

## Dermatology Coding Alert

### Reader Questions: Depth and Location Matter Most for Lipomas

Question: Recently, our dermatologist excised 18 lipomas from a patient's right arm, and 14 from his left arm (32 lipomas total). How should I report this? Will I need modifiers?

Florida Subscriber

Answer: If you are certain that you are dealing with lipomas (noncancerous fatty tumors), you should look to codes in CPT's musculoskeletal section, rather than to lesion excision codes (a lipoma usually occurs in subcutaneous tissue, rather than on the skin).

Your question doesn't specify the precise location of the lipomas, but for upper arms, the best codes are 24075 (Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous ...) or 24076 (...subfascial [e.g., intramuscular]), depending on the depth of the excision. For the forearm area, check out 25075 (Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous) and 25076 (... deep [subfascial or intramuscular]).

Remember: The lipomas' size is not an issue in coding, only the depth.

You should select the appropriate code for each lipoma the dermatologist excises. To keep better track of the many lipomas the surgeon removes in this case, you may want to determine codes for one arm at a time, then add the total code units together at the end.

You may find that you're using more than one code. For instance, on the right arm, you may have 12 lipomas at superficial depth on the upper arm, two lipomas at superficial depth on the lower arm, and two more deep lipomas. So you would have 12 units of 24075, two units of 25075 and two units of 25076 (for a total of 14 units).

You would then code each removal on the left arm and add those totals to the totals from the right arm to determine the final units for each code.

You will want to report modifier 59 (Distinct procedural service) for any additional removals beyond the first at the same location. So using the above example of the right arm only, you should report 24075, then 24075-59 x 11; 25075 and 25075-59; 25076 and 25076-59.

Note that 32 is an extraordinary number of excisions for one session. Generally, you won't include an op report on the first submission due to electronic filing, but make sure you have documentation on hand in case the payer rejects the claim. You should be able to support your coding on appeal, if necessary.