin	6.7	0.2%
19	L57.0 – Actinic keratosis	None	D22.5 – Melanocytic nevi of trunk; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis; Z08 – Encounter for follow-up examination after completed treatment for malignant neoplasm; Z85.828 – Personal history of other malignant neoplasm of skin	6.6	0.2%
20	L57.0 – Actinic keratosis	CPT 11102	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation	6.6	0.2%
21	L57.0 – Actinic keratosis	None	D22.5 – Melanocytic nevi of trunk; L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; L82.1 – Other seborrheic keratosis	6.4	0.2%
22	L57.0 – Actinic keratosis	None	D18.01 – Hemangioma of skin and subcutaneous tissue; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	6.1	0.2%
23	L57.0 – Actinic keratosis	None	L82.1 – Other seborrheic keratosis; Z08 – Encounter for follow-up examination after completed treatment for malignant neoplasm; Z85.828 – Personal history of other malignant neoplasm of skin	6.0	0.2%
24	L57.0 – Actinic keratosis	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; L82.1 – Other seborrheic keratosis; Z85.828 – Personal history of other malignant neoplasm of skin	6.0	0.2%
25	L57.0 – Actinic keratosis	None	L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis; Z85.828 – Personal history of other malignant neoplasm of skin	5.8	0.2%

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FIGURE 11: TOP 25 DIAGNOSIS/PROCEDURE COMBINATIONS FOR ANALYZED DERMATOLOGY BILLING-GROUP DAYS CONTAINING CPT 17110

Rank	Line-Level Diagnosis on Procedure of Interest	Additional Global Procedure(s)	Additional Other Claim-Level Diagnosis(es)	Estimated Billing-Group Day Count (000s)	Share of Total Billing-Group Days for Procedure of Interest
Total CPT 17110				1,626.7	100.0%
1	L82.0 – Inflamed seborrheic keratosis	None	L82.1 – Other seborrheic keratosis	6.9	0.4%
2	L82.0 – Inflamed seborrheic keratosis	None	None	3.7	0.2%
3	L82.0 – Inflamed seborrheic keratosis	CPT 17000	L82.1 – Other seborrheic keratosis	3.4	0.2%
4	L82.0 – Inflamed seborrheic keratosis	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation	3.4	0.2%
5	L82.0 – Inflamed seborrheic keratosis	CPT 17000	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation	2.6	0.2%
6	L82.0 – Inflamed seborrheic keratosis	CPT 17000	None	2.4	0.2%
7	L82.0 – Inflamed seborrheic keratosis	None	L57.0 – Actinic keratosis	2.4	0.1%
8	L82.0 – Inflamed seborrheic keratosis	None	L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	2.3	0.1%
9	L82.0 – Inflamed seborrheic keratosis	None	L81.4 – Other melanin hyperpigmentation	2.3	0.1%
10	L82.0 – Inflamed seborrheic keratosis	None	Z85.828 – Personal history of other malignant neoplasm of skin	2.1	0.1%
11	L82.0 – Inflamed seborrheic keratosis	CPT 17000	Z85.828 – Personal history of other malignant neoplasm of skin	2.0	0.1%
12	L82.0 – Inflamed seborrheic keratosis	CPT 17000	L81.4 – Other melanin hyperpigmentation	1.9	0.1%
13	L82.0 – Inflamed seborrheic keratosis	None	D22.5 – Melanocytic nevi of trunk	1.9	0.1%
14	L82.0 – Inflamed seborrheic keratosis	CPT 17000	D22.5 – Melanocytic nevi of trunk	1.8	0.1%
15	L82.0 – Inflamed seborrheic keratosis	CPT 17000	L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	1.7	0.1%
16	L82.0 – Inflamed seborrheic keratosis	None	D22.5 – Melanocytic nevi of trunk; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	1.6	0.1%
17	L82.0 – Inflamed seborrheic keratosis	None	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; L82.1 – Other seborrheic keratosis	1.5	0.1%

Rank	Line-Level Diagnosis on Procedure of Interest	Additional Global Procedure(s)	Additional Other Claim-Level Diagnosis(es)	Estimated Billing-Group Day Count (000s)	Share of Total Billing-Group Days for Procedure of Interest
18	L82.0 – Inflamed seborrheic keratosis	CPT 17000	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; L82.1 – Other seborrheic keratosis	1.4	0.1%
19	L82.0 – Inflamed seborrheic keratosis	CPT 17000	L82.1 – Other seborrheic keratosis; Z85.828 – Personal history of other malignant neoplasm of skin	1.4	0.1%
20	L82.0 – Inflamed seborrheic keratosis	CPT 17000	L57.8 – Other skin changes due to chronic exposure to nonionizing radiation; Z85.828 – Personal history of other malignant neoplasm of skin	1.3	0.1%
21	L82.0 – Inflamed seborrheic keratosis	None	L53.8 – Other specified erythematous conditions; L82.1 – Other seborrheic keratosis	1.3	0.1%
22	L82.0 – Inflamed seborrheic keratosis	None	L29.8 – Other pruritus; L53.8 – Other specified erythematous conditions; L82.1 – Other seborrheic keratosis	1.3	0.1%
23	L82.0 – Inflamed seborrheic keratosis	None	L72.0 – Epidermal cyst	1.2	0.1%
24	B07.8 – Other viral warts	None	L82.1 – Other seborrheic keratosis	1.1	0.1%
25	L82.0 – Inflamed seborrheic keratosis	None	D18.01 – Hemangioma of skin and subcutaneous tissue; L81.4 – Other melanin hyperpigmentation; L82.1 – Other seborrheic keratosis	1.1	0.1%

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