

Dermatology Coding Alert

READER QUESTIONS: Remove All Doubts When Coding Dysplastic Nevi

Question: A patient comes in for a shave biopsy which shows a dysplastic nevus that needs re-excision. Do I bill the latter procedure as malignant or benign excision?

Arkansas Subscriber

Answer: First, check the histopathology from the biopsy and make sure it states "dysplastic nevus". If the physician has excised the dysplastic lesion, then it is considered benign. Code from the series 11400-11446 (Excision, benign lesion ...) according to lesion's site and size.

Dysplastic nevi (plural) are atypical moles -- usually benign -- that may resemble melanoma. When doctors suspect dysplastic nevi for melanoma, they usually order a biopsy. However, it is not necessary to remove all dysplastic nevi.

Helpful: Quite often, you need to clarify with the physician whether they were doing a biopsy or an excision since they often use these words interchangeably. Also, you should never consider a lesion malignant unless it is stated as such. When you code what the histopathology reveals, you will be on the safe side.

Watch out: Do not bill 11400 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less), 11420 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less) and 11440 (Excision, other benign lesion including margins, except skin tag [unless listed elsewhere], face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less) with 12051 (Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5cm or less) as most Medicare carriers will not pay for any repair when the lesion is benign and under 6mm in diameter. Medicare's position is that the lesion is so small it should be closed without the need for a more complicated closure technique.

Page 32 Get CPC® certified in 4 days -- CodingCert.com Vol. 5, No. 4/Dermatology Coding Alert.

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