Excision of Lesions
Surgical Approach

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Objectives

• In this session we will discuss
  – Lesion categories
  – Removal versus biopsy
  – Different lesion removal techniques
  – Approach for excision of lesions
  – Correct Diagnosis Coding
Lesion Categories

• Skin tag
• Wart – plantar, common, viral
• Lesion – benign, malignant, uncertain
• Mass or Lump
  – Cyst
  – Tumor

Coding Choices

• We base our code selection on a number of factors
  – Removal or biopsy
  – Type of lesion
    • Benign or Malignant
    • Cyst or Tumor
  – Location of lesion
  – Size
**What are we actually doing?**

<table>
<thead>
<tr>
<th>Biopsy</th>
<th>Removal</th>
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<tbody>
<tr>
<td>we are only taking a piece or sample of the lesion or growth to have</td>
<td>we are removing the lesion <em>in toto</em>.</td>
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<tr>
<td>pathology tell us what the lesion is.</td>
<td>This does not mean we will not send out for pathology.</td>
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**Punch Biopsy**

- CPT® codes 11100-11101 are for biopsy procedures.
Shave Biopsy

• This can be confusing terminology when coding. A physician may document they performed a “shave biopsy” but there is not a corresponding CPT® with this exact verbiage.

• Our choices are
  – the 11100-11001 biopsy codes
  – the 11300-11313 shave excision codes

Shave Biopsy, cont.

• To correctly code for these services, we must make sure we understand what the physician meant by “shave biopsy.” Some are actually doing the shave excision and some just a biopsy. Careful review of the documentation and/or query or the physician is necessary for correct coding.
Biopsy – Other Codes

There are other biopsy codes throughout the surgery subsections but, these are not for biopsy of lesions:

20200 Biopsy of muscle, superficial
20205 Biopsy of muscle, deep
40409 Biopsy of lip
40408 Biopsy of vestibule of mouth
50200 Renal biopsy, percutaneous

Different Lesion Removal Techniques

There can be several definitions to the term “remove” that physicians use for cysts, masses, lesions, or neoplasm.
Ligature Strangulation

Used on skin tags…

Physician uses suture material. Loops the suture material into a circle, places the circle over the pedicle, pulls tight and yanks off.

Ligature Strangulation, cont.

• Correct CPT® codes for this type of removal are the 11200 and 11201. This is not the only type of removal for this code set.
• These codes are specific to skin tag removal and are for any method including chemical destruction, electrosurgical destruction, or any combination of methods.
Paring or Cutting

This technique is used for benign hyperkeratotic skin lesions such as corns or calluses.

CPT® codes are 11055-11057

For paring – a curette, blade or similar sharp instrument is used.

Shave Excision

• Shaving is not a full thickness dermal removal.
• It involves a transverse incision or horizontal slicing.
• Removes lesion just to level of skin.
Shave Excision

• Code selection is based on anatomic location and size
• Size range is: < 0.5 cm to 2.0 cm or >
  – 11300-11303 Trunk, arms, or legs
  – 11305-11308 Scalp, neck, hands, feet, genitalia
  – 11310-11313 Face, eyelids, nose, lips, mucous membranes

Destruction of lesions

Destruction can be performed via:
  – Cyrosurgery
  – Chemosurgery
  – Electrosurgery
  – Laser surgery
  – Surgical curettage
Curettage

• Removal with a curette of a planters wart on the sole of the foot

Chemical Destruction

Chemicals are applied directly to a lesion to destroy. They are applied with a brush or cotton swab or injected into the lesion.

Typically chemicals used are:
  - Liquid nitrogen (LN2)
  - Trichloracetic acid
  - Cantharidin (on warts)
  - Salicylic acid
Chemical Destruction, cont.

Used for the following:
– Skin tags
– Warts
– Benign lesions
– Malignant lesions

Cryosurgery Destruction

Examples of how chemicals can be applied…
This application “freezes” the lesion.
When we use the term electrosurgical, we are using a general term that encompasses the different procedures used to employ electrically generated heat.

Electrosurgical Destruction

Tissue destruction by electro-surgery is the result of the following factors:

– Ohmic Heat
– Convective Heat
– Mechanical Energy
Electrosurgical Destruction

- Electrofulguration
  - Does not touch lesion
  - Distance of 2-3 mm
  - Short bursts (2-3 sec)

- Electrodessication
  - Lesion touched with electrode
  - Bursts are longer (2-4 sec)
  - Current intensity slightly increased

Electrosurgical Destruction

- Electrocoagulation
  - Deeper tissue destruction
  - Lesion may not be touched
  - High current
  - Deep necrosis

- Electrosection
  - Cuts tissue
  - Solid state current
  - Simultaneous hemostasis
  - Delayed healing
**Laser Surgery**

Lasers can be used to destroy lesions or warts.
Laser beam is directed at lesion.
Not the preferred method of removal.

**Destruction Codes**

Coding for destruction of lesions is not based on the method of destruction (chemosurgery versus surgical curettage).
It is based on the TYPE of lesion we are destroying and how MANY we are destroying and LOCATION of the lesion(s).
Destruction Codes

• Under the subheading of Destruction there are 2 categories
  – Destruction, Benign or Premalignant Lesions
  – Destruction, Malignant Lesions, Any

Destruction Codes – Benign/Other

• 17000-17004 pre-malignant lesions (AK’s)
• 17106-17108 cutaneous vascular proliferative lesions
• 17110-17111 benign lesions other than skin tags or cutaneous vascular lesions
• 17250 chemical destruction granulated tissue
Destruction Codes – Malignant

- 17260-17266 Trunk, arms or legs
- 17270-17276 Scalp, neck hands, feet, genitalia
- 17280-17286 Face, ears, eyelids, nose lips, mucos membrane

Destruction Codes

Destruction codes can be found in other Surgery Sections besides the Integumentary subsection.

These codes are specific for lesions in certain anatomical sites.

If there is not a code in a specific section, the codes from the integumentary section would be used.
Destruction Codes – Other

Examples of these codes:
30117 Excision or destruction intranasal lesion
40820 Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
45190 Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cyrosurgery) transanal approach

Destruction Codes – Penile Lesion

First we have SIMPLE destruction that is further divided by METHOD of destruction:

54050 Destruction of lesions, simple; CHEMICAL
54055 Destruction of lesions, simple; ELECTRODESICCATION
54056 Destruction of lesions, simple; CYROSURGERY
54057 Destruction of lesions, simple; LASER SURGERY
Destruction Codes
Penile Lesion

Next we have EXTENSIVE destruction and is if for ANY method:

54065 Destruction of lesions, extensive; (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

Destruction Codes
Vulva/Vagina

Destrucions of lesions of the vulva and/or vagina are divided by SIMPLE and EXTENSIVE like the penile lesion destruction, however, they are not further divided by method.

56501 Destruction of lesion(s), vulva; simple
56515 Destruction of lesion(s), vulva; extensive
57061 Destruction of lesion(s), vagina; simple
57065 Destruction of lesion(s), vagina; extensive
**Chemotherapy Destruction Codes**

These codes are in the Medicine Section. They describe injecting a chemotherapy agent (like 5FU) directly into the lesion(s).

Codes are further categorized by how many lesions:
- 96405 Chemotherapy administration; intralesional, up to and including 7 lesions
- 96405 …intralesional, more than 7 lesions

**Excision**

Excision of lesions:
- Performed with several different types of incisions

Performed on:
- Skin lesions
- Subfascial masses
- Intramuscular masses
- Soft tissue
Surgical Excision

This technique requires an incision. There are several types of incisions you may see documented in the procedure or operative note:

- Longitudinal
- Elliptical
- Transverse
- Cutting (or curettage)

Surgical Excision

• Longitudinal incision
  – Parallel to the long axis of the body or any of its parts
  – Used for cyst or masses under the skin
  – Documentation can read
    • Longitudinal incision made overlying the cyst
Surgical Excision

• Transverse incision
  – At right angles to the long axis of the body
  – Cross-wise
  – Horizontal
  – Used for excision of lesions or masses primarily under the skin

Surgical Excision

• Elliptical incision
  – Circular
  – Oval
  – Around the lesion
  – Over the mass
Surgical Excision

To determine the correct lesion codes for excision we must know several things:
- Approach
- Size of the lesion

For skin lesions we must also know:
- Malignant
- Benign
- Margins

Surgical Excision

- Under the subheading Skin, Subcutaneous, and Accessory Structures we have two categories for excision
  - Excision — Benign Lesions
  - Excision — Malignant Lesions
Surgical Excision - Benign

• 11400-11406 Trunk, arms, or legs
• 11420-11426 Scalp, neck, hands, feet, genitalia
• 11440-11446 Face, ears, eyelids, nose, lips, mucous membrane

Surgical Excision - Malignant

• 11600-11606 Trunk, arms, or legs
• 11620-11626 Scalp, neck, hands, feet, genitalia
• 11640-11646 Face, ears, eyelids, nose, lips
Excision Lesions – Margins

Another factor in choosing the correct code for skin lesion removal is the area or “margin” around the lesion that was also excised.

We do add this area to our lesion size and select the code based on the total sum of the margin and the lesion.

Excision Lesions – Margins

When removing a lesion that pathology shows BCC (basal cell carcinoma) with involvement of skin and surround tissue, we want to make sure we select the code based on the lesion size AND how much skin area was also taken.
Excision Lesions – Margins

Case example – 2.4 cm lesion, upper right arm, involvement of surrounding skin/tissue. We are excising along with a 1.5 cm surrounding margin.

Excision Lesions – Margins

2.4 cm lesion
1.5 cm margin

3.9 cm excision of malignant lesion = 11604
Surgical Excision

If we are making an incision to remove masses or tumors in the subcutaneous tissue or below. We have other codes to select from.

Depending on the type of lesion/mass and where it is located, we code from a different subsection entirely.

Musculoskeletal Excision Codes- examples

Codes for removal of soft tissue tumors
–21011-21012 Subcutaneous of face or scalp
–21013-21014 Sub-fascial face or scalp
–21015-21016 Radical (malignant) face or scalp
Respiratory Excision Codes- examples

• There are also codes in the respiratory section
  – 30124 Dermoid cyst, nose; simple, skin, subcutaneous
  – 30125 Dermoid cyst, nose; complex, under bone or cartilage

Digestive Excision Code Examples

• 40810 Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
• 40812 ...with simple repair
• 40810 ...with complex repair
Digestive Excision Code Examples

• 41110 Excision of lesion of tongue without closure
• 41112 Excision of lesion of tongue with closure; anterior two-thirds
• 41113 Excision of lesion of tongue with closure, posterior one-third
• 41114 Excision of lesion of tongue with closure, with local tongue flap

Digestive Excision Code Examples

• 42808 **Excision or destruction** of lesion of pharynx, any method
Urinary Excision Code
Examples

• 50250 Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed
• 50592 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
• 50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

Excision Codes

Codes can be found in all sections of CPT® – not just the ones mentioned.

We select code based on the operative note.
Diagnosis Coding

We need to make sure our diagnosis codes support our choice of CPT® code. We should not bill for an excision of a cyst with a code for malignant lesion or wart.

Benign Lesions – 210.0-229.9
Carcinoma in situ – 230.0-234.9
Neoplasm of uncertain behavior – 235.0-238.9
Neoplasm of unspecified nature – 239.0-239.9
**Diagnosis Coding**

Malignant neoplasm – 140.0-195.8
Secondary malignant neoplasm – 195.0-198.89
Skin Tag – 701.9
AK – 702.0

**Diagnosis Coding**

Warts
- Common – 078.10
- Venereal – 078.11
- Genital – 078.11
- Plantar – 078.12
- Seborrheic – 702.19
- Inflamed Seborrheic – 702.11
- Flat – 078.19
Diagnosis Coding

Condyloma
  Acuminatum – 078.11
  Venereal – 091.3

Corns/calluses – 700

There are numerous other codes that accurately describe lesions or growths after they are confirmed by pathology.
Thank You

• Questions???

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