

Coding Dermatology Procedures

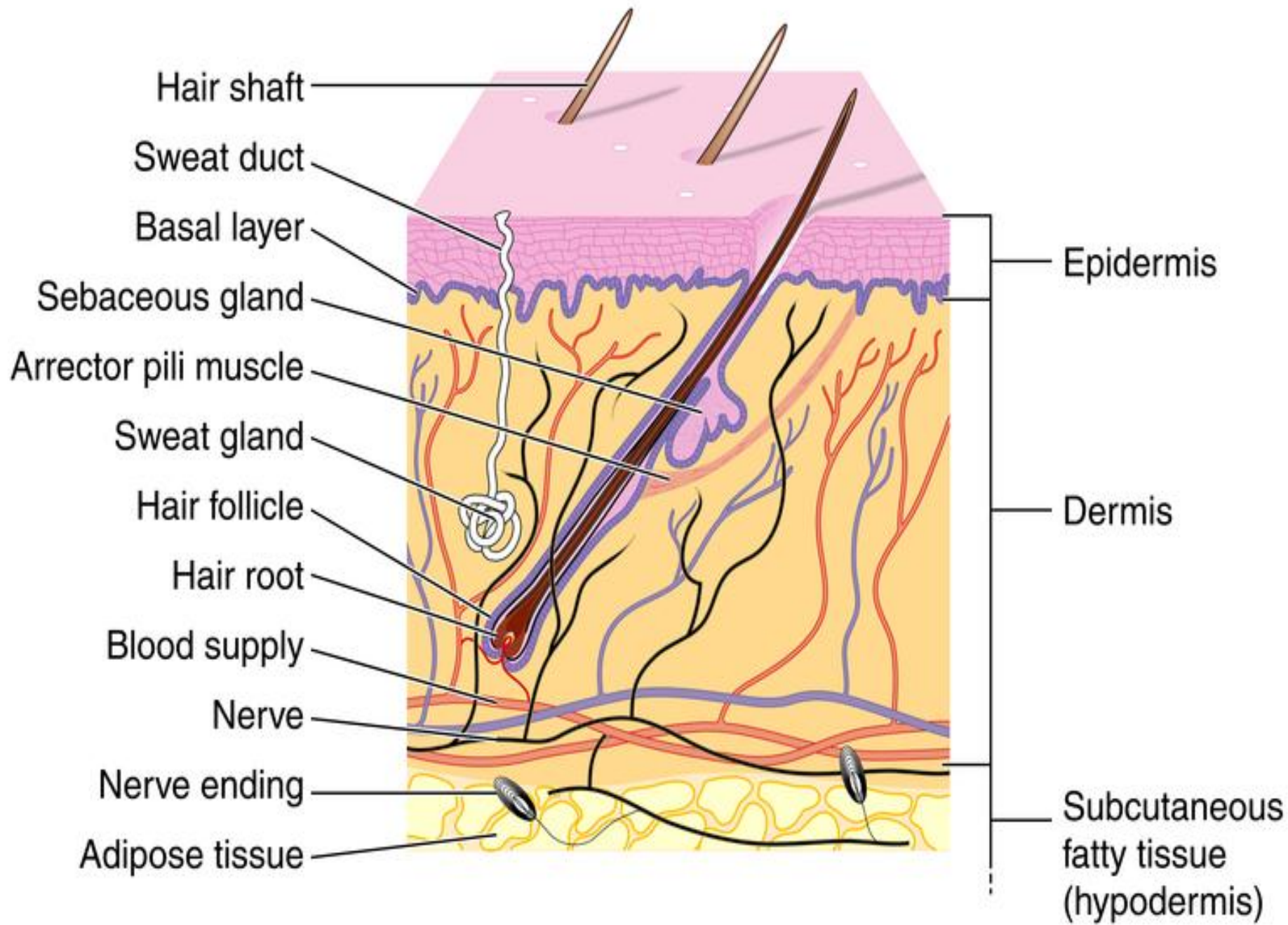
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AGENDA

- Anatomy
- Shaving of Lesions
- Excision of Lesions
- Repairs
- Adjacent Tissue Transfer
- Destruction of Lesions
- Mohs Micrographic Surgery



Skin Cancer

- While skin cancers can be found on any part of the body most (about 80%) appear on the face, head, or neck
- The primary cause of skin cancer is ultraviolet radiation -most often from the sun
- Also from artificial sources like sunlamps and tanning booths

Skin Cancer

BCC

- Basal cell carcinoma is the most common form of skin cancer, affecting 800,000 Americans each year
- The most common of all cancers
- 1 out of every 3 new cancers is a skin cancer
- Most are basal cell carcinomas (BCC)
- These cancers arise in the basal cells, which are at the bottom of the epidermis
- More common in men, although more women are getting BCCs than in the past

Skin Cancer

Warning Signs of BCC

1. Open sore that bleeds, oozes, or crusts and remains open for three or more weeks
2. A reddish patch or irritated area, frequently occurring on the chest, shoulders, arms, or legs
3. Shiny bump, or nodule, that is pearly or translucent and is often pink, red, or white

Skin Cancer

Warning Signs of BCC

4. Pink growth with a slightly elevated rolled border and a crusted indentation in the center
5. Scar-like area which is white, yellow or waxy, and often has poorly defined borders

Skin Cancer

SCC

- Squamous cell carcinoma (SCC), the second most common skin cancer after basal cell carcinoma
- Afflicts more than 200,000 Americans each year
- Arises from the epidermis and resembles the squamous cells that comprise most of the upper layers of skin
- SCCs may occur on all areas of the body but are most common in areas exposed to the sun

Skin Cancer

Warning Signs of SCC

1. A wart-like growth that crusts and occasionally bleeds
2. A persistent, scaly red patch with irregular borders that sometimes crusts or bleeds
3. An open sore that bleeds and crusts and persists for weeks
4. An elevated growth with a central depression that occasionally bleeds. A growth of this type may rapidly increase in size

Skin Cancer

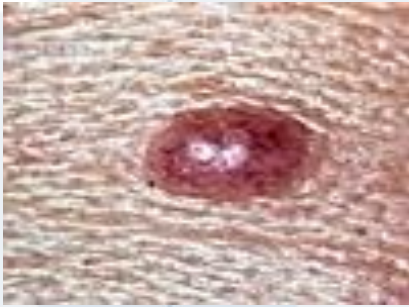
Melanoma

- Most serious form of skin cancer
- If diagnosed and removed early it is almost 100% curable
- Once it metastasizes (spreads) to other parts of the body, it is hard to treat and can be deadly
- Number of cases has increased more rapidly than any other cancer over the past 10 years
- Over 51,000 new cases are reported to the American Cancer Society each year

Skin Cancer

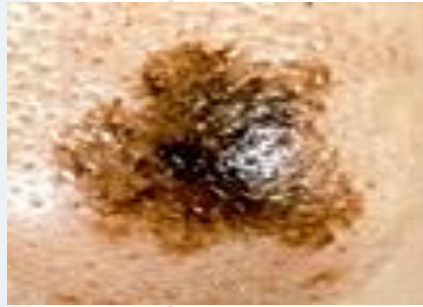
Benign vs. Malignant

1A



Symmetrical

1B



Asymmetrical

3A



One Shade

3B



Two/More Shades

2A



Even Borders

2B



Uneven Borders

4A



Small than 1/4"

4B



Larger than 1/4"

Skin Cancer

ICD-9-CM Coding

- Chapter 2 of the ICD-9-CM contains the codes for most benign and all malignant neoplasms. Certain benign neoplasms, such as prostatic adenomas, may be found in the specific body system chapters. To properly code a neoplasm it is necessary to determine from the record if the neoplasm is benign, in-situ, malignant, or of uncertain histologic behavior. If malignant, any secondary (metastatic) sites should also be determined.

Skin Cancer

- Do not go to the Neoplasm Table first
- Reference histological term first, if given
- Melanoma a good example of when going directly to the Table is not a good idea

Skin Cancer

- **Primary malignancy previously excised**
- When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy, a code from category V10, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy. Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The secondary site may be the principal or first-listed with the V10 code used as a secondary code.

TREATMENT OPTIONS

- **Topical Medications**
- **Curettage and Electrodessication**
- **Excisional Surgery**
- **Radiation**
- **Mohs Micrographic Surgery**
- **Cryosurgery**
- **Laser Surgery**
- **Photodynamic Therapy (PDT)**

Shave

CPT® Definition

Shaving is the sharp removal by transverse incision or horizontal slicing to remove epidermal and dermal lesions without a full-thickness dermal excision. This includes local anesthesia, chemical or electrocauterization of the wound. The wound does not require suture closure.

<p>11300 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less</p>	<p>11305 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less</p>	<p>11310 Shaving of epidermal or dermal lesion, single lesion, face, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less</p>
<p>11301 lesion diameter 0.6 cm to 1.0 cm</p>	<p>11306 lesion diameter 0.6 cm to 1.0 cm</p>	<p>11311 lesion diameter 0.6 cm to 1.0 cm</p>
<p>11302 lesion diameter 1.1 cm to 2.0 cm</p>	<p>11307 lesion diameter 1.1 cm to 2.0 cm</p>	<p>11312 lesion diameter 1.1 cm to 2.0 cm</p>
<p>11303 lesion diameter over 2.0 cm</p>	<p>11308 lesion diameter over 2.0 cm</p>	<p>11313 lesion diameter over 2.0 cm</p>

Example

The dermatologist shaved three epidermal lesions that the patient chose not to have submitted to pathology: a **0.4 cm** lesion from the patient's **chest**, a **0.3 cm** lesion from the patient's **back**, and a **0.2 cm** lesion from the patient's **forehead**.

- 11310, 11300, 11300-59
(modifier 51 may be needed depending on payer)

Excision

CPT® Definition

Excision is defined as full-thickness (through the dermis) removal of lesion, including margins, and includes simple (non-layered) closure when performed

- Deeper than a shave (partial thickness)

Excision

Code selection is determined by measuring the greatest clinical diameter of the apparent lesion plus that margin required for complete excision (lesion diameter plus the most narrow margins required equals the excised diameter).

The margins refer to the most narrow margin required to adequately excise the lesion, based on individual judgment.

The measurement of the lesion plus margin is made prior to excision.

Excision

Excised diameter examples

- 1 cm melanoma with 2 cm necessary margins is excised from patient's back
 - $1 + 4 = 5$ cm excised diameter lesion = 11606
- 2 cm benign lesion with 2 cm margins, but 0.2 cm necessary margins is excised from patient's neck
 - $2 + 0.4 = 2.4$ cm excised diameter lesion =

Excision

Coding Lesion Excisions

- Benign v Malignant
- Anatomic Site
- Size (excised diameter)
- Type of Repair

Excision

- The type of repair is important with excision of lesions as simple repairs are bundled into the excision codes per CPT® guidelines.
- Layered and complex repairs are separately reportable.
- When an excision and repair are separately reported, modifier 51 may be necessary when reporting (payer issue).

Example

A physician refers a patient to the dermatologist for excision of a “mole” on the patient’s **left cheek**. The dermatologist suspects that the mole is a small **basal cell carcinoma** (later confirmed pathologically). She performs an **excision** to remove the **0.9 cm excised diameter lesion** in the office. She then closes the wound **via simple repair**.

- 11641 (repair not separately reported)
- 173.31

Example

A patient is seen for excision of a biopsy-proven **squamous cell carcinoma** on his **back**. The **4.2 cm excised diameter** lesion requires a **6.3 cm intermediate repair**.

- 11606, 12032 (possible modifier 51)
- 173.52

VIDEO DEMONSTRATING LESION EXCISION WITH INTERMEDIATE REPAIR

Repair

Repair Coding

- Type of Repair
- Site of Repair
- Size of Repair
- When to Add Repairs

Repair

- CPT® defines a wound closure as a closure “utilizing sutures, staples, or tissue adhesives (eg, 2-cyanoacrylate), either singly or in combination with each other, or in combination with adhesive strips.
- If adhesive strips (i.e., butterfly) alone are used, then it is bundled in to the E/M service.

Repair

Types of Repair

- Simple repair
- Intermediate repair
 - Single-layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter also constitutes intermediate repair.
- Complex repair

Repair

- According to the CPT® manual we add together repairs when they are the same classification (simple, intermediate, complex) and the same anatomic grouping (scalp, arms, etc.).
- For example, you would add together a 4.0 cm simple repair of the abdomen, a 5.6 cm simple repair of the back, and a 2.2 cm simple repair of the chest as one 11.8 cm simple repair to the trunk (12004).

Repair

- But, when more than one classification of wound is repaired, they are reported separately. The most complicated repair is listed as the primary procedure and the less complicated is listed as the secondary procedure, with the modifier 51 attached (depending on the payer).

Example

A patient has 2 benign lesions excised. The first one is a 2.1 cm excised diameter lesion on the forehead, the second is a 2.5 cm on the cheek. They both require intermediate repair -2.6 cm on the forehead and 3.0 cm on the cheek.

- 12053, 11443, 11443-59
- 216.3

Adjacent Tissue Transfer

- Codes 14000-14302 are used for excision (including lesion) and/or repair by adjacent tissue transfer or rearrangement
- Z-plasty, W-plasty, V-Y-plasty
- Rotation flap
- Random island flap
- Advancement flap

Adjacent Tissue Transfer

- What's not an ATT?
- Secondary defect closure
- Size for code selection

Adjacent Tissue Transfer

Defect examples

- Advancement flap performed with a primary defect from excision of 1.0 cm X 1.0 cm and secondary defect for flap design of 2.0 cm X 1.0 cm.
 - $1.0 \text{ sq cm} + 2.0 \text{ sq cm} = 3.0 \text{ sq cm}$
- Rotation flap performed with primary defect from excision 1.0 cm X 1.0 cm and secondary defect for flap design 2.5 cm X 1.2 cm
 - $1.0 \text{ sq cm} + 3.0 \text{ sq cm} = 4.0 \text{ sq cm}$

Adjacent Tissue Transfer

ATT Coding

- Bundling of lesion excision
- Site
- Size in square centimeter
- Additional coding

Example

Excision of basal cell carcinoma on nose with rotation flap for closure. The lesion was 2.1 cm X 1.5 cm. The secondary defect made to perform the AAT was 4.5 cm X 2.5 cm.

- 14061
- 173.31

Destruction

- Codes 17000 – 17004
- Codes 17110 and 17111

A parenthetical note is under 17003 that states plantar or common warts are to be reported with 17110 and 17111.

- Numbers game

Example

- 12 AKs and 9 SKs were destroyed in the same session
- 17000, 17003 X 11 for the destruction of the AKs

AND

- 17110 for the destruction of the SKs

Mohs Micrographic Surgery

- Mohs is a highly specialized procedure for treatment of skin cancers.
- Mohs allows for complete removal of skin cancer at one session.
- It has the highest cure rates for squamous and basal cell carcinomas.
- The physician acts as surgeon and pathologist.

Mohs Micrographic Surgery

●17311 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage up to 5 tissue blocks

+17312 each additional stage after the first stage, up to 5 tissue blocks

Mohs Micrographic Surgery

17313 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk arms, or legs; first stage up to 5 tissue blocks

+17314 each additional stage after the first stage, up to 5 tissue blocks

Mohs Micrographic Surgery

+17315 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage

Example

- A physician performs Mohs surgery on a patient with a basal cell carcinoma on his cheek. The physician takes the first stage with 6 tissue blocks, but does not remove all of the cancer. A second stage is removed with 4 tissue blocks. The second stage comes back and shows that the physician completely excised the cancer.
- 17311, 17312, 17315
- 173.31

Mohs

**LIVE SURGICAL
PICTURES AND
VIDEO OF MOHS
SURGERY**

Thank You

**ENJOY THE
REST OF
CONFERENCE!**

Sources

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- CPT® 2013 Professional Edition
- ICD-9-CM 2013