

Oral Surgery Coding & Reimbursement Alert

Reader Questions: Reach Out to Vestibular Excision Codes For Lip Lesions Too

Question: Our surgeon recently performed removal of a hemangioma of the upper lip. The lesion was completely excised along with some portions of the surrounding normal muscle tissue to prevent rupture of the lesion and to prevent bleeding. He also performed cautery of the feeder vessels to prevent bleeding. Our clinician then performed a layered closure. The only lip excision codes that I see are 40510-40527, but I am not sure whether these codes are right for the procedure that our surgeon did. What code should I report for the procedure?

Washington Subscriber

Answer: You are right that lip excision codes in the ranges, 40510-40527 cannot be used for the removal of a lesion of the lip. These codes are to be used for lip reconstruction procedures (for instance, to correct defect of the lip caused due to removal of a basal cell carcinoma) and not for the actual removal of a lesion. If you look at the notes that accompany these CPT® codes you will observe that it mentions that you will have to look at CPT® codes in the range 40810-40816 for excision of lesions of the mucosa.

Since the codes, 40810-40816 are for excision of lesions of the vestibule of the mouth, you might be confused whether or not to use these codes for excision of lesions of the lip. When you look at CPT®'s Vestibule of Mouth introductory notes, the mouth's vestibule is the part of the oral cavity outside the dentoalveolar structures, and it includes the mucosal and submucosal lip and cheek tissues. Therefore, you can use these code sets for excision of lesions of the lip.

You will have to base your code choice on the type of repair that your clinician performed after the procedure and also on the extent to which your clinician removed tissues around the lesion. The four code choices that you have for removal of a lesion of the lip include:

- 40810 (Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair)
- 40812 (...with simple repair)
- 40814 (...with complex repair)
- 40816 (...complex, with excision of underlying muscle).

Since in the case scenario that you have described, your clinician performed a layered closure and excision of normal muscle tissue, you have to report 40816 for this procedure. In case there was no excision of the underlying muscle, you would report 40814.