

## Dermatology Coding Alert

### Reader Questions: Think Twice Before You Report Preparation

**Question:** Our dermatologist's operative note reads, \"Wide excision of melanoma of forearm and complex closure 3.5 x 2.5 cm, re-excision of carcinoma of cheek 1.2 x 0.3 cm, and sentinel lymph node excision 11604, 13101, 11642 and 38500-59.\""

I don't know whether I need to code the excision, or if I should report the surgical preparation (15000) and then the 151-series diagnosis codes. Where do I need to put my modifiers?

California Subscriber

**Answer:** According to your operative note, you should report the following:

1. 11604 (Excision, malignant lesion including margins, trunk, arms or legs; excised diameter 3.1 to 4.0 cm)
2. 13120 (Repair, complex, scalp, arms and/or legs; 1.1 cm to 2.5 cm) with modifier -51 (Multiple procedures)
3. 11642 (Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm) with modifier -51
4. 38500 (Biopsy or excision of lymph node[s]; open, superficial) with modifier -59 (Distinct procedural service).

You shouldn't report 15000 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar [including subcutaneous tissues]; first 100 sq cm or one percent of body area of infants and children) or the 151.x codes (Malignant neoplasm of stomach) unless the physician completed a skin graft.

You should append modifiers to the second through fourth codes. Attach modifier -51 to signify the additional repair and excision, and modifier -59 to signify that the dermatologist completed a distinctly different biopsy.

- Answers to You Be the Coder and Reader Questions were reviewed by **Linda Martien, CPC, CPC-H**, National Healthcare Review in Woodland Hills, Calif.; and **William J. Conner, MD**, physician at Meridian Medical Group, a multispecialty practice in Charlotte, N.C.