

Code Selection for Lesion Excision: Integumentary Vs Musculoskeletal System

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Numerous guidelines and definitions have been added to the Integumentary System and Musculoskeletal System subsections of the Current Procedural Terminology (CPT®) code set over the years. Even with the changes, such as definitions to clarify and explain, reporting lesion removal continues to confuse users. A frequently asked question is whether to choose a lesion excision code from the Integumentary System or the Musculoskeletal System subsections. This article highlights the types of lesion-excision codes in the Integumentary System (11400-11646) and the Musculoskeletal System (21011-28047), as well as the guidelines within each section that help determine the appropriate system from which to select an appropriate code(s) to report.

Lesion Excision: Integumentary System

In the Integumentary System guidelines in the CPT codebook, an excision is defined as the full thickness (through the dermis) removal of a lesion, including margins, simple (nonlayered) closure, and local anesthesia. To determine the appropriate code to report, the greatest clinical diameter of the apparent lesion is measured, including the margin required for complete excision, prior to the procedure. Each lesion excised is reported separately. Simple closure (12001-12018) is included in the excision of benign and malignant skin lesions and cannot be reported separately. Intermediate closure (12031-12057) or complex closure (13100-13153), if performed, may be reported separately.

Coding Tip

Surgical margin refers to the narrowest border around the lesion required to adequately excise the lesion, based on the physician's judgment.

Following are the three repair (closure) definitions:

- **Simple repair** is used when the wound is superficial (eg, involving primarily epidermis or dermis, or sub-cutaneous tissue without significant involvement of deeper structures). Wound closure involves closing one layer, including local anesthesia, and chemical or electrocauterization of wounds not closed.

- **Intermediate repair** requires layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (nonmuscle) fascia, in addition to the skin (epidermal and dermal) closure. Single-layer closure of heavily contaminated wounds that required extensive cleaning or removal of particulate matter also constitutes an intermediate repair.
- **Complex repair** requires more than layered closure, such as scar revision, debridement (eg, traumatic lacerations or avulsions), extensive undermining, stents, or retention sutures. Necessary preparation includes creation of a defect for repairs (eg, excision of a scar requiring a complex repair) or the debridement of complicated lacerations or avulsions.

For excision of benign lesions (11400-11446) or malignant lesions (11600-11646) requiring more than simple closure (ie, requiring intermediate or complex closure), report the appropriate excision of benign lesion or malignant lesion code in addition to the appropriate intermediate (12031-12057) or complex closure (13100-13153) codes.

Musculoskeletal Lesions Excision

The Musculoskeletal System subsection defines procedures related to the excision of subcutaneous soft connective tissue tumors, fascial or subfascial soft tissue tumors, radical resection of soft connective tissue tumors, and radical resection of bone tumors, as described below:

- **Subcutaneous soft connective tissue tumors** involve the simple or marginal resection of tumors confined to subcutaneous tissue below the skin, but above the deep fascia. These tumors are usually benign and can be resected without removing a significant amount of surrounding normal tissue. Simple or intermediate repair is included and not reported separately.
- **Fascial or subfascial soft tissue tumors** involve the resection of tumors confined to the tissue within or below the deep fascia, but not involving the muscle or bone. These tumors are usually benign and intramuscular and can be resected without removing a significant amount of surrounding tissue. Simple or intermediate repair is included and not reported separately.
- **Radical resection of soft connective tissue tumors** involves the resection of a tumor, usually malignant, with wide margins of normal tissue. These tumors can be malignant or very aggressive benign connective tissue tumors. Simple or intermediate repair is included and not reported separately. Although tumors resected with this technique may be confined to a specific layer (eg, subcutaneous, subfascial), it may involve removal of tissue from one or more layers.
- **Radical resection of bone tumors** involves the resection of a tumor with wide margins of normal tissue. Radical resection of bone tumors is usually performed for malignant tumors or very aggressive benign tumors.

Code selection for musculoskeletal lesion excision is based on the size, location, and depth of the tumor, and not whether the tumor is benign or malignant. Soft tissue tumor excision codes are categorized by anatomic site throughout the Musculoskeletal System subsection.

Simple and intermediate repair is included in the soft tissue lesion musculoskeletal excision procedures; however, if complex repair with extensive undermining or other techniques is performed to close a defect created by a soft tissue tumor excision, the complex repair codes are reported separately. The excision of musculoskeletal lesions and soft tissue

tumors includes the dissection or elevation of tissue planes to allow resection of the tumor. The code selection for musculoskeletal lesion excisions is determined by measuring the greatest diameter of the tumor with the narrowest margin required for the complete excision of the tumor, based on the physician's judgment at the time of the excision. The radical resection of soft tissue tumors may be confined to a specific layer (eg, the subcutaneous or subfascial tissue), or it may involve the removal of tissue from one or more layers. Radical resection of soft tissue tumors is most commonly reported for malignant or very aggressive benign tumors.

Coding Tip

Excision of benign subcutaneous soft tissue tumors (lesions) of cutaneous origin (eg, sebaceous cyst) are re-reported with excision of benign lesions codes (11420-11426) from the Integumentary System. Radical resection of soft tissue tumors that have a cutaneous origin are reported with excision of malignant lesions codes (11600-11646) from the Integumentary System.

While the code series of 11400-11471 and 11600-11646 (benign and malignant integumentary lesion excisions) are appropriate to report for excisions of cutaneous lesions, as well as superficial subcutaneous lesions such as cysts and scars, when the lesions are located in deep subfascial or submuscular tissues, the appropriate code from the Musculoskeletal System should be reported. For example, code 27618, Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm, should be reported for the excision of a deep subcutaneous mass in the posterior aspect of the left ankle.

In summary, review the following coding tips to help select the appropriate excision codes for the both integumentary and musculoskeletal systems.

- Report the size of the lesion at its maximum diameter in addition to the sum of the narrowest margins used to excise the lesion.
- Select a code from the appropriate section: Eg, benign (11400-11446) or malignant (11600-11646) for integumentary lesions, or the anatomically appropriate excision code for musculoskeletal soft tissue tumors (eg, codes 23071-23078 in the Shoulder subsection).
- Select from codes 11400-11446 for excision of benign lesions of cutaneous origin (eg, sebaceous cyst).
- Report vessel exploration and/or neuroplasty separately, when performed.
- Use documentation of the depth of the lesion to determine whether codes from the Integumentary System or Musculoskeletal System are appropriate to report.
- Append modifier 59, Distinct Procedural Service, to the second and subsequent codes when multiple lesions are excised regardless if they are in the integumentary or musculoskeletal systems.
- Determine what type of procedure is being performed before making a code selection. For example, in the Integumentary System section, the difference between excision and other techniques (eg, biopsy, debridement, shave removal) is that excision requires the removal of the entire full thickness of the dermis through to the subcutaneous tissue. ♦