



# **Karen L. Herbst, MD, PhD**

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 Total Lipedema Care Tax ID 852749142

## **SuperBill**

DIAGNOSTIC CODES	ICD-10	DIAGNOSTIC CODES	ICD-10
<b>Subcutaneous Adipose Tissue (SAT) Disorders</b>		<b>Gait Disturbance</b>	
Angiolipomas	D17.9	Difficulty walking not elsewhere classified	R26.2
Dercum's disease	E88.2	Unsteadiness on feet, NOS	R26.8
Lipedema	R60.9	<b>Pain</b>	
Lipoma of skin, subcutaneous tissue of head, neck	D17.0	Chronic intractable pain	R52.1
Lipoma of trunk	D17.1	Generalized pain, NOS	R52.9
Localized superficial swelling, mass, or lump	R22.9	Other chronic pain	R52.2
Multiple Symmetric Lipomatosis	E88.8	Pain in the left leg	M79.605
Popliteal fat pad	M79.4	Pain in the right leg	M79.604
Soft tissue disorder otherwise unspecified	M79.9	Pain in the right arm	M79.601
<b>Lymphedema Conditions</b>		Pain in the right leg	M79.604
Diseased lymphatic system	F45.8	Unspecified abdominal pain	R10.9
Disease of lymphatic vessels, NOS	I89.9	<b>Obesity</b>	
Lymphedema secondary	I89.0	Morbid severe obesity	E66.01
Hereditary lymphedema	Q82.0	Other Obesity	E66.8
Postsurgical lymphedema	I97.8	<b>Time spent with patient for &gt;50% time counseling</b>	
		40 minutes	
		60 minutes	
		90 minutes	
		120 minutes	
<b>Skin Conditions</b>		<b>New Patient E/M CPT</b>	
Cherry angiomas	I78.1	Highly Complex	99205
Paresthesia of skin sensation (burning)	R20.2	<b>Returning Patient E/M CPT</b>	
Spontaneous ecchymoses	R23.3		99215
Scar and conditions and fibrosis of skin	L90.5	<b>POS Code</b>	
<b>Other Conditions</b>		<b>Telehealth</b>	
Attention deficit hyperactivity disorder (inattentive)	F90.0		10
Autonomic Nervous System Unspecified Disorder	G90.9	<b>Office</b>	
Chronic fatigue, unspecified	R53.82		11
Fatty Liver	K76.0		
Hypermobility Syndrome	M35.7		
Hypermobility Ehlers-Danlos Syndrome	Q79.62		
Hypothyroidism, unspecified	E03.9		
Mast cell activation disease	D89.40		
Other diseases of capillaries	I78.8		
Type 2 Diabetes mellitus unspecified complications	E11.8	<b>Established Patient E/M CPT</b>	
Varicose veins of bilateral lower extremities w/pain	I83.813	Comprehensive	99215
Venous insufficiency (chronic) (peripheral)	I87.2	<b>BILLING</b>	
Vitamin D deficiency, unspecified	E55.9	Service Date 8/30/23	
<b>Gonadal Disorders</b>		Patient Name Kimberli Anderson	
Polycystic Ovarian Syndrome	E28.2	DOB 10/19/1965	
Testicular hypofunction	E29.1	<b>Total Charge</b>	500.00