



**SPOKANE**  
 (509) 892-2700/(888) 814-6277  
 FAX (509) 892-2740  
**BELLEVUE**  
 (425) 646-0922/(888) 814-6277  
 FAX (425) 646-0925

LAB NUMBER

<b>CHART #/MRN</b>	<b>DATE OF COLLECTION</b>	<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F
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**PATIENT'S NAME (Last Name, First Name, Middle Initial)**

**ADDRESS**

**CITY STATE ZIP PHONE**

**PATIENT SOCIAL SECURITY # PATIENT BIRTHDATE**

Please write N/A if SSN is unavailable

**INSURED'S NAME (Attach Copy of Insurance Card)**

**POLICY # GROUP # / EMPLOYER**

RELATIONSHIP TO PATIENT:  
 Self  Spouse  
 Child  Other

Steps Site(s)  Pathologist Interpretation  Slide Prep Only  Consultation

**COPY TO:**

First Name Last Name Location/Phone

**INSURANCE PLAN NAME OR PROGRAM NAME**

Bill Office/ Clinic  VA Choice  
 No Insurance  Group Health  Asuris  Molina  Aetna  
 Medicare  Regence of WA  Premera  CHPW  Tricare  
 United Healthcare  Regence of ID  First Choice (Group # Req.)  
 Cigna (Group # Req.)  Blue Cross  Medicaid (State)  
 Other \_\_\_\_\_

**ICD-10 CODE(S) REQUIRED** PLEASE INDICATE DIAGNOSIS CODE(S) RELATING TO THE CURRENT PROCEDURE

**PREAUTHORIZATION NUMBER**

**PREVIOUS TISSUE SENT TO OTHER LAB?**

No  Yes (Please attach copy of report)

SPECIMEN SITE	BIOPSY TYPE	Clinical History/DX (size, color, shape, distribution, duration, history of change, etc.)
A	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
B	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
C	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
D	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
E	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
F	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
G	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	
H	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Other _____	

**LAB USE**

DATE RECEIVED

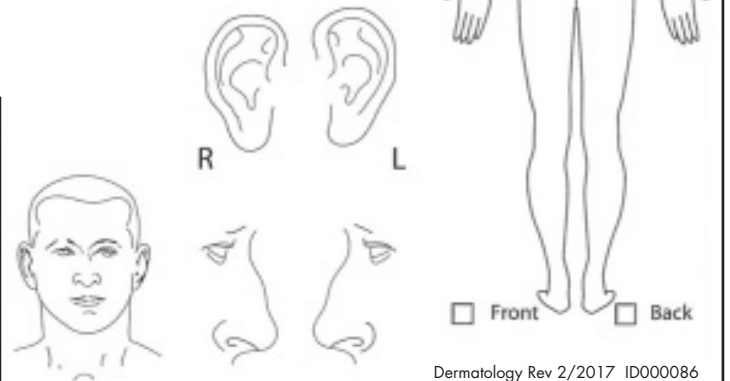
BILLING CODES

PREP \_\_\_\_\_

**Formalin-fixed tissue cannot be processed for immunofluorescence**

**AFFIX LABEL(S) TO SPECIMEN CONTAINER(S) WITH FULL PATIENT NAME AND SPECIMEN SITE**

	<b>D081450</b>		<b>D081450</b>		<b>D081450</b>
Pt. Name: _____		Pt. Name: _____		Pt. Name: _____	
	<b>D081450</b>		<b>D081450</b>		<b>D081450</b>
Pt. Name: _____		Pt. Name: _____		Pt. Name: _____	



# FREQUENTLY USED DIAGNOSIS CODES DERMATOLOGY

## DISEASES DUE TO VIRUSES

<b>VIRAL WARTS</b>	
ANOGENITAL [VENEREAL]	A63.0
PLANTAR WART	B07.0
OTHER	B07.8
UNSPECIFIED	B07.9

## INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE

<b>ABSCCESS</b>	
FACE	L02.01
NECK	L02.11
TRUNK	
ABDOMINAL WALL	L02.211
BACK, EXCEPT BUTTOCK	L02.212
BUTTOCK	L02.31
CHEST WALL	L02.213
GROIN	L02.214
PERINEUM	L02.215
UMBILICUS	L02.216
UPPER ARM AND FOREARM	
AXILLA	
RIGHT	L02.411
LEFT	L02.412
UPPER LIMB	
RIGHT	L02.413
LEFT	L02.414
HAND, EXCEPT FINGERS	
RIGHT	L02.511
LEFT	L02.512
LOWER LIMB, EXCEPT FOOT	
RIGHT	L02.415
LEFT	L02.416
FOOT, EXCEPT TOES	
RIGHT	L02.611
LEFT	L02.612
PILONIDIAL CYST	
WITH ABSCESS	L05.01
W/O ABSCESS	L05.91
PILONIDIAL SINUS	
WITH ABSCESS	L05.02
W/O ABSCESS	L05.92
PYOGENIC GRANULOMA	L88
UNSPECIFIED INFECTION	L08.9

## OTHER INFLAMMATORY CONDITIONS OF SKIN

<b>ATOPIC DERMATITIS AND RELATED CONDITIONS</b>	
BESNIER'S PRURIGO	L20.0
ATOPIC NEURODERMATITIS	L20.81
FLEXURAL ECZEMA	L20.82
INFANTILE ECZEMA	L20.83
INTRINSIC (ALLERGIC) ECZEMA	L20.84
OTHER ATOPIC DERMATITIS	L20.89
UNSPECIFIED	L20.9
<b>CONTACT DERMATITIS</b>	
UNSPECIFIED NATURE	L25.9
DUE TO COSMETICS	L25.0
DUE TO DRUGS IN CONTACT W/ SKIN	L25.1
DUE TO DYES	L25.2
DUE TO OTHER CHEMICAL PRODUCTS	L25.3
DUE TO FOOD IN CONTACT W/ SKIN	L25.4
DUE TO PLANTS, EXCEPT FOOD	L25.5
DUE TO OTHER AGENTS	L25.8
<b>DERMATITIS, OTHER</b>	
DUE TO SOLAR RADIATION POLYMORPHOUS	L56.4
LIGHT ERUPTION	L56.4
OTHER SPECIFIED ACUTE SKIN CHANGES	L56.8
DUE TO ULTRAVIOLET RADIATION	L56.8
OTHER CHGS DUE TO CHRONIC EXPOSURE	L57.8
TO NON IONIZING RADIATION	L57.8
<b>DERMATITIS, UNSPECIFIED</b>	L30.9
<b>FOLLICULITIS</b>	
BOCKHART'S IMPETIGO	L01.02
PERIFOLLICULITIS CAPITIS ABCEDENS	L66.3
OTHER SPEC FOLLICULAR DISORDERS	L73.8
<b>LICHEN</b>	
PLANOPILARIS	L46.1
HYPERTROPHIC LICHEN PLANUS	L43.0
BULLOUS LICHEN PLANUS	L43.1
LICHENOID DRUG REACTION	L43.2
SUBACUTE (ACTIVE) LICHEN PLANUS	L43.3
OTHER LICHEN PLANUS	L43.8
LICHEN PLANUS, UNSPECIFIED	L43.9
LICHEN SIMPLEX CHRONICUS	L28.0
PRURIGO NODULARIS	L28.1
<b>PSORIASIS</b>	
OTHER	L40.8
VULGARIS	L40.0
GENERALIZED PUSTULAR	L40.1
ACRODERMATITIS CONTINUA	L40.2
PUSTULOSIS PALMARIS ET PLANTARIS	L40.3
GUTTATE	L40.4
ARTHROPATHIC, UNSPECIFIED	L40.50
DISTAL INTERPHALANGEAL PSORIATIC	
ARTHROPATHY	L40.51
PSORIATIC ARTHRITIS MUTILANS	L40.52
PSORIATIC SPONDYLITIS	L40.53
PSORIATIC JUVENILE ARTHROPATHY	L40.54
OTHER PSORIATIC ARTHROPATHY	L40.59

<b>ROSACEA</b>	
PERIORAL DERMATITIS	L71.0
RHINOPHYMA	L71.1
OTHER	L71.8
UNSPECIFIED	L71.9
SEBORRHEA CAPITIS	L21.0
SEBORRHEIC INFANTILE DERMATITIS	L21.1
SEBORRHEIC DERMATITIS, OTHER	L21.8
SEBORRHEIC DERMATITIS, UNSPECIFIED	L21.9
XEROSIS CUTIS	L85.3

## OTHER DISEASES OF SKIN AND SUBCUTANEOUS TISSUE

<b>ACTINIC KERATOSIS</b>	
<b>DYSCHROMIA</b>	
DISORDER OF PIGMENTATION, UNSPEC	L81.9
POSTINFLAMMATORY HYPERPIGMENT	L81.0
CHLOASMA	L81.1
FRECKLES	L81.2
CAFE AU LAIT SPOTS	L81.3
OTHER MELANIN HYPERPIGMENTATION	L81.4
LEUKODERMA, NEC	L81.5
OTHER DISORDERS OF DIMINISHED	
MELANIN FORMATION	L81.6
PIGMENTED PURPURIC DERMATOSIS	L81.7
OTHER SPECIFIED DISORDERS OF	
PIGMENTATION	L81.8
<b>LIPOMA</b>	
SKIN	
FACE, HEAD, NECK	D17.0
TRUNK	D17.1
LIMB	
ARM, RIGHT	D17.21
ARM, LEFT	D17.22
LEG, RIGHT	D17.23
LEG, LEFT	D17.24
UNSPECIFIED LIMB	D17.20
OTHER SITES	D17.39
UNSPECIFIED SITE	D17.30
GENITOURINARY ORGAN	D17.72
SEBACEOUS CYST	L72.3
SEBORRHEIC KERATOSIS	
INFLAMED	L82.0
OTHER	L82.1

## NEOPLASM, BENIGN

<b>LIP</b>	
MELANOCYTIC	D22.0
OTHER BENIGN NEOPLASM	D23.0
<b>EYELID, INCLUDING CANTHUS</b>	
RIGHT	
MELANOCYTIC	D22.11
OTHER BENIGN NEOPLASM	D23.11
LEFT	
MELANOCYTIC	D22.12
OTHER BENIGN NEOPLASM	D23.12
<b>EAR AND AUDITORY CANAL</b>	
RIGHT	
MELANOCYTIC	D22.21
OTHER BENIGN NEOPLASM	D23.21
LEFT	
MELANOCYTIC	D22.22
OTHER BENIGN NEOPLASM	D23.22
<b>FACE, OTHER PARTS</b>	
OTHER PARTS	
MELANOCYTIC	D22.39
OTHER BENIGN NEOPLASM	D23.39
<b>SCALP AND NECK</b>	
MELANOCYTIC	D22.4
OTHER BENIGN NEOPLASM	D23.4
<b>TRUNK, EXCEPT SCROTUM</b>	
MELANOCYTIC	D22.5
OTHER BENIGN NEOPLASM	D23.5
<b>UPPER LIMB, INCLUDING SHOULDER</b>	
RIGHT	
MELANOCYTIC	D22.61
OTHER BENIGN NEOPLASM	D23.61
LEFT	
MELANOCYTIC	D22.62
OTHER BENIGN NEOPLASM	D23.62
<b>LOWER LIMB, INCLUDING HIP</b>	
RIGHT	
MELANOCYTIC	D22.71
OTHER BENIGN NEOPLASM	D23.71
LEFT	
MELANOCYTIC	D22.72
OTHER BENIGN NEOPLASM	D23.72
<b>CARCINOMA IN SITU</b>	
LIP	D04.0
<b>EYELID, INCLUDING CANTHUS</b>	
RIGHT	D04.11
LEFT	D04.12
<b>EAR AND AUDITORY CANAL</b>	
RIGHT	D04.21
LEFT	D04.22
<b>FACE</b>	
OTHER PARTS	D04.30
UNSPECIFIED PART	D04.39
<b>SCALP AND NECK</b>	D04.4
<b>TRUNK, EXCEPT SCROTUM</b>	C04.5

<b>UPPER LIMB, INCLUDING SHOULDER</b>	
RIGHT	D04.61
LEFT	D04.62
<b>LOWER LIMB, INCLUDING HIP</b>	
RIGHT	D04.71
LEFT	D04.72

## NEOPLASM, PRIMARY MALIGNANCY

<b>LIP</b>	
BASAL CELL CARCINOMA	C44.01
SQUAMOUS CELL CARCINOMA	C44.02
OTHER SPEC MALIGNANT NEOPLASM	C44.09
UNSPEC MALIGNANT NEOPLASM	C44.00
<b>EYELID, INCLUDING CANTHUS</b>	
BASAL CELL CARCINOMA	
RIGHT EYELID	C44.112
LEFT EYELID	C44.119
SQUAMOUS CELL CARCINOMA	
RIGHT EYELID	C44.122
LEFT EYELID	C44.129
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT EYELID	C44.192
LEFT EYELID	C44.199
UNSPECIFIED MALIGNANT NEOPLASM	
RIGHT EYELID	C44.102
LEFT EYELID	C44.109
<b>EAR AND EXTERNAL AUDITORY CANAL</b>	
BASAL CELL CARCINOMA	
RIGHT	C44.212
LEFT	C44.219
SQUAMOUS CELL CARCINOMA	
RIGHT	C44.222
LEFT	C44.229
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT	C44.292
LEFT	C44.299
UNSPEC MALIGNANT NEOPLASM	
RIGHT	C44.202
LEFT	C44.209
<b>FACE</b>	
BASAL CELL CARCINOMA	
NOSE	C44.311
OTHER PARTS OF FACE	C44.319
SQUAMOUS CELL CARCINOMA	
NOSE	C44.321
OTHER PARTS	C44.320
OTHER SPEC MALIGNANT NEOPLASM	
NOSE	C44.391
OTHER PARTS	C44.399
UNSPEC MALIGNANT NEOPLASM	
NOSE	C44.301
OTHER PARTS	C44.309
<b>SCALP AND NECK</b>	
BASAL CELL CARCINOMA	C44.41
SQUAMOUS CELL CARCINOMA	C44.42
OTHER SPEC MALIGNANT NEOPLASM	C44.49
UNSPEC MALIGNANT NEOPLASM	C44.40
<b>TRUNK EXCEPT SCROTUM</b>	
ANAL	
BASAL CELL CARCINOMA	C44.510
SQUAMOUS CELL CARCINOMA	C44.520
OTHER SPEC MALIGNANT NEOPLASM	C44.590
UNSPEC MALIGNANT NEOPLASM	C44.500
BREAST	
BASAL CELL CARCINOMA	C44.511
SQUAMOUS CELL CARCINOMA	C44.521
OTHER SPEC MALIGNANT NEOPLASM	C44.591
UNSPEC MALIGNANT NEOPLASM	C44.501
OTHER PART OF TRUNK	
BASAL CELL CARCINOMA	C44.519
SQUAMOUS CELL CARCINOMA	C44.529
OTHER SPEC MALIGNANT NEOPLASM	C44.599
UNSPEC MALIGNANT NEOPLASM	C44.509
<b>UPPER LIMB, INCLUDING SHOULDER</b>	
BASAL CELL CARCINOMA	
RIGHT UPPER LIMB	C44.612
LEFT UPPER LIMB	C44.619
SQUAMOUS CELL CARCINOMA	
RIGHT UPPER LIMB	C44.622
LEFT UPPER LIMB	C44.629
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT UPPER LIMB	C44.692
LEFT UPPER LIMB	C44.699
UNSPEC MALIGNANT NEOPLASM	
RIGHT UPPER LIMB	C44.602
LEFT UPPER LIMB	C44.609
<b>LOWER LIMB, INCLUDING HIP</b>	
BASAL CELL CARCINOMA	
RIGHT LOWER LIMB	C44.712
LEFT LOWER LIMB	C44.719
SQUAMOUS CELL CARCINOMA	
RIGHT LOWER LIMB	C44.722
LEFT LOWER LIMB	C44.729
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT LOWER LIMB	C44.792
LEFT LOWER LIMB	C44.799
UNSPECIFIED MALIGNANT NEOPLASM	
RIGHT LOWER LIMB	C44.702
LEFT LOWER LIMB	C44.709

## NEOPLASM, SECONDARY MALIGNANCY

<b>LIP</b>	D04.0
<b>EYELID, INCLUDING CANTHUS</b>	
RIGHT EYELID	D04.11
LEFT EYELID	D04.12
<b>EAR AND EXTERNAL AUDITORY CANAL</b>	
RIGHT	D04.21
LEFT	D04.22
<b>FACE</b>	
OTHER PARTS OF FACE	D04.30
UNSPECIFIED PART	D04.39
<b>SCALP AND NECK</b>	D04.4
<b>TRUNK</b>	D04.5
<b>UPPER LIMB, INCLUDING SHOULDER</b>	
RIGHT UPPER LIMB	D04.61
LEFT UPPER LIMB	D04.62
<b>LOWER LIMB, INCLUDING HIP</b>	
RIGHT	D04.71
LEFT	D04.72
UNSPECIFIED LOWER LIMB	C44.711
SQUAMOUS CELL CARCINOMA	
RIGHT LOWER LIMB	C44.722
LEFT LOWER LIMB	C44.729
OTHER SPEC MALIGNANT NEOPLASM	
RIGHT LOWER LIMB	C44.792
LEFT LOWER LIMB	C44.799
UNSPECIFIED MALIGNANT NEOPLASM	
RIGHT LOWER LIMB	C44.702
LEFT LOWER LIMB	C44.709

## MELANOMA, PRIMARY MALIGNANCY

<b>LIP</b>	C43.0
<b>EYELID, INCLUDING CANTHUS</b>	
RIGHT	C43.11
LEFT	C43.12
<b>EAR AND AUDITORY CANAL</b>	
RIGHT	C43.21
LEFT	C43.22
<b>FACE</b>	
OTHER PARTS	C43.39
UNSPECIFIED PART	C43.30
<b>SCALP AND NECK</b>	C43.4
<b>TRUNK, EXCEPT SCROTUM</b>	
ANAL	C43.51
BREAST	C43.52
OTHER PART	C43.59
<b>UPPER LIMB, INCLUDING SHOULDER</b>	
RIGHT	C43.61
LEFT	C43.62
<b>LOWER LIMB, INCLUDING HIP</b>	
RIGHT	C43.71
LEFT	C43.72

## MELANOMA IN SITU

<b>LIP</b>	D03.0
<b>EYELID, INCLUDING CANTHUS</b>	
RIGHT	D03.11
LEFT	D03.12
<b>EAR AND AUDITORY CANAL</b>	
RIGHT	D03.21
LEFT	D03.22
<b>FACE</b>	
OTHER PARTS	D03.39
UNSPECIFIED PART	D03.30
<b>SCALP AND NECK</b>	D03.4
<b>TRUNK, EXCEPT SCROTUM</b>	
ANAL	D03.51
BREAST	D03.52
OTHER PART	D03.59
<b>UPPER LIMB, INCLUDING SHOULDER</b>	
RIGHT	D03.61
LEFT	D03.62
<b>LOWER LIMB, INCLUDING HIP</b>	
RIGHT	D03.71
LEFT	D03.72

## NEOPLASM, UNCERTAIN BEHAVIOR

<b>SKIN</b>	D48.5
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## NEOPLASM OF UNSPECIFIED NATURE

<b>SKIN, SOFT TISSUE, BONE</b>	D49.2
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## PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM

<b>MALIGNANT MELANOMA</b>	Z85.820
<b>MERKEL CELL CARCINOMA</b>	Z85.821
<b>OTHER MALIGNANT NEOPLASM</b>	Z85.828