

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Know the Best Codes for Intranasal Lesions

**Question:** I need help with coding the following in-office procedure: The patient had a warty papilloma in the left nares on the lateral vestibular wall (approximately 2 mm in size). The surgeon excised the lesion and used bipolar cautery to cauterize the base. There was no active bleeding. The lesion was sent for pathology. I have been going back and forth between codes 30117 and 11440. What's your advice?

**Answer:** Code 11440 (Excision, other benign lesion including margins, except skin tag [unless listed elsewhere], face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less) does represent lesion excisions, but isn't the best choice in this case. You don't state whether the pathology report was positive or negative; you should only submit 11440 for benign lesions. The code also includes simple closure, but the cauterization probably was enough for a lesion so small.

Aside from not knowing the pathology result, your better choice is 30117 (Excision or destruction [e.g., laser], intranasal lesion; internal approach) for another reason: because the lesion was inside the nasal passage. 114xx codes are used for lesions of the integumentary system and this lesion is not a skin lesion because it is inside the nasal cavity.

Physicians can use one of several techniques when performing destruction or excision of an intranasal lesion via the internal approach. Common techniques include laser, cryo/ liquid nitrogen, and chemical. Once the lesion is destroyed, antibiotics are applied and the wound is generally left open to heal.