

Dermatology Coding Alert

Reader Questions: Distinguish Excision, Destruction Procedures

Question: When I have a surgical report for removal of in situ basal cell carcinoma, should I use excision or destruction codes?

Texas Subscriber

Answer: The surgical report should specify the details of the procedure, which should answer your question.

Dermatologists typically excise malignant cancers such as basal cell carcinoma to ensure clear margins, but they might use destruction methods for small, in situ cases.

If the operative report specifies excision of basal cell carcinoma, you should choose the appropriate code based on the anatomic site and lesion size, such as 11603 (Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm). Don't use a code from the range 11400-11446 (Excision, benign lesion including margins, except skin tag...), because basal cell carcinoma is a malignant, not benign, condition.

On the other hand, if the surgical report states that the surgeon uses a destruction method such as liquid nitrogen, electrodesiccation or curettage you should choose the appropriate code based on the lesion site and size. Select a code from the range 17260-17286 (Destruction, malignant lesion...). As with the excision codes, you should not use codes that indicate destruction of lesions that are not malignant, such as 17000-17004 (Destruction ... premalignant lesions...), because basal cell carcinoma is a malignancy.