

Part B Insider (Multispecialty) Coding Alert

OTOLARYNGOLOGY: Clear Up Mole Removal Coding Confusion

The key to the code lies in the lesion's location

You won't find a code for "mole removal," in the CPT manual, but for simple removal (without destruction) of a mole, you can choose from the codes for "excision of a benign lesion" (11400-11446). The one you use, however, depends on both the location of the lesion and its size. Use our examples to put you on the right path.

Situation 1: If the ENT removes a 0.7-cm lesion from the nose, report 11441 (Excision, other benign lesion including margins, except skin tag [unless listed elsewhere], face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm).

Situation 2: If the ENT removes a 1.5-cm lesion from the neck, report 11422 (Excision ... scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm).

Situation 3: If the ENT removes a 1.5-cm lesion from the neck and must use a layered closure on the wound after excision, report both 12041 (Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less) for the closure and 11422 for the excision.

When to bill for closure: All excisions include simple closure. If the physician must perform a more difficult (intermediate or complex) closure, report the closure separately 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 excision of benign lesions of 0.5 cm or less (11400, 11420 and 11440).

A word of caution: Many payors consider mole removal to be a cosmetic, and therefore noncovered procedure, unless the physician can document the suspicious (that is, potentially cancerous) nature of the mole.