Codify
BY AAPC

Dermatology Coding Alert

Coding Quiz: Can You Cleanly Code These Lesion Removal Scenarios?

Look at the three questions below, then check your answers against our experts'.

Coding all services involved in a lesion removal can quickly lead you into "gray" areas, such as determining whether you should report a separate E/M service when performing minor excisions in the office.

Can you unravel these three confusing lesion coding scenarios?

Question 1: Referral With Simple Excision

A family physician (FP) refers a patient to your dermatologist for excision of a "mole" on the patient's torso. The dermatologist suspects that the mole is an actinic keratosis (which is later confirmed by pathology). She performs cryosurgery to remove the lesion, which measures 0.8 cm with margins, in the office. She then closes the wound via simple repair and releases the patient. No other areas were examined.

How would you code this scenario?

Question 2: Referral With Unexpected Findings

In the next instance, the FP refers the patient to the dermatologist for a skin lesion removal. This time, the dermatologist views the lesion as potentially more serious and not diagnosable by simple exam.

The dermatologist performs a thorough exam with history and biopsy to determine the nature of the lesion. The biopsy returns positive for malignancy, and the dermatologist schedules the patient for excision at a later date in the operating room.

How would you code this scenario?

Question 3: 1 Lesion, Multiple Excisions

The dermatologist suspects squamous cell carcinoma and excises the lesion in the office. The pathology report returns later showing positive margins meaning that the dermatologist did not remove all the malignancy and must excise additional tissue. The dermatologist schedules an additional excision for wider margins. This time the pathology report returns negative.

How would you code this scenario?

CPT® 2023 American Medical Association. All rights reserved.