

Coding Brief: Reporting Benign Hyperkeratotic Lesions Paring/Cutting vs Epidermal and Dermal Lesions Shaving

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Paring or cutting benign hyperkeratotic lesions (11055-11057) and shaving epidermal and dermal lesions (11300-11303, 11305-11308, 11310-11313) are two distinct procedures. Although both involve tissue removal, each serves a distinct purpose and targets a different lesion type. This article clarifies the correct reporting of these procedures.

Benign Hyperkeratotic Lesion Removal by Paring or Cutting

A hyperkeratotic lesion is a plaque of thick, rough skin caused by hyperkeratosis, which is a thickening of the stratum corneum (dead layer of the skin), that results in lesions such as corns, calluses, and punctate keratoses. These hyperkeratotic lesions are typically removed by paring or cutting the keratotic lesion partially or completely. Because paring removes nonsensitive keratin and nonviable tissue, neither anesthesia nor hemostasis is typically required.

Note that code selection for hyperkeratotic lesion removal by paring or cutting is determined by the number of hyperkeratotic lesions treated, regardless of anatomical location. Therefore, Table 1 lists the appropriate codes to report for hyperkeratotic lesion removal by paring or cutting according to the number of lesions treated.

Table 1. Reporting Hyperkeratotic Lesion Removal by Paring or Cutting

Code	Code Selection by Number of Lesions
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
11056	2 to 4 lesions
11057	More than 4 lesions

Epidermal and Dermal Lesion Removal by Shaving

The Current Procedural Terminology (CPT®) 2025 code set defines shaving as the “sharp removal by transverse incision or horizontal slicing to remove epidermal and dermal lesions without a full-thickness dermal excision.” This procedure includes local anesthesia and hemostasis using chemical or electrocauterization of the wound, which does not require suture closure.

A shave removal of lesions is performed via the shave technique with the goal of removing either the entirety or the symptomatic/concerning portion of an epidermal or dermal lesion. This technique removes the lesion at the dermis level without penetrating the subcutaneous tissue. A shave removal can be performed to treat benign, premalignant, and superficial malignant lesions. The removed tissue can be sent for histopathologic examination.

Note that the appropriate shave removal code is selected based on the lesion size (measured before the procedure) and its anatomical location; therefore, Table 2 includes a list of shave removal codes according to lesion size and anatomic location. In addition, note that it would not be appropriate to report codes 11300-11303, 11305-11308, and 11310-11313 for the paring and/or cutting of benign hyperkeratotic lesions, such as corns, calluses, and punctate keratoses.

Table 2. Reporting Epidermal and Dermal Lesion Removal by Shaving

Code	Code Selection by Anatomy and Lesion Size
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Single lesion; trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Single lesion; trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	Single lesion; trunk, arms or legs; lesion diameter over 2.0 cm
11305	Single lesion; scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Single lesion; scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Single lesion; scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Single lesion; scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	Single lesion; face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Single lesion; face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Single lesion; face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Single lesion; face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm

The following coding examples provide guidance regarding the appropriate reporting of these separate procedures.

Coding Example 1:

A patient presents with a 0.5-cm, presumed benign epidermal lesion on their left arm. The physician removes the lesion using the shave technique.

Correct Code: Report the procedure with code 11300, Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less.

Coding Example 2:

A patient presents with multiple tender hyperkeratotic punctate keratoses on the plantar feet. The physician pares three keratotic columns to alleviate pain and discomfort.

Correct Code: Report the procedure with code 11056, Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions.

Coding Example 3:

A patient presents with a painful hyperkeratotic 0.5 cm-wide lesion on the side of their foot, which is continually irritated by shoe friction. To alleviate the pain, the physician pares and cuts off the keratotic thickening.

Correct Code: Report the procedure with code 11055, Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion, because the removal was limited to slicing off hyperkeratotic scale.

Coding Example 4:

A patient presents with a thickly hyperkeratotic, 1.1 cm-wide seborrheic keratosis on the dorsal foot that is tender and painful with shoe friction. The physician removes the lesion via a sharp horizontal slicing through the dermal base of the lesion. Hemostasis is achieved with the application of a chemical hemostatic agent.

Correct Code: Report the procedure with code 11307, Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm, because a shave removal of the lesion was performed below the level of the keratotic scale through the dermis. The intent was to remove the lesion rather than to only pare or slice off the scale. Chemical or electrocauterization of the wound is included in the descriptor of code 11307.

Coding Example 5:

A patient presents with a thick hyperkeratotic corn that interferes with their ability to wear a shoe. The physician pares down the hyperkeratotic corn with a scalpel. During the paring procedure, an inadvertent cut penetrated the superficial dermis, provoking bleeding that was stopped with pressure.

Correct Code: Report the procedure with code 11055, Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion. Although a cut penetrated the dermis during the procedure, the intent and process of the procedure was to pare or cut the hyperkeratosis rather than to remove part or all of the lesion by a tangential technique through the dermis. An inadvertent penetration into the dermis to the base of the hyperkeratotic lesion does not qualify as a shave removal.

Correct code selection for shaving epidermal or dermal lesions vs paring or cutting benign hyperkeratotic lesions is determined by the following parameters:

- **Document lesion(s) removal technique:**

- When a paring or cutting technique is used:
 - Lesion removal via paring or cutting thickened keratin scale is reported based on the number of lesions treated during the encounter.
 - Document the procedure performed (ie, paring or cutting for however many lesions) and report the procedure using the appropriate code(s) from code range 11055-11057.
- When a shave technique is used:

- Lesion removal via shave technique to the dermis level is reported based on lesion size (measured before the procedure) and the anatomical location.
- **Note:** A common misconception is that multiple lesions removed by shave technique should be added together and reported as a single shave-removal procedure. This coding guidance is **only** true for wound (closure) repairs. When multiple lesions are removed using the shave technique during the same encounter, each procedure performed for the lesion removal is reported as a separate procedure, and the procedures are reported with the appropriate National Correct Coding Initiative Procedure-to-Procedure (NCCI PTP) modifier, depending on payer requirements.
- Document the procedure(s) performed (ie, shave technique for however many lesions, size of lesions, and the anatomic location[s] of lesion[s]) and report the procedure(s) using the appropriate code(s) from code ranges 11300-11303, 11305-11308, and 11310-11313.