Dermatology Coding Alert

You Be the Coder: Melanoma Removal Involving Subcutaneous

Question: The surgeon re-excised a melanoma of the upper arm, removing a 2.9 cm lesion with 0.1 cm margins. The op note documents that the surgeon removed subcutaneous tissue down to, but not including, the fascia, and performed an intermediate repair. Should I code this as 24071?

Illinois Subscriber

Answer: No, 24071 (Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater) is not the correct code for this service.

Because this is a melanoma, you should not code the re-excision as a soft tissue tumor. Although they may become invasive, melanomas are skin tumors, and you should code their excision as such.

Do this: Code the service as 11604 (Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm).

Tip: The dermatologist must go below the fascia before you can consider the soft tissue codes.

Calculate lesion size: Remember that you add the lesion diameter plus the margin x 2 to determine the excised diameter. In this case, that's 2.9 cm plus 0.2 cm, giving an excised diameter of 3.1 cm.

Closure is separate: Don't forget to report an intermediate repair code based on the length of the repair. For instance, if the length of repair was 6.5 cm you'd list 12032 (Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 2.6 cm to 7.5 cm).