

## **Dermatology Coding Alert**

### **Reader Questions: Brush Up on Your Breast Lesion Excision Procedure**

Question: If we excised a benign mole from the breast of a female patient, do we use code 19120 or one of the 11400 series codes?

Answer: Determine if the lesion is from the skin of the breast. If so, you'd use one of the 11400 (Excision of a benign lesion) codes. You'd know the appropriate code to use according to both the location of the lesion and its size. You should measure the size of the lesion, including margins, prior to removal.

If the lesion is from the actual breast tissue, then 19120 (Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion [except 19300], open, male or female, one or more lesions) would be appropriate. This code applies in cases when the surgeon removes only the tumor and no or very little margin.

Watch out: There are times when the surgeon must return the patient to the OR and remove additional tissue. This happens when after performing 19120, the pathology report reveals malignancy. If you're faced with this issue, report the follow-up procedure using the partial mastectomy code (19301) appended with modifier 58 (Staged or related procedure or service by the same physician during the postoperative period).

By the way: If you're using 19120 and you're treating a Medicare patient, you can also bill for a surgical tray using HCPCS A4550 (Surgical trays). This is one of four codes that Medicare will pay for a surgical tray in dermatology.