

## **Dermatology Coding Alert**

### **Reader Questions: Sequence Procedures According to Complexity**

Question: How should I code the following: the physician performed a wide excision of recurrent melanoma on the patient's back, sentinel lymph node biopsy of groin and axilla. The physician also completed split-thickness skin grafting of the wide excision site on the patient's back. I know that I should choose from 11606, 38500-59, 38525-59, or 15100, but which codes should I report and in what order? Also, do I need any modifiers?

New Jersey Subscriber

Answer: Assuming certain area sizes that were not specified in the operative note, your codes and sequence should look like this: 38525 (Biopsy or excision of lymph node[s]; open, deep axillary node[s]), 15100 (Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children [except 15050]), 11606 (Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm) with modifier 59 (Distinct procedural service), and 38500 (Biopsy or excision of lymph node[s]; open, superficial) again with modifier 59.

This is a useful habit to adopt because some payers discount the second and subsequent procedures, so you want to report the procedure with the highest reimbursement first.