Question:
I heard you say at a course (you were great, by the way. I learned a lot from you!) that we should wait for a pathology report before billing for excision of skin lesions. Please explain why. This may be why I’m not getting paid.

Also, when is your next plastic surgery coding course?

Answer:
Thank you for your kind words, you made my day! Yes, you’ll need to wait for a pathology report when reporting the excision of skin lesion codes because the CPT code descriptions require the pathology be known. The codes are for removal of benign (114xx) and malignant (116xx) lesions. If you have a previous pathology report showing a malignancy (e.g., biopsy) then you can go ahead and bill the service using the malignant lesion excision code (116xx) without waiting for the pathology report.

Thank you for also asking about our courses. Click here for our 2016 Plastic Surgery Coding courses. I hope to see you soon!

*This response is based on the best information available as of 08/04/16.*
Use of Tissue Adhesive for Laceration Repair

July 21, 2016

Question:
Does use of a tissue adhesive “count” as a layer for the laceration repair codes?

Answer:
Actually, yes it does! The CPT guidelines state “Use the codes in this section to designate wound closure utilizing sutures, staples, or tissue adhesives (e.g., 2-cyanoacrylate), either singly or in combination with each other, or in combination with adhesive strips. Wound closure utilizing adhesive strips as the sole repair material should be coded using the appropriate E/M code.” This means sutures, staples or a tissue adhesive “counts” as a wound closure technique for 12001–13160. However, steri-strips do not.

*This response is based on the best information available as of 07/21/16.

Adjacent Tissue Transfer (14xxx)

August 21, 2014

Question:
I’m reading an operative report and the surgeon says she did
“undermining of the incision to close a keloid excision defect.” She wants to use an adjacent tissue transfer code. This documentation doesn’t seem to satisfy the CPT description. What do you think?

Answer:
We agree with you that the documentation is not sufficient to support an ATT code (e.g., 14xxx). “Undermining” does not constitute use of an adjacent tissue transfer code. CPT says a scar revision is reported using only a complex repair code.

*This response is based on the best information available as of 08/21/14.

**Coding for Full-Thickness Skin Grafts**

July 24, 2014

Question:

Patient has a large skin cancer on the nose. I excised it and repaired the wound with a full thickness skin graft. Donor site for the skin graft was the ear, which was closed by mobilizing skin flaps. We billed 11643 for the excision and 15260 for the graft. Is this correct?

Answer:

Yes, the excision of skin lesion is not included in the full-thickness skin graft codes like it is included in the adjacent tissue transfer codes. You may report a code for the excision
of lesion (116xx, depending on size of the lesion plus most narrow margins) as well as for the full thickness skin graft (15260). The primary closure is included in 15260 and not separately reported.

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**Excision of Uncertain Behavior Lesion**

June 26, 2014

**Question:**

I excised a skin lesion and the pathology came back as a giant pigmented nevus. ICD-9 says this is “uncertain behavior,” 238.2. Which CPT code do I use — malignant (116xx) or benign (114xx)?

**Answer:**

Great question! It is most appropriate to use the excision of benign skin lesion CPT code (114xx) for excision of uncertain behavior skin lesions.

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**Microdermabrasion Coding**

May 15, 2014

**Question:**

What is your recommendation for the proper CPT-4 coding for
microdermabrasion? Many of my colleagues use the codes for dermabrasion (15780-15783). I have also seen unlisted codes used (17999, 96999). Thank you.

**Answer:**

There is not a specific CPT code for “microdermabrasion” because generally this is considered a cosmetic procedure and not billed to insurance. A CPT Assistant from December 2003 states: “Code 15783 is for “superficial” abrasion and uses the example of tattoo removal. However, tattoo pigment is embedded in the dermis and abrasion treatment of tattoo abrades into the dermis and always causes bleeding. Microdermabrasion treatment is not an epidermal procedure, nor is there an existing code that describes epidermal abrasions. The depth of injury for microdermabrasion to the epidermis is more like that of a superficial chemical peel, such as a glycolic acid peel. Therefore, the appropriate code to report for microdermabrasion is code 17999, Unlisted procedure, skin, mucous membrane and subcutaneous tissue.”

We concur with the advice to use an unlisted code if you have medical necessity and the service will be billed to insurance. But be sure to obtain written prior authorization from the payor because, as previously mentioned, it’s generally considered a cosmetic procedure.

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**Adjacent Tissue Transfer**

April 17, 2014

**Question:**

We billed an excision of malignant lesion CPT code and an adjacent tissue transfer CPT code and only got paid for the
lesion removal. How can we get paid for both services?

**Answer:**

The excision of a skin lesion code (114xx, 116xx) is included in the adjacent tissue transfer codes (14000-14302) when performed on the same lesion/defect. Therefore, the malignant skin lesion excision should not have been billed. If you’ve “unbundled” the codes by billing both the lesion removal and adjacent tissue transfer then you should refile a corrected claim billing only the adjacent tissue transfer code. However, if the lesion was at a separate site from the adjacent tissue transfer and the two procedures were in no way related to each other, then you should have been paid for both. You should refile a corrected claim with modifier 59 (distinct procedural service) on the lesion removal code to show the lesion was distinctly separate from the adjacent tissue transfer service.

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**Soft Tissue Tumor Codes**

**February 20, 2014**

**Question:**

I removed a lipoma from the chest that was a good size and pretty deep. I’m looking at the excision of benign skin lesion codes (114xx) and they just don’t seem to describe what I did. Please help.

**Answer:**

Good thing you asked for advice, because new codes were introduced in 2010 that better describe the procedure you performed. Look at codes 21552 – 21556 to see which code best describes your procedure. The codes are anatomical location-
specific (e.g., face/scalp, neck/anterior thorax), depth-specific (e.g., subcutaneous, subfascial), and size-based (in centimeters depending on total excision length).

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**Excision of a Skin Lesion**

January 23, 2014

**Question:**

When coding for excision of a skin lesion (114xx, 116xx), do I use the size on the pathology report to determine the correct CPT code?

**Answer:**

The most accurate measurement, according to CPT, is when the lesion has not yet been excised and is still on the patient. The specimen reduces in size when it is in formalin. So reporting a CPT code with the size listed on the pathology report may result in a lower CPT code being billed and a loss of revenue.

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