

Dermatology Coding Alert

You Be the Coder: Report Incision or Excision?

Question: A patient had an existing diagnosis of sebaceous cyst, benign, in cheek. Our dermatologist opens the site with an incision and drains 2-3 cc of pus-filled material.

He then removes the sebaceous material and as much of the glandular wall as he can. He takes a biopsy and submits the specimen to pathology.

Lab finds diagnosis is consistent with keratinous cyst. The dermatologist's fee ticket notes:

1. removal of sebaceous cyst, 2.0 cm L cheek
2. abscess drained
3. wound packed with Iodoform.

Should I bill an excision in addition to an incision and drainage (I&D)?

Texas Subscriber

Answer: No. The dermatologist either drains the whole cyst (10060-10061, Incision and drainage of abscess [e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia] ...) or excises it (such as 11442, Excision, other benign lesion including margins [unless listed elsewhere], face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm). He can't perform both, because an excision would remove the whole cyst instead of draining out the contents.

Ask your dermatologist for additional documentation of exactly what he did. If he drains the cyst, code a simple I&D with 10060 (... simple or single) or a complicated drainage with 10061 (... complicated or multiple).

Remember: The I&D includes taking a specimen of the cyst and submitting it to pathology, so do not separately report a biopsy (11100, Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion).

On the other hand, if your dermatologist indicates he performed a full-thickness removal of the cyst, including margins, use the excision code (11442)

For the ICD-9 code, assign 706.2 (Sebaceous cyst) or 702.11 (Inflamed seborrheic keratosis).