

| Causal Agent | Allergic | Irritant | Unspecified* | Documentation Requirements |
|---|----------|----------|--------------|---|
| Animal Dander | L23.81 | L24.89 | L25.8 | Documentation for reporting contact dermatitis should include at minimum: |
| Adhesives | L23.1 | L24.89 | L25.8 | |
| Body fluids (due to friction or contact with skin) | L23.89 | L24.xx* | L25.8 | Type as- Allergic |
| Cosmetics | L23.2 | L24.3 | L25.0 | Irritant |
| Chemicals (other) | L23.5 | L24.5 | L25.3 | <i>(Unspecified type is reported when the type of contact dermatitis is not documented)</i> |
| Detergents | L23.89 | L24.0 | L25.8 | |
| Drugs (in contact with Skin) | L23.3 | L24.4 | L25.1 | Causal agent- <i>(Unspecified agent is reported when the agent is unknown or undocumented)</i> |
| Dyes | L23.4 | L24.89 | L25.8 | |
| Food (in contact with skin) | L23.6 | L24.6 | L24.5 | |
| Metals | L23.0 | L24.81 | L25.8 | With the exception of the eyelids, these codes are not site specific. |
| Plants (except food) | L23.7 | L24.7 | L25.5 | |
| Oils and Greases | L23.89 | L24.1 | L25.8 | |
| Other Agents | L23.89 | L24.89 | L28.8 | For some locations, documentation should include the anatomic site of the condition. |
| Solvents | L23.89 | L24.2 | L25.8 | |
| Unspecified (unknown cause) | L23.9 | L24.9 | L25.9** | |

*Irritant contact dermatitis due to contact with body fluids

| Body fluid (due to friction with or contact with skin) | ICD-10-CM |
|--|-----------|
| Saliva | L24.A1 |
| Fecal, urinary, or dual incontinence | L24.A2 |
| Other specified body fluids | L24.A9 |
| Unspecified body fluids | L24.A0 |
| Related to digestive stoma/fistula | L24.B1 |
| Related to respiratory stoma/fistula | L24.B2 |
| Related to fecal or urinary stoma/fistula | L24.B3 |
| Related to an unspecified stoma/fistula | L24.B0 |

Allergic dermatitis of Eyelid – includes contact dermatitis of eyelid

| Eyelid | Upper | Lower | Unspecified | Documentation Requirements |
|---|---------|---------|-------------|---|
| RT | H01.111 | H01.112 | H01.113 | Documentation should include the laterality and the lid affected (e.g. right or left and upper or lower). |
| LT | H01.114 | H01.115 | H01.116 | Document the causal agent, if known. |
| Report an external cause code to identify the causal agent. | | | | |

Dermatitis due to Substance Taken Internally

| Due to drugs taken internally | Generalized | L27.0 | Documentation Requirements |
|--|-------------|-------|---|
| | Localized | L27.1 | Documentation should include the drug or medication, food or other agent causing the adverse effect if known. |
| Report an external cause code to identify the causal agent (T36 – T50) | | | |
| Due to ingested food | | | L27.2 |
| Due to other substance taken internally | | | L27.8 |
| Due to unspecified substance taken internally | | | L27.9 |

**Unknown Type or Cause

If dermatitis type is unknown or documentation reflects uncertainty of the condition, consider reporting a sign or symptom instead

Rash and other nonspecific skin eruption

Other skin changes

R21

R23.8

Other Types

| | |
|--|-------|
| Other specified dermatitis (i.e. Hand) | L30.8 |
| Exfoliative dermatitis | L26 |
| Infective dermatitis | L30.3 |
| Nummular dermatitis | L30.0 |