

Dermatology Coding Alert

Reader Question: Take Into Account Mole Removal's Location, Size

Question: I can't seem to fit "removal of mole" with any of the existing CPT® codes. Please help me identify it.

Wyoming Subscriber

Answer: For simple removal of a mole, (meaning without destruction), you'll want to first determine the method of removal as either shave removal (11300-11313) or excision (11400-11446).

If the procedure was a shave removal, choose the appropriate code (11300-11313) according to both the location and size of the lesion. Be sure to measure the size of the lesion -- including margins -- prior to removal.

Example: If your physician shaved a 1.5 cm lesion from a patient's neck, you would report 11307 (Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm). If the method of removal was by excision, choose from among the codes for "excision of a benign lesion" (11400-11446). Select the appropriate code according to both the location and size of the lesion. You should measure the size of the lesion, including margins, prior to removal.

Example 1: If your physician removed a 1.5 cm lesion from a patient's neck, you would report 11422 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm). All excisions include simple closure.

However, if the procedure called for a more difficult (intermediate or complex) closure, you should report the closure separately, but only if the wound is larger than 0.5 cm. The National Correct Coding Initiative bundles intermediate (12031-12057) and complex (13100-13153) repairs to all excisions of benign lesions of 0.5 cm or less (11400, 11420, and 11440).

Example 2: Using the same scenario above (a 1.5 cm lesion of the neck), physician had to use a layered closure to close the wound after excision. Then you would report 12041 (Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less) for the closure and 11422 for the excision.

Tip: Make sure your physician documents the suspicious nature of the mole (potentially cancerous) or your practice risks being denied. Many payers will consider mole removal to be a cosmetic (and therefore noncovered) procedure.