

Internal Medicine Coding Alert

Reader Questions: Removal Technique Helps Guide Lesion Coding

Question: We have an ongoing discussion in our office regarding how to code for excisions versus shave removals. Two common examples for our practice would be:

Full thickness shave removal (1 cm lesion on the shoulder plus 3 mm margins) - with and without sutures placed
6 mm punch removal through full thickness (3 mm lesion on the neck) - with and without sutures placed. Could you recommend how to code each of these scenarios?

Louisiana Subscriber

Answer: CPT bases dermal lesion shave codes (11300-11313) on the lesion size. In your example, of a 1 cm lesion, report 11301 (Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm). Shave removals don't usually require sutures.

Excision change: If the physician excised the lesion rather than shaved it, base coding on the lesions size and whether the lesion was benign or malignant. Codes 11400-11446 (Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs ...) represent benign lesions and 11600-11646 (Excision, malignant lesion including margins, trunk, arms, or legs ...) represent malignant lesions.

Punch biopsy: Punch removal codes include 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion) and +11101 (...each separate/additional lesion [List separately in addition to code for primary procedure]). Code based on the number of lesions removed rather than the lesion size.