Coding Skin Procedures in the Office Setting

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Agenda

• Proper Coding
  – Know and understand the problem areas.
• Closures
  – How to determine the proper closure code.
• Diagnosis
  – How to properly code the diagnosis.
• Modifiers
  – When is the use of modifiers correct?

Anatomy of the Skin
Incision & Drainage

Code Set 10040 – 10180
- 10040
  • Acne surgery
- 10060 – 10061
  • Incision and drainage abscess; simple or single
  • Incision and drainage abscess; complicated or multiple
- 10080 – 10081
  • Incision and drainage pilonidal cyst; simple
  • Incision and drainage pilonidal cyst; complicated

Debridement

Codes 11000 – 11001
- 11000 – Debridement; up to 10% of body surface
- 11001 – Each additional 10% of body surface

These codes are used for the removal of foreign material and devitalized or contaminated tissue from eczematous or infected skin to expose the healthy skin. After debridement, antibiotics or topical lubricants are applied to the skin.

Do we use these codes for burns?
Injections to Lesions

Injection
- 11900
  - Injection, intralesional; up to and including 7 lesions
- 11901
  - Injection, more than 7 lesions
- J3301
  - Kenalog

Biopsy vs. Shave

• Biopsy
  - A biopsy is done to evaluate a suspicious lesion in which your physician may not want to completely excise. There are several methods that can be used for a biopsy.

• Shave
  - A shave is defined by CPT® as the sharp removal by transverse incision or horizontal slicing to remove epidermal and dermal lesions without a full-thickness dermal excision.
Biopsy

Be very careful:
- 11100 for your first lesion
- +11101 of each additional
- Biopsy of eyelid is 67810
- Biopsy of external ear is 69100
- Biopsy of Lip is 40490
  - All codes include a simple closure

Coding Lesion Excision

- Skin Tags
  - 11200 up to and including 15 lesions
  - +11201 each additional 10 lesions
- Shaving Lesions
  - 11300 – 11313
    - Please note size and location determine code selection
    - This does not require suture closure
Coding Lesion Excision

Measuring and Coding of Lesion Removal

– Per CPT® Excision is defined as full thickness removal of a lesion, including margins.

– Code selection is based on measuring the greatest clinical diameter of the lesion plus the most narrow margins required for complete excision.

*Lesion plus Margin equals total excision*

Lesion with margins is measured prior to lesion being removed.
Benign Lesions

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

Malignant Lesions

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

• Repair (Closures)
  – Simple (12001 – 12021)
    • Superficial, epidermis or dermis
  – Intermediate (12031 – 12057)
    • Layered, deeper layers of sub-q tissue
  – Complex (13100 – 13160)
    • Scar revision, debridement, undermining

CPT® describes repairs as follows:

Simple Repair

Used when the wound is superficial. Typically involves the epidermis or dermis without significant involvement of the deeper structure of the skin.

– A ONE layer closure
Intermediate Repair

- Includes the repair of wounds, that, in addition to what is described in a Simple Repair, require layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, in addition to the skin closure.
- Single layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter also constitutes the use of Intermediate Repair codes.

Complex Repair

- Includes the repair of wounds requiring more than layered closure, such as scar revision, debridement, extensive undermining, stents, or retention sutures. Necessary preparation includes creation of a defect for repairs or the debridement of complicated lacerations or avulsions.
- Remember Complex Repairs do NOT include the excision of benign or malignant lesions.
Flaps and Grafts

- Flaps (14000 – 14350)
  - Also known as Z-plasty, W-plasty, Rotation Flap
  - Measured in square cm

- Grafts (15040-15431)
  - Split Thickness or Full Thickness
  - Allograft or Xenograft

Adjacent Tissue Transfer

As described per CPT®; excision (including lesion) and/or repair by adjacent tissue transfer or rearrangement.

Skin graft necessary to close secondary defect is considered an additional procedure. The primary defect resulting from the excision and the secondary defect resulting from flap design to perform the reconstruction are measured together to determine code selection.
Split Thickness and Full Thickness Skin Grafts

- Code range for STSG
  - 15100 (Trunk, arms and legs)
  - 15120 (Face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits)
- Code range for FTSG
  - 15200 (Trunk)
  - 15220 (Scalp, arms and legs)
  - 15240 (Forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and feet)
  - 15260 (Nose, ears, eyelids and lips)

Allograft

- Application of a non-autologous human skin graft) from a donor to a part of the patient’s body.
  - Code Range 15300 - 15366
Xenograft

• Application of a non-human skin graft or biologic wound dressing (pigskin or porcine tissue) to a part of the patient’s body.

  – Code Range 15400 - 15431

Destruction

Destruction, Benign, or Pre-malignant Lesions

• Destruction by laser surgery, electrosurgery, cryosurgery, chemosurgery or surgical curettement

  – 17000 – First lesion (Actinic Keratoses)
  – +17003 – Second through 14th lesion; each
  – 17004 – 15 or more lesions
  – 17106 – 17108 – Cutaneous vascular proliferation
  – 17110 – Up to 14 lesions (Not Skin Tags) (Warts)
  – 17111 – 15 or more lesions
Destruction

Destruction, Malignant Lesions, Any Method

- Destruction, malignant lesion, (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement)
  - 17260 – 17266 – Trunk, arms or legs
  - 17270 – 17276 – Scalp, neck, hands, feet or genitalia
  - 17280 – 17286 – Face, ears, eyelids, nose, lips or mucous membrane

Mohs Procedures

As defined by CPT®, Mohs micrographic surgery is a technique for the removal of complex or ill-defined skin cancer with histologic examination of 100 percent of the surgical margins. It requires a single physician to act in two integrated but separate and distinct capacities: Surgeon and Pathologist.
Mohs Procedures

- The surgeon removes the tumor tissue and maps and divides the tumor specimen into pieces, and each piece is embedded into an individual tissue block for histopathologic examination.

- Coders must have a good understanding of the difference between “stage” and “tissue block”
  - Stage refers to the removal of a layer of tissue
  - The “stage” is then divided into “tissue blocks”
    - 17311 – 17312 Head, neck, hands, feet, genitalia
    - 17313 – 17314 Trunk, arms, or legs
    - 17315 Each additional block after the first 5 tissue blocks

Diagnosis

Neoplasms

- Abnormal growth – not necessarily cancerous
- Check your Neoplasm table
- Remember that a mass is not a neoplasm
Neoplasms

- Benign – Non-Cancerous
- Malignant – Cancerous
- Ca in Situ – Self Contained
- Uncertain Behavior – Could go either direction
- Unspecified – Unknown status

Benign

- ICD-9-CM code starts with 216.x
  - 216.0 – Lip
  - 216.1 – Eyelid
  - 216.2 – Ear
  - 216.3 – Face (forehead, temple, cheek, nose, chin)
  - 216.4 – Neck or Scalp
  - 216.5 – Trunk
  - 216.6 – Arm
  - 216.7 – Leg
  - 216.8 – Other Specified sites of skin
  - 216.9 – Unspecified sites of skin
Neoplasms

Malignant

– ICD-9-CM code starts with 173.x
  • 173.0 – Lip
  • 173.1 – Eyelid
  • 173.2 – Ear
  • 173.3 – Face (forehead, temple, cheek, nose, chin)
  • 173.4 – Neck or Scalp
  • 173.5 – Trunk
  • 173.6 – Arm
  • 173.7 – Leg
  • 173.8 – Other Specified sites of skin
  • 173.9 – Unspecified sites of skin

Neoplasms

Carcinoma in Situ

– ICD-9-CM code starts with 232.x
  • 232.0 – Lip
  • 232.1 – Eyelid
  • 232.2 – Ear
  • 232.3 – Face (forehead, temple, cheek, nose, chin)
  • 232.4 – Neck or Scalp
  • 232.5 – Trunk
  • 232.6 – Arm
  • 232.7 – Leg
  • 232.8 – Other Specified sites of skin
  • 232.9 – Unspecified sites of skin
Neoplasms

Malignant Melanoma (also includes Melanoma In Situ)
- ICD-9-CM code starts with 172.x
  - 172.0 – Lip
  - 172.1 – Eyelid
  - 172.2 – Ear
  - 172.3 – Face (forehead, temple, cheek, nose, chin)
  - 172.4 – Neck or Scalp
  - 172.5 – Trunk
  - 172.6 – Arm
  - 172.7 – Leg
  - 172.8 – Other Specified sites of skin
  - 172.9 – Unspecified sites of skin

Neoplasms

- Merkel Cell Carcinoma
  - ICD-9-CM code starts with 209.3x
    - 209.31 – Merkel cell carcinoma of the face
    - 209.32 – Merkel cell carcinoma of the scalp and neck
    - 209.33 – Merkel cell carcinoma of the upper limb
    - 209.34 – Merkel cell carcinoma of the lower limb
    - 209.35 – Merkel cell carcinoma of the trunk
    - 209-36 – Merkel cell carcinoma of other site
      - To include buttocks, genitals and not otherwise specified sites
Neoplasms

• Uncertain Behavior
  – 238.2

• Unspecified Behavior
  – 239.2

• Other common diagnosis
  – 214.1 – Lipoma
  – 702.0 – Actinic Keratosis
  – 702.11 – Inflamed Seborrheic Keratosis
  – 782.0 – Disturbance of skin sensation
  – 782.2 – Localized superficial swelling, mass, or lump

Modifiers

When is it time to use a modifier?

– What is the reason for the office visit?
– Is this a new problem during a global period?
– Ask for Non-Covered Services
Modifiers

Modifiers used in the office setting

- 24
- 25
- 58
- 78
- 79

Thank You.
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