

Dermatology Coding Alert

Reader Questions: Look to Lesion Excision for Mole Removal

Question: What is the appropriate code for "removal of mole"? I've searched the entire CPT manual and can find nothing that seems to fit.

Arkansas Subscriber

Answer: For simple removal (without destruction) of a mole, choose from the codes for "excision of a benign lesion" (11400-11446). You should select the appropriate code according to both the location of the lesion and its size. You should measure the size of the lesion, including margins, prior to removal.

Example: If the dermatologist removes a 0.7-cm lesion from the nose, you would report 11441 (Excision, other benign lesion including margins, except skin tag [unless listed elsewhere], face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm).

But if the dermatologist removes a 1.5-cm lesion from the 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).

Closure may be separate: All excisions include simple closure. If the physician had to perform a more difficult (intermediate or complex) closure, however, you may 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 excision of benign lesions of 0.5 cm or less (11400, 11420 and 11440).

Example: In the second example above (1.5-cm lesion of the neck), the dermatologist must use a layered closure on the wound after excision.

In this case, you would report both 12041 (Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less) for the closure and 11422 for the excision.

Documentation tip: Many payers will consider mole removal to be a cosmetic and therefore noncovered procedure unless the physician can document the suspicious (that is, potentially cancerous) nature of the mole.