



# Coding Skin Lesion Procedures and Avoiding Denials

Melody Draper Hnatovic, RHIT, CHPS, CCS

April 29, 2023

# Melody Draper Hnatovic, RHIT, CHPS, CCS



Melody is a Revenue Cycle Integrity Analyst for Jefferson Healthcare in Port Townsend, WA. She has over 40 years in HIM and coding experience and is an AHIMA approved ICD 10 CM/PCS trainer

# Agenda

- ▶ Distinguish when to code biopsy or excision
- ▶ Review coding rules for benign and malignant lesions procedures
- ▶ Understand code assignment hierarchies and use of modifiers
- ▶ Medical necessity and denials
- ▶ Case examples
- ▶ References

# CPT disclaimer

- ▶ “CPT” is a registered trademark of the American Medical Association. Their codes, descriptions and manual content are copyright by the AMA. All rights are reserved by the AMA.
- ▶ This information has been abbreviated for a focused presentation for a specific audience. Verify all codes and information in a current CPT book.
- ▶ This information is considered current at the time of this presentation but may change throughout the year. Please check for current guidance on the CMS and Noridian websites.
- ▶ This presentation does not provide legal or billing advice.
- ▶ Information is derived from personal experiences with coding, edits and denials.

# Biopsy vs. Excision

## Biopsy

A **sampling** from a lesion to provide a specimen for cytologic or histopathologic examination for diagnostic purposes.

Fine needle aspiration (FNA)

Core needle

Tangential

Punch

Incisional

Superficial shave

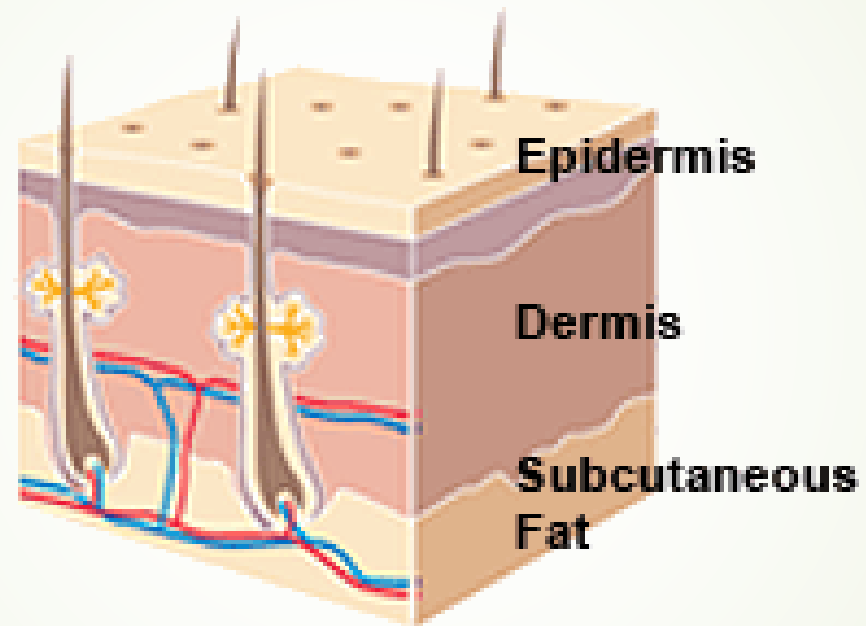
## Excision

**Complete removal** of the lesion and submitted for histopathologic examination for diagnostic purposes.

Saucerization (Deep scoop shave)

Excision

# Anatomy of the Skin



# Partial-Thickness vs. Full-Thickness

- ▶ Partial-Thickness- Sampling a portion of the thickness of skin or mucous membrane that does not penetrate below the dermis
- ▶ Full-Thickness- Penetrates into tissue deep to the dermis or lamina propria, into the subcutaneous or submucosal space



# Biopsy Techniques

- Fine Needle Aspiration
  - Material is aspirated with a fine needle for cytological examination
  - May be performed with or without imaging guidance
    - Imaging is included in the CPT code
- Core Needle biopsy
  - Performed with a larger bore needle for histopathological examination

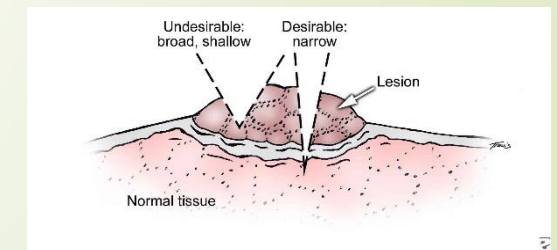
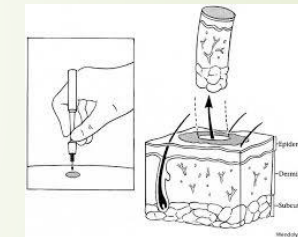
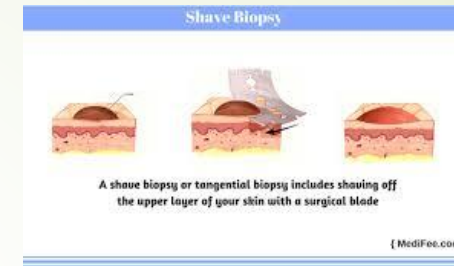


# Fine Needle Biopsies

- ▶ 10021 Fine Needle aspiration biopsy, without imaging guidance, first lesion
  - ▶ +10004 each additional lesion
- ▶ 10005 Fine needle aspiration biopsy, including ultrasound guidance, first lesion
  - ▶ +10006 each additional lesion
- ▶ 10007 Fine needle aspiration biopsy, including fluoroscopic guidance, first lesion
  - ▶ +10008 each additional lesion
- ▶ 10009 Fine needle aspiration biopsy, including CT guidance, first lesion
  - ▶ +10010 each additional lesion
- ▶ 10011 Fine needle aspiration biopsy, including MR guidance, first lesion
  - ▶ +10012 each additional lesion

# Biopsy Techniques

- Tangential biopsy 11102, +11103
  - Includes shave, superficial scoop, saucerization or curette
  - Performed with a sharp blade, scalpel or curette
  - Does not involve the full thickness of the dermis.
  - Intent-Obtains a tissue sample from a lesion for diagnostic pathologic exam.
  
- Punch biopsy 11104, +11105
  - Requires a punch tool
  - Intent-Removes full thickness cylindrical sample of skin for diagnostic path
  - Simple closure is included
  
- Incisional biopsy 11106, +11107
  - Requires the use of a sharp blade
  - Intent-Removes full thickness sample of the skin via vertical incision or wedge for purpose of diagnostic pathologic exam
  - Penetrates deep into the subcutaneous space and may sample subcutaneous fat
  - Simple closure is include



# Multiple biopsies

- ▶ Multiple lesions biopsied by same technique
  - ▶ Assign the primary code with the corresponding add-on code
- ▶ Multiple lesions biopsied by different methods (11102-11106)
  - ▶ Only one primary code should be reported, followed by additional add-on codes for subsequent biopsies
- ▶ Hierarchy
  - ▶ The primary incisional biopsy takes precedence over punch and tangential biopsies
  - ▶ The primary punch biopsy takes precedence over the primary tangential
- ▶ Must be separate lesions to report multiple biopsy techniques. If multiple techniques are used for one lesion, only assign one code according to the hierarchy.

# Multiple Biopsies Examples

- ▶ Incisional biopsy & tangential biopsy & punch biopsy separate lesions
  - ▶ 11106, +11103, +11105
- ▶ Punch biopsy & tangential biopsy separate lesions
  - ▶ 11104, +11103



2 tangential biopsies, separate lesions

11102 X 1, +11103 X 1

3 punch biopsies, separate lesions

11104 X 1, +11105 X 2

2 incisional biopsies, separate lesions

11106 X 1, +11107 X 1

1 incisional biopsy, 2 punch biopsy, 3 tangential biopsies, separate lesions

11106 X 1, +11104 X 2, +11103 X 3

# Skin Tags

- Definition of Skin Tag- also called acrochordons, soft fibromas or fibroepithelial polyps. Small benign skin growths.
- Removal of skin tags with or without local anesthesia, include methods:
  - Scissoring or other sharp method
  - Ligation
  - Strangulation
  - Electrosurgical destruction
  - Electrocauterization
  - Chemical destruction
- 11200 Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
  - +11201 each additional 10 lesions, or part thereof



# Shave Removal of Lesions

- ▶ Lesions causing discomfort but not concerning for neoplasm
- ▶ May also be used for benign or malignant lesions
- ▶ Removal by shaving, transverse incision or horizontal slicing with removal of dermal and epidermal lesions without a full-thickness dermal excision.
  - ▶ With or without local anesthesia and includes chemical or electrocauterization of wound.
  - ▶ Does not require suture closure
- ▶ Codes assigned per lesion by site and size
  - ▶ 11300-11313



# Destruction of Lesions

Destruction meaning ablation of benign, premalignant or malignant tissues

➤ Includes all methods:

- Electrosurgery
- Cryosurgery
- Laser
- Chemical

➤ Includes Lesions:

- Condylomata
- Papilloma
- Molluscum contagiosum
- Herpetic lesions
- Warts
- Milia
- Other benign, premalignant or malignant lesions

# Destruction Premalignant Lesions

- 17000 Destruction premalignant lesions (e.g., actinic keratosis); first lesion
  - +17003 second through 14 lesions, each
- 17004 Destruction premalignant lesions (e.g., actinic keratosis); 15 or more lesions

## Examples:

- Destruction 14 premalignant lesions-17000 X1, 17003 x13
- Destructions 16 premalignant lesions-17004

Do not use 17004 with 17000 or 17003

# Destruction Benign & Malignant Lesions

## Benign Lesions

- ▶ 17110 Destruction benign lesions; up to 14 lesions
- ▶ 17111 Destruction benign lesions; 15 or more lesions

**Do not assign per lesion**

## Malignant Lesions

Assign destruction of malignant lesion codes according to site and size, **per lesion**

- ▶ **17260-17266**
  - ▶ trunk, arms or legs, lesion diameter 0.5 cm or less-over 4.0 cm
- ▶ 17270-17276
  - ▶ scalp, neck, hands feet, genitalia 0.5 cm or less-over 4.0 cm
- ▶ 17280-17286
  - ▶ face, ears, eyelids, nose, lips, mucous membrane 0.5 cm or less – over 4.0 cm

# Benign Neoplasms

- ▶ Benign Neoplasms
  - ▶ Dermatofibroma
  - ▶ Epidermoid cyst
  - ▶ Cherry angioma
  - ▶ Seborrheic keratosis
  - ▶ Sebaceous gland hyperplasia
  - ▶ Nevus
  - ▶ Hyperkeratotic papilloma

# Malignant Neoplasms

- Melanoma
- Basal cell carcinoma
- Squamous cell carcinoma
- Kaposi sarcoma
- Merkel cell carcinoma
- Lymphoma of skin

# Unspecified vs. Uncertain Behavior

## Unspecified Neoplasm

- ▶ A neoplasm that does not have a final pathology.

## Uncertain Behavior

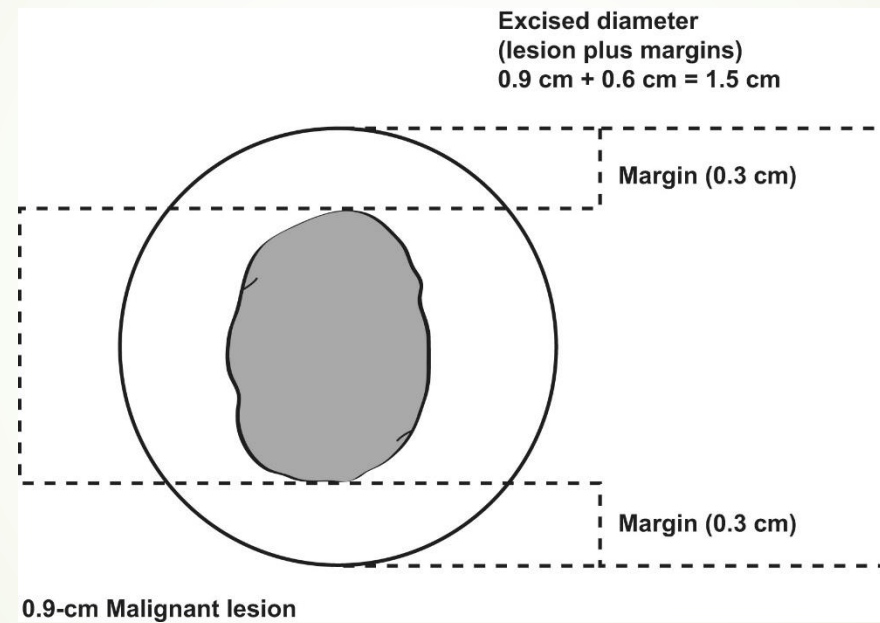
- ▶ A neoplasm where the specimen has been sent off to pathology and the histologic confirmation cannot be made as to whether it is malignant or benign, by the pathologist.

# Excision of lesions, Benign & Malignant

- 11400-11446                      Excision lesions, Benign (excludes skin tags)
- 11600-11646                      Excision lesions, Malignant
  - Assigned by anatomic location of skin lesion and by size
  - Full-thickness of lesion including margins
  - Measured prior to excision
  - Includes local anesthesia
  - Includes simple non-layered closure
  - Report separately, appropriate intermediate (12031-12057) or complex (13100-13153) closures



# Measurement of Lesions



Measurements are made prior to excision.

# Coding For Repairs

- ▶ Simple repairs are inclusive for repairs in incisional and excisional lesions
- ▶ Repairs may be coded separately:
  - ▶ Intermediate repairs-12031-12057
  - ▶ Complex repairs-13100-13153
  - ▶ Skin Replacement-15002-15261,15570-15770
  - ▶ Measurement is of the defect not the lesion
- ▶ Excision performed in conjunction with adjacent tissue transfer, report only the adjacent tissue transfer-14000-14302
  - ▶ Measurements for adjacent tissue transfers are measured in sq. cm. for both the primary and secondary defects and then added together.

# Adjacent Tissue Transfers

- ▶ 14000 Adjacent tissue transfer, trunk; defect 10 sq cm or less
- ▶ 14001 defect 10.1 sq cm to 30.0 sq cm
- ▶ 14020 Adjacent tissue transfer, scalp, arms and/or legs; defect 10 sq cm or less
- ▶ 14021 defect 10.1 sq cm to 30.0 sq cm
- ▶ 14040 Adjacent tissue transfer, forehead, cheeks, chin, mouth, neck, axilla, genitalia, hands and/or feet; defect 10 sq cm or less
- ▶ 14041 defect 10.1 sq cm to 30.0 sq cm
- ▶ 14060 Adjacent tissue transfer, eyelids, nose, ears and/or lips; defect 10 sq cm or less
- ▶ 14061 defect 10.1 sq cm to 30.0 sq cm
- ▶ 14301 Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
  - ▶ +14302 each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)

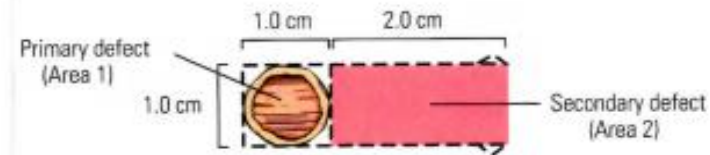
# Adjacent Tissue Repairs

## Adjacent Tissue Repairs

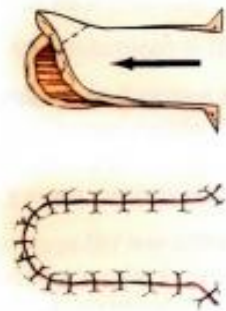
14000-14061

Repair of primary and secondary defects requires assignment of a code based upon the location and the approximate description (as demonstrated below) of the area required.

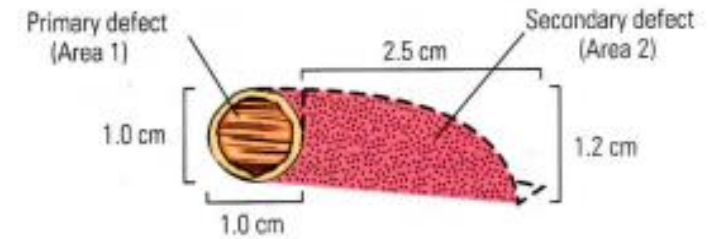
### A. Advancement Flap



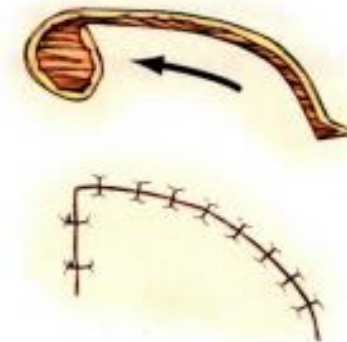
Area 1: 1.0 cm x 1.0 cm = 1.0 sq cm  
 Area 2: 1.0 cm x 2.0 cm = 2.0 sq cm  
 (Area 1) + (Area 2) = 1.0 sq cm + 2.0 sq cm = 3.0 sq cm



### B. Rotation Flap



Area 1: 1.0 cm x 1.0 cm = 1.0 sq cm  
 Area 2: 2.5 cm x 1.2 cm = 3.0 sq cm  
 (Area 1) + (Area 2) = 1.0 sq cm + 3.0 sq cm = 4.0 sq cm



# Documentation Requirements

- ▶ Type of lesion(s)
  - ▶ Suspicious lesion, neoplasm benign, malignant
- ▶ Number of lesions biopsied or excised
- ▶ Location of the lesions of skin
- ▶ Technique used
  - ▶ FNA, with or without imaging guidance
    - ▶ Multiple lesions different imaging modalities, same day, same session add -59 or -XS modifier
  - ▶ Tangential, punch, incisional
  - ▶ Excisional
    - ▶ Diameter of lesions plus margins
    - ▶ Intermediate or complex repair and length of defect repaired, measured in cm. (simple repair is included and not coded separately)
    - ▶ Skin replacement or adjacent tissue repairs, measured in sq. cm.

# Excision Lesions

- ▶ Excision benign lesion of the neck 1.0 cm X 2.0 cm + margin 0.4 cm = 2.4 cm with simple repair
  - ▶ 11423
- ▶ Excision malignant lesion of the nose 0.9 cm + 0.6 cm margin = 1.5 cm
  - ▶ 11642
- ▶ Excision malignant lesion of the back 1.0 X 2.0 cm + 0.6 cm margin = 3.6 cm with intermediate closure
  - ▶ 11604, 12032



# More rules to remember



- ▶ When a lesion is biopsied and then excised or removed by destruction, code only the excision or destruction of the lesion, do **not** code the biopsy
- ▶ **Therapeutic** lesion removal by shave technique is coded to 11300-11313
- ▶ Destruction of benign or premalignant lesions are coded to 17000-17111
- ▶ Destruction of malignant lesions are coded to 17260-17286



# Modifiers

- ▶ Modifier added to the evaluation and management (never on a procedure code)
  - ▶ -25 Significant, separately identifiable E/M service by the same physician or other qualified healthcare professional (QHP) on the same day of the procedure.
- ▶ Modifiers added to procedure codes (never on an E/M code)
  - ▶ -58 Staged or related procedure or service by the same physician or other QHP during the postoperative period.
  - ▶ -59 or -XS Distinct procedural service (do not use on add on codes)

# Medical Necessity

- ▶ Benign lesions:
- ▶ Removal of benign lesions are usually not considered medically necessary unless there is documented bleeding, itching, pain, inflammation or infection.

Check the current LCDs and individual payors for coverage.

[Article - Billing and Coding: Benign Skin Lesion Removal \(Excludes Actinic Keratosis, and Mohs\) \(A57162\) \(cms.gov\)](#)

# Local Coverage Determinations (LCD)

Local Coverage Article

Billing and Coding

## Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)

A57162

[Expand All](#) | [Collapse All](#)

### Group 1 (42 Codes)

#### Group 1 Paragraph

These are the only covered diagnosis codes for CPT codes 11200, 11201, 11300, 11301-11313, 11400-11406, 11420-11426, 11440-11446, 17110 and 17111:

### Group 2 (66 Codes)

#### Group 2 Paragraph

List II. These ICD-10-CM codes identify those conditions for which payment is allowed only if the conditions have complications, these being listed in List III below.

Note: Diagnoses from List II must be accompanied by one of the diagnoses from List III for payment to be allowed. List III gives justification (reasonable and necessary) for allowing payment.

#### Group 2 Codes

### Group 3 (79 Codes)

#### Group 3 Paragraph

List III. These ICD-10-CM codes identify the complicating pathology that justifies Medicare payment (reasonable and necessary):

Note: Diagnoses from List II must be accompanied by one of the diagnoses from List III for payment to be allowed. List III gives justification (reasonable and necessary) for allowing payment.

#### Group 3 Codes

# Pathology Coding Guidelines

- ▶ For **outpatient** encounters for diagnostic tests that have been interpreted by a physician, and the final report is available at the time of coding, code any confirmed or definitive diagnosis(es) documented in the interpretation. Do not code related signs and symptoms as additional diagnoses.
- ▶ For coding purposes, facilities may develop specific policies regarding which reports must be available in order to complete code assignment.

# Documentation Requirements

- Type of lesion(s)
  - Suspicious lesion, neoplasm benign, malignant
- Number of lesions biopsied or excised
- Location of the lesions of skin
- Size of the lesions
- Technique used
- Any repairs

# Case 1 Procedure

Patient presents for skin check and denies new or changing moles

Exam: 4mm dark brown macule with flecks of black pigment on the left thigh

Excision Procedure Note

Diagnosis: Dysplastic nevus of left lower extremity

Anesthesia: Lidocaine 1% with epinephrine with added sodium bicarbonate

Procedure:

The area was prepped with ChlorPrep and draped. Local anesthesia was administered; a total of approximately 3cc was used throughout the entire procedure. Site was identified and appropriate margins were drawn. The defect size was therefore 8mm. Lesion with margins excised with an 8mm punch tool down to the deep subcutaneous fat. A full thickness piece of tissue was removed and submitted to pathology for margin evaluation. Hemostasis was achieved with hyfrecation. Blood loss was negligible. The epidermis and dermis were approximated and closed using #3, 4-0 monosof sutures. The final length of the defect measured 1cm in length. This was a(n) simple repair. Vaseline and wound dressing were placed. The patient tolerated the procedure well and there were no complications. Wound care instructions were given to the patient in oral and written form.

Pathology: Dysplastic nevus



# Case 1 Coding

D23.72 Other benign neoplasm of skin of left lower limb, including hip

D48.5 Neoplasm of uncertain behavior of skin

~~11402~~ Excision, benign lesion, except skin tag, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm

11400 Excision, benign lesion, except skin tag, trunk, arms, or legs; excised diameter 0.5 cm or less

## Edits:

- ▶ CPT(R) 11402 is not covered. **Diagnosis D23.72 requires additional diagnoses.** Diagnoses from groups 0432, 0501 in Policy Benign Skin Lesion Removal (Excludes Actinic Keratosis and Mohs) (A57162) required. {CMS PART A JF} [3087048406]
- ▶ Review findings:
  - ▶ Pathology diagnosis = Dysplastic Nevus.
  - ▶ Should not be coded as uncertain behavior.
  - ▶ D23.72 listed in the LCD under group 2 which requires a diagnosis from group 3 to meet medical necessity.
  - ▶ No documentation in the record indicating the lesion was painful, inflamed, infected, bleeding etc.
  - ▶ Lesion was measured in mm not cm. 4mm is less than 0.5 cm so the procedure code was incorrect and was over coded.

**Final determination: Service non-covered + No ABN was issued= Non-payment**



CODE	DESCRIPTION
L85.2*	Keratosis punctata (palmaris et plantaris)
L85.8	Other specified epidermal thickening
L86*	Keratoderma in diseases classified elsewhere
L87.0*	Keratosis follicularis et parafollicularis in cutem penetrans
L87.2*	Elastosis perforans serpiginosa
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L98.0	Pyogenic granuloma

**Group 1 Medical Necessity ICD-10-CM Codes Asterisk Explanation:**

\*L11.0, L85.0, L85.1, L85.2, L86, L87.0, L87.2 – Use for symptomatic, painful and/or inflamed lesions only.

**Group 2 Paragraph:**

**List II.** These ICD-10-CM codes identify those conditions for which payment is allowed only if the conditions have complications, these being listed in List III below.

**Note:** Diagnoses from List II must be accompanied by one of the diagnoses from List III for payment to be allowed. List III gives justification (reasonable and necessary) for allowing payment.

**Group 2 Codes:** (66 Codes)

CODE	DESCRIPTION
D10.0	Benign neoplasm of lip
D18.01	Hemangioma of skin and subcutaneous tissue
D22.0	Melanocytic nevi of lip
D22.111	Melanocytic nevi of right upper eyelid, including canthus
D22.112	Melanocytic nevi of right lower eyelid, including canthus
D22.121	Melanocytic nevi of left upper eyelid, including canthus
D22.122	Melanocytic nevi of left lower eyelid, including canthus
D22.21	Melanocytic nevi of right ear and external auricular canal
D22.22	Melanocytic nevi of left ear and external auricular canal
D22.39	Melanocytic nevi of other parts of face
D22.4	Melanocytic nevi of scalp and neck
D22.5	Melanocytic nevi of trunk
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.71	Melanocytic nevi of right lower limb, including hip
D22.72	Melanocytic nevi of left lower limb, including hip

CODE	DESCRIPTION
D22.9	Melanocytic nevi, unspecified
D23.0	Other benign neoplasm of skin of lip
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
D23.21	Other benign neoplasm of skin of right ear and external auricular canal
D23.22	Other benign neoplasm of skin of left ear and external auricular canal
D23.39	Other benign neoplasm of skin of other parts of face
D23.4	Other benign neoplasm of skin of scalp and neck
D23.5	Other benign neoplasm of skin of trunk
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder
D23.70	Other benign neoplasm of skin of unspecified lower limb, including hip
D23.71	Other benign neoplasm of skin of right lower limb, including hip
D23.72	Other benign neoplasm of skin of left lower limb, including hip
D23.9	Other benign neoplasm of skin, unspecified
D28.0	Benign neoplasm of vulva
D29.0	Benign neoplasm of penis
D29.4	Benign neoplasm of scrotum
D86.3	Sarcoidosis of skin
D86.89	Sarcoidosis of other sites
D86.9	Sarcoidosis, unspecified
I78.1	Nevus, non-neoplastic
K64.4	Residual hemorrhoidal skin tags
L12.30	Acquired epidermolysis bullosa, unspecified
L12.31	Epidermolysis bullosa due to drug
L12.8	Other pemphigoid
L72.0	Epidermal cyst
L72.11	Pilar cyst
L72.12	Trichodermal cyst
L72.2	Steatocystoma multiplex

# Case 2 Procedure

Patient presents for skin check and denies new or changing moles

Exam: Patient has a scaly place on the scalp that is new. It does not bleed but is sensitive and tender. Actinic Keratoses on scalp and nose

Diagnosis: Actinic keratosis

Procedure:

Liquid nitrogen 2x2 double freeze cycle(s). Wound care instructions provided.

Pathology: None

# Case 2 Coding

L57.0 Actinic keratosis

17110 Destruction of benign lesions other than skin tags; up to 14 lesions.

17111-59 15 lesions

Edits:

External Status Code: Error-Error [1001] - FOR HCPCS 17111 & 17110 THERE IS NOT A DIAGNOSIS CODE WHICH MEETS COVERAGE GUIDELINES.\*MEDICAL NECESSITY\*

## NCCI Edits

You have coded 17110:  
NCCI Medicare FAC- Procedure code pair conflict with 17111 and is allowed if an appropriate NCCI modifier is present.

# Case 2 Coding Review

Patient presents for skin check and denies new or changing moles

Exam: Patient has a scaly place on the scalp that is new. It does not bleed but is sensitive and tender. Actinic Keratoses on scalp and nose

Diagnosis: Actinic Keratoses on scalp and nose

Procedure:

Liquid nitrogen 2x2 double freeze cycle(s). Wound care instructions provided.

Pathology: None

L57.0 Actinic keratosis

~~17110 Destruction of benign lesions other than skin tags; up to 14 lesions~~

~~17111-59 \_\_\_\_\_ 15 lesions~~

17000 Destruction premalignant lesions (eg, actinic keratoses): first lesion

+17003 second through 14 lesions, each

Edits:

External Status Code: Error-Error [1001] - FOR HCPCS 17111 & 17110 THERE IS NOT A DIAGNOSIS CODE WHICH MEETS COVERAGE GUIDELINES. \*MEDICAL NECESSITY\*

## NCCI Edits

You have coded 17110:

NCCI Medicare FAC- Procedure code pair conflict with 17111 and is allowed if an appropriate NCCI modifier is present.

## Review findings:

- ▀ Actinic keratosis is considered premalignant. Wrong procedure code used with diagnosis , i.e. mismatched
  - ▀ Appropriate codes are 17000, +17003
- ▀ Modifiers used inappropriately

**Final Determination:** Corrected procedure coding and modifiers alleviated edits and allowed accurate billing

# Case 3 Procedure

Shave biopsy x 4 and electrodesiccation and curettage (ED&C) x 3

Right mid back: 4mm pink pearly plaque with telangiectasias. Shave biopsy followed with electrodesiccation and curettage (ED&C). Path finding follicular keratosis

Right upper back: 5mm pink pearly papule with telangiectasias. Shave biopsy followed by ED&C. Path finding basal cell carcinoma.

Left axilla: 6mm dark blue brown variegated pigmented papule. Shave biopsy. Path finding seborrheic keratosis

Right shoulder: 5mm pink pearly papule with telangiectasias. Shave biopsy followed by ED&C. Path finding basal cell carcinoma.

Cryotherapy x 5 actinic keratosis on the cheeks, left forehead with 2 freeze thaw cycles.

Single inflamed crusted seborrheic keratosis left jawline was treated with curettage.

Full body skin exam performed today, see findings above, moderate photodamage and recommend FSE in 6 months for now. Reviewed sun protection practices, recommended wearing a hat (preferably wide brimmed), broad spectrum SPF30+ sunscreen daily, as well as, sun protective clothing during outdoor activities.



# Case 3 Coding

L11.0	Acquired follicular keratosis (back)
C44.519	Basal cell carcinoma of skin of other part of trunk (back)
L82.1	Other seborrheic keratosis (axilla)
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder (shoulder)
L57.0	Actinic keratosis (cheeks & forehead)
L82.0	Inflamed seborrheic keratosis (left jaw)
17000-25 X1	Destruction premalignant lesion; first lesion
17003-25 X4	second through 14 lesions, each
17110-25,59 X1	Destruction of benign lesions...; up to 14 lesions
11102-25,59 X1	Tangential biopsy of skin; single lesion
99203-25,59	Office E/M new patient low level MDM



# Case 3 Coding Modifier Review

L11.0		Acquired follicular keratosis (back)
C44.519		Basal cell carcinoma of skin of other part of trunk (back)
L82.1		Other seborrheic keratosis (axilla)
C44.612		Basal cell carcinoma of skin of right upper limb, including shoulder (shoulder)
L57.0		Actinic keratosis (cheeks & forehead)
L82.0		Inflamed seborrheic keratosis (left jaw)
17000- <del>25</del>	X1	Destruction premalignant lesion; first lesion
17003- <del>25</del>	X4	second through 14 lesions, each
17110- <del>25,59</del>	X1	Destruction of benign lesions...; up to 14 lesions
11102- <del>25,59</del>	X1	Tangential biopsy of skin; single lesion
99203-25, <del>59</del>		Office E/M new patient low level MDM

**Modifiers gone mad!**

# Case 3 Procedure Review

Shave biopsy x 4 and electrodesiccation and curettage (ED&C) x 3

Right mid back: 4mm pink pearly plaque with telangiectasias. **Shave biopsy** followed with electrodesiccation and curettage (**ED&C**). Path finding **follicular keratosis 17110**

Right upper back: **5mm** pink pearly papule with telangiectasias. **Shave biopsy** followed by **ED&C**. Path finding **basal cell carcinoma. 17260**

Left axilla: 6mm dark blue brown variegated pigmented papule. **Shave biopsy**. Path finding **seborrheic keratosis 11102**

Right shoulder: **5mm** pink pearly papule with telangiectasias. **Shave biopsy** followed by **ED&C**. Path finding **basal cell carcinoma. 17260**

**Cryotherapy x 5 actinic keratosis** on the cheeks, left forehead with 2 freeze thaw cycles. **17000, +17003 x4**

**Single inflamed crusted seborrheic keratosis** left **jawline** was treated with **curettage. 17110**

# Case 3 Coding Review (cont.)

L11.0 Acquired follicular keratosis (back)

**C44.519 Basal cell carcinoma of skin of other part of trunk (back)**

L82.1 Other seborrheic keratosis (axilla)

**C44.612 Basal cell carcinoma of skin of right upper limb, including shoulder (shoulder)**

L57.0 Actinic keratosis (cheeks & forehead)

L82.0 Inflamed seborrheic keratosis (left jaw)

17000-59 or XS X1 Destruction premalignant lesion; first lesion

+17003-59 or XS X4 second through 14 lesions, each

17110-59 or XS X1 Destruction of benign lesions...; up to 14 lesions

11102 X1 Tangential biopsy of skin; single lesion

**17260-59 or XS X2** Destruction, malignant lesion, trunk, arms or legs; lesion diameter 0.5 cm or less

99203-25 Office E/M new patient low level MDM

## Review findings:

- ▶ Final pathology dx=basal cell carcinoma back and shoulder. Wrong or missed procedure codes for the malignant neoplasm diagnosis.
  - ▶ Appropriate procedure code would be 17260-59 X2
- ▶ Correct usage of modifiers alleviate edits
- ▶ Earned a separate E/M for the full skin exam as 99203 with a modifier 25

**Final Determination: Missed or incorrect procedure code used for diagnosis= lost revenue. Corrected procedure coding and modifiers alleviated edits and allowed accurate billing.**

# Lessons Learned

- ▶ Follow the documentation requirements
  - ▶ Type of lesion(s)
    - ▶ Suspicious lesion, neoplasm benign, malignant
  - ▶ Number of lesions biopsied or excised
  - ▶ Location of the lesions of skin
  - ▶ Technique used
- ▶ Code to highest degree of certainty
- ▶ Code to the highest level of specificity for diagnosis codes (payors are submitting denials for “unspecified”)
- ▶ Make sure the procedure code matches the diagnosis
- ▶ Follow the CPT code hierarchies
- ▶ Use modifiers appropriately
- ▶ Pay attention to NCCI code edits
- ▶ Review LCDs for medical necessity
- ▶ Watch for procedure code assignment for each lesion vs. multiples i.e., up to 14 or 15 and more
- ▶ Understand correct measurements for lesions and repairs. Watch for mm. vs. cm.
- ▶ Be aware of facility specific coding policies
- ▶ CMS and commercial payors do not always follow the same rules!





# References

[ICD-10-CM Guidelines April 1 2023 FY23 \(cms.gov\)](#)

Association, A. M. (2022). *CPT 2023 Professional Edition and CPT E/M Companion 2023 Bundle*.

[Article - Billing and Coding: Benign Skin Lesion Removal \(Excludes Actinic Keratosis, and Mohs\) \(A57162\) \(cms.gov\)](#)

[XS - JF Part B - Noridian \(noridianmedicare.com\)](#)