

Dermatology Coding Alert

Reader question: Let Tumor Type Lead Code Choice

Question: We had a case involving a melanoma re-excision of 11 cm by 3.3 cm (excised diameter) on the patient's left upper arm. The surgeon removed tissue down to, but not including, the fascia. The defect required an intermediate repair. Should we bill the service using the skin or musculoskeletal codes?

Codify Subscriber

Answer: You should code this using the appropriate codes from the CPT® Integumentary Section, such as 11604 (Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm) for the excision, and 12034 (Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 7.6 to 12.5 cm) for the repair.

You should not report a code from the Musculoskeletal Section, such as 24075 (Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous, less than 3 cm).

Here's why: Because the case is for a melanoma, you're dealing with a skin lesion, not a soft tissue tumor, so you should use the skin codes.

Remember that malignant lesion excision codes include simple repair, but you can additionally code for an intermediate or complex repair if the surgeon documents that type of closure.