Codify
BY AAPC

Outpatient Facility Coding Alert

Reader Question: Understand Role of Measurement in Melanoma Excision Surgery

Question: An op report describes melanoma re-excision of a 1.9 cm lesion with 0.1 cm margins that involved removing subcutaneous tissue down to, but not including, the fascia. The note then describes an intermediate repair. Should we code this as 24075?

Ohio Subscriber

Answer: No, the correct code for the case is not 24075 (Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm).

The op report identifies the excision as a melanoma, so you should not use a soft-tissue code. Even if the tumor has invaded the subcutaneous tissue down to the fascia, a melanoma is a skin tumor and you should code the excision using skin codes.

For the size excision and margins that the op note describes, you should code the melanoma removal as 11603 (Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm). That's because the size you use to choose the code for malignant skin excision is the lesion diameter (1.9) plus two times the margin (2 x 0.1), which equals 2.1 cm.

Don't miss closure: Remember that you should separately report the intermediate repair based on the length of the repair. For instance, if the length of the repair is 6.5 cm you'd list 12032 (Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 2.6 cm to 7.5 cm). Because the surgeon often creates a long, elliptical incision, the repair may be much larger than the calculated lesion excision size.