

Dermatology Coding Alert

Reader Question: Append -22 for Large Melanoma Excisions

Question: We receive hundreds of dermatology specimens every day. Some take considerably more time than others - particularly the large melanoma excisions where the tumor is involved below the dermis. Are there any guidelines on when we can code skin biopsies/ excisions beyond 88305?

Oregon Subscriber

Answer: If a specimen is listed in CPT surgical pathology codes, you must report accordingly, even if it is unusually large or time consuming. CPT lists skin specimens as 88302 (Surgical pathology ... skin, plastic repair), 88304 (... cyst/tag/debridement) or 88305 (... other than cyst/tag/debridement/plastic repair).

Regardless of the size of a melanoma, the lesion is still considered a skin specimen and should be coded 88305. Standards of coding clearly prohibit upcoding for size. Only if a specimen is considered a soft tissue mass, not a skin specimen, is 88307 (Level V surgical pathology, gross and microscopic examination; soft tissue mass [except lipoma] ... biopsy/simple excision) reported.

If your example of an unusually large melanoma with tumor involvement below the dermis takes considerably more time and effort to evaluate than a typical 88305, then you can report the service with modifier -22 (Unusual procedural services). Modifier -22 describes a basic CPT procedure that requires more work than is usual but cannot be described by another code. Documentation explaining the unusual circumstances surrounding the procedure should be submitted with the claim reporting modifier -22. This could include items such as the pathology report, a narrative describing the unusual nature of the procedure, a statement of the time involved relative to the typical time for the procedure, etc. The documentation must demonstrate medical necessity and the procedure's unusual difficulty.