

Internal Medicine Coding Alert

Reader Question: Mole Removal: Location, Size To Be Calculated

Question: I can't seem to fit "removal of mole" with any of the existing CPT® codes. Please help me identify it.

Wyoming Subscriber

Answer: For simple removal of a mole, (meaning without destruction), you'll want to first determine the method of removal as either shave removal (11300-11313) or benign excision (11400-11446).

If the procedure was a shave removal, choose the appropriate code (11300-11313) according to both the location and size of the lesion. Be sure to measure the size of the lesion prior to removal.

If your physician shaved a 1.5 cm lesion from a patient's neck, you would report 11307 (Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm). If the method of removal was by excision, choose from among the codes for "excision of a benign lesion" (11400-11446). Select the appropriate code according to both the location and size of the excised diameter. You should measure the diameter (i.e. lesion diameter plus the margin required for complete excision) prior to removal.

Example 1: If your physician removed a 1.5 cm lesion from a patient's neck and the excision required a 0.2 cm margin, the excised diameter would be 1.9 cm (1.5 cm plus a 0.2 cm margin on each side). Thus, you would report 11422 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm). All excisions include simple closure.

However, if the procedure called for a more difficult (intermediate or complex) closure, you should report the closure separately, but only if the wound is larger than 0.5 cm. The National Correct Coding Initiative bundles intermediate (12031-12057) and complex (13100-13153) repairs to all excisions of benign lesions of 0.5 cm or less (11400, 11420, and 11440).

Example 2: Using the same scenario above (a 1.5 cm lesion of the neck), physician had to use a layered closure to close the wound after excision. Then you would report 12041 (Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less) for the closure and 11422 for the excision.

Tip: Make sure your physician documents the reason for the removal of the mole, especially if the mole is of a suspicious nature (potentially cancerous). Many payers will consider mole removal to be a cosmetic (and therefore noncovered) procedure, unless the diagnosis and documentation support the medical necessity of the removal. If the removal is for cosmetic or other non-covered reasons, consider asking the patient to sign a form in advance acknowledging the possible claim denial and accepting responsibility for the associated charges.