

Dermatology Coding Alert

Reader Question: Count Lesions and Not Number of Injections for Reporting 11900

Question: Our dermatologist recently performed intralesional injections for a patient. He administered the injections into five lesions. Into two of the lesions, he performed the injections thrice. So, if I count up the total number of injections, it sums up to a total of nine. Should I report 11900 or 11901?

California Subscriber

Answer: As you have mentioned, you have two options for reporting intralesional injection procedures:

- 11900 (Injection, intralesional; up to and including 7 lesions)
- 11901 (...more than 7 lesions)

If you look at the descriptors to both the codes, you will see that you need to base your coding choice on the number of lesions into which your clinician administered the injections and not on the total number of injections that were administered into the lesions.

So, you will choose 11900 if your physician administered the injections into seven or less than seven lesions. If your clinician treated more than seven lesions, you will have to choose 11901. You should not count the number of injections that were administered by your clinician in making the appropriate choice to report.

So, though your clinician administered nine injections, he only treated five lesions with the injections. Therefore, you will need to report 11900 and not 11901 for this scenario.

Don't forget: You will need to report the supply of the drug that your clinician administered separately. For instance, if your clinician administered Kenalog (triamcinolone acetonide), you will have to report either J3300 (Injection, triamcinolone acetonide, preservative free, 1 mg) or J3301 (Injection, triamcinolone acetonide, not otherwise specified, 10 mg) depending on the exact product that was used. The number of units that you report will depend on the code in question and the amount of drug administered. For example, you would report one unit of J3301 for every 10 mg of the drug that your clinician administered for the patient. If your clinician uses only half of a 10-mg vial, bill for 0.5 units.