

Surgery/Integumentary System (10030-19499)

10030

The provider inserts a catheter through the skin using imaging to view the fluid. He then drains the fluid from the soft tissue in cases such as abscess, hematoma, seroma, lymphocele, or cyst. Imaging guidance for needle and catheter placement can be by ultrasound, fluoroscopy, or computed tomography. This procedure can be done by using a catheter that is mounted on a sharp trocar, which is placed through a small skin incision made next to a guiding needle, or by inserting a hollow needle into the cavity and passing a guide wire through the needle to create a path for the drainage catheter. The area is drained, and the catheter, which is left in place, ensures continued drainage.

10035

When the patient is appropriately prepped and anesthetized, the provider uses image guidance to view the exact location of the lesion in the affected soft tissue. The provider then uses a needle introducer to place the localization device through the skin to the target tissue. After placing the device, the provider uses image guidance to ensure the correct position of the device, closes the site, and applies a bandage.

10036

After placement of the first localization device and at the same session, the provider uses image guidance to view the exact location of the lesion in the affected soft tissue. The provider then uses a needle introducer to place an additional localization device through the skin to the target tissue. After placing the device, the provider uses image guidance to ensure the correct position of the device, closes the site, and applies a bandage.

10040

Lesions like comedones (blackheads) can be removed mechanically with an extractor. A fine-tipped needle or pointed blade may also be used. Code 10040 can be performed under local anesthesia.

10060

When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He makes an incision

through skin and down to the level of abscess cavity. The provider then opens the abscess and excises the inflamed fatty and dead tissues within the cavity and drains the pus completely. When the provider successfully accomplishes the procedure, he may leave this wound open for continuous discharge of fluids and may use woven cotton cloth to soak up fluids and blood. The provider may use a small surgical clamp to break up any loculations within the cavity and may insert gauze or other material to pack the abscess cavity.

10061

When the patient is appropriately prepped and anesthetized, the provider makes a circumferential incision over the target area of abscess. He deepens the incision through the vascular inner layer of skin and down to the deep level of abscess cavity. The provider then opens the abscess and excises the inflamed fatty and dead tissues within the cavity and drains the pus completely. When the provider successfully accomplishes the procedure, he may leave this wound open for continuous discharge of fluids and may use woven cotton cloth to soak up fluids and blood. The provider may use a small surgical clamp to break up any loculations within the cavity and may insert gauze or other material to pack the abscess cavity.

10080

The lesion is cleaned and prepped, and then a small scalpel incision expresses a small amount of pus.

10081

A complicated I&D can often be substantiated when multiple incisions are required or there is infection.

10120

When the patient is appropriately prepped and anesthetized, the provider makes an incision in the area of a foreign body in the subcutaneous layer of skin. After that, the provider uses appropriate instrumentation to remove the foreign body. As this is a simple incision, it is not complicated; therefore, this type of FBR requires no dissection. The provider closes the incision.

10121

The note should indicate extended exploration around the wound

site, sometimes with need to use visualization and localization techniques such X-ray or CT scan. Also includes wound closure.

10140

When the patient is appropriately prepped and anesthetized, the provider makes an incision into a hematoma, seroma, or other collection of fluids and bluntly penetrates it to allow the fluid to evacuate, with or without the necessity of packing. The provider closes the incision primarily, meaning at that session, or he leaves the incision to heal without closure. The provider may place pressure dressing over the skin.

10160

The provider cleans and isolates the area on the skin and inserts a needle into the fluid deposit area. He then aspirates the fluid or pus. The provider applies antibiotics and dressing. The provider may place a pressure dressing over the area.

10180

This procedure is a simple linear incision along an abscess cavity's total length for complete drainage. It also facilitates subsequent breakup of cavities or compartment. The physician cleans the site with an antiseptic. Then, using a sterile needle or scalpel, a small incision is made on the skin to puncture the abscess. This results in the draining of the pus fluid from the abscess or boil through the incision. Adequate removal of debris from the wound cavity involves copious irrigation of the abscess cavity with something like normal saline solution. After complete removal of the pus, gauze is placed to prevent leakage of cellular fluid from the non-infected tissues surrounding the abscess. Loose packing or gauze allows continued drainage. A suture or splint can be used.

11000

When the patient is appropriately prepped and anesthetized, the provider cleans the area of infected skin. The provider then performs debridement by cutting away the dead tissue using surgical instruments like a scalpel or scissors. The provider performs debridement until he sees healthy bleeding on the skin edges. The provider then controls bleeding, applies an antibiotic, and dresses the wound. Use this code for debridement of up to 10 percent of the body surface.

11001

When the patient is appropriately prepped and anesthetized, the provider uses surgical instruments to debride the infected skin. Add-on code +11001 represents debridement of each additional 10 percent, or portion of that, after the initial 10 percent, which you report using 11000. The provider cleans the area of infected skin. The provider then performs debridement by cutting away the dead tissue using surgical instruments like a scalpel or scissors. The provider does debridement until he sees healthy bleeding on the skin edges. The provider then controls bleeding, applies an antibiotic, and dresses the wound.

11004

When the patient is appropriately prepped and anesthetized, the provider evaluates the extent of the necrotic tissue in the external genitalia and perineum. The provider, by using surgical instruments such as a scalpel or scissors, resects and debrides the infected necrotic skin, subcutaneous tissue, fat, and muscle. The provider tries to preserve as much viable skin and subcutaneous tissue as possible. The provider by doing this allows the remaining healthy tissues to heal properly. The provider then controls bleeding, applies an antibiotic, and packs the open wound with saline soaked gauze.

11005

When the patient is appropriately prepped and anesthetized, the provider evaluates the extent of the necrotic tissue in the abdominal wall. The provider resects and debrides all the infected necrotic skin, subcutaneous tissues, fascia, and muscle by using surgical instruments such as a scalpel, scissors, or other tools. The provider tries to preserve as much viable skin and subcutaneous tissue as possible. The provider, by doing this, allows the remaining healthy tissues to heal properly. The provider then controls bleeding and places multiple drains in all wound sites. He applies antibiotics and packs the open wound with saline soaked gauze. The provider may complete the procedure with or without fascial closure in which he closes the fascia of the abdominal wall.

11006

When the patient is appropriately prepped and anesthetized, the

provider evaluates the extent of the necrotic tissue in the external genitalia, perineum, and abdominal wall. The provider resects and debrides all the infected necrotic skin, subcutaneous tissues, fascia, and muscle by using surgical instruments such as a scalpel, scissors, or other tools. The provider tries to preserve as much viable skin and subcutaneous tissue as possible. The provider, by doing this, allows the remaining healthy tissues to heal properly. The provider then controls bleeding, applies antibiotics, and packs the open wound with saline soaked gauze. The provider may complete the procedure with or without fascial closure in which he closes the fascia of the abdominal wall.

11008

At the same session that the provider performs a primary procedure for debridement or incision and drainage, the provider performs this prosthetic material or mesh removal. When the patient is appropriately prepped and anesthetized, the provider incises the abdominal skin and dissects the tissue exposing the prosthetic material. The provider debrides the infected necrotic area and other nonviable elements. The provider uses instruments to remove the prosthetic material or mesh in a patient with an infection, such as necrotizing tissue or a recurrent mesh infection. The provider may leave some non-infected tissue in the wound. The provider irrigates the area and closes the wound with sutures.

11010

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the skin and subcutaneous wound associated with an open fracture and/or dislocation. She debrides all foreign material along with other necrotic tissue and excessive amounts of abnormal microbes in these skin and subcutaneous wounds. She uses forceps, a scalpel, or other instruments as needed. The provider removes all these tissues surgically in and around the site of the open fracture and/or dislocation. She examines other soft tissues in the area, for example tendons and ligaments. The provider then performs irrigation of the tissue layers.

11011

When the patient is appropriately prepped and anesthetized, the

provider performs prolonged cleansing of the wound. She debrides all foreign material along with other necrotic tissue and excessive amounts of abnormal microbes in the wounded skin, subcutaneous tissue, muscle fascia, and muscles associated with an open fracture and/or open dislocation. She uses forceps, a scalpel, or other instruments to remove all these tissues surgically in and around the site of the open fracture and/or open dislocation. The provider examines other soft tissues in the area, for example tendons and ligaments. The provider also performs irrigation of the tissue layers. Depending on the patient's needs, the patient may then undergo separately reportable fracture or dislocation reduction, or the provider may use rubber bands or special devices to maintain skin position or may apply special dressing material. The provider also may apply a splint.

11012

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the wound. She debrides all foreign material along with other necrotic tissue and excessive amounts of abnormal microbes in the wounded skin, subcutaneous tissue, muscle fascia, muscle, and bone associated with the open fracture and/or open dislocation. She uses scissors, a scalpel, and other instruments to remove all these tissues surgically in and around the site of the open fracture and/or dislocation. She examines other soft tissues in the area, for example tendons and ligaments. She also performs irrigation of the tissue layers. Depending on the patient's needs, the patient may then undergo separately reportable fracture or dislocation reduction, or the provider may use rubber bands or special devices to maintain skin position, or special dressing material. The provider also may apply a splint to stabilize the bone and joint.

11042

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the skin and subcutaneous wound. The provider uses appropriate instruments such as forceps and scissors to remove infected or dead tissue material from the wound. She does debridement until she sees viable tissue, including excising tissue from the wound

until she sees healthy bleeding on the skin edges. She then controls bleeding, applies an antibiotic, and dresses the wound. Use this code for debridement of up to the first 20 sq cm of subcutaneous tissue. Also include any debridement of the epidermal and dermal layers in this code.

11043

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the wound involving the muscle and/or fascia. The provider uses appropriate instruments such as forceps and scissors to remove the damaged tissues and necrotic material from the skin and muscle layer, which include skin, subcutaneous tissue, fascia, and muscle. The provider excises tissue from the wound until she sees healthy bleeding on the skin edges. The provider then controls bleeding, applies an antibiotic, and dresses the wound. Use this code for debridement of up to the first 20 sq cm when debridement occurs down to the fascia and muscular layer.

11044

When the patient is appropriately prepped and anesthetized, the provider performs prolonged cleansing of the wound. The provider uses a scalpel, scissors, or other appropriate instruments to remove necrotic or foreign material from the site of injured bone, also including work on the epidermis, dermis, subcutaneous tissue, muscle and/or fascia when needed. The provider either closes the wound immediately, or can delay the wound closure depending on the wound size. Use this code for debridement of up to the first 20 sq cm when debridement occurs down to bone, and also include debridement of the epidermis, dermis, subcutaneous tissue, muscle and/or fascia when needed.

11045

At the same session that the provider performs a primary procedure for subcutaneous debridement of 20 sq cm, the provider performs this debridement for up to an additional 20 sq cm. When the patient is appropriately prepped and anesthetized, the provider uses appropriate instruments such as a scalpel, forceps, or other tools to remove necrotic or dead tissue from the wound. The provider excises large areas of affected tissues until she sees healthy bleeding on the skin edges. She then controls bleeding,

applies an antibiotic, and may close the wound primarily or in layers, or may leave the wound to heal by secondary intention. Use this code as an add-on code with primary procedure code 11042.

11046

At the same session that the provider performs a primary procedure for muscle and/or fascia debridement of 20 sq cm, the provider performs this debridement for up to an additional 20 sq cm. When the patient is appropriately prepped and anesthetized, the provider uses appropriate instruments such as a scalpel or scissors to remove a large area of damaged or necrotic tissues. This includes skin, subcutaneous tissue, fascia, and/or muscle. She debrides the affected tissue until she sees healthy tissue; she closes the wound in layers or may leave the wound to heal by secondary intention. Use this code for debridement as an add-on code with primary procedure code 11043.

11047

At the same session that the provider performs a primary procedure for bone debridement of 20 sq cm, the provider performs debridement for up to an additional 20 sq cm. When the patient is appropriately prepped and anesthetized, the provider uses a scalpel, scissors, or other tools to remove large areas of necrotic affected tissue from bone as well as the epidermis, dermis, subcutaneous tissue, muscle and/or fascia as needed. Once she reaches healthy tissue, she closes the wound by primary closure or in layers, or may leave the wound to heal by secondary intention.

11055

When the patient is appropriately prepped and anesthetized, the provider evaluates the size, depth, and location of the benign hyperkeratotic lesion. She uses a scalpel, curette, blade, or a spoon-shaped surgical instrument to trim or pare down the lesion. The provider applies antiseptic to the site and, if necessary, removes the pressure points by fitting padding on the site.

11056

When the patient is appropriately prepped and anesthetized, the provider evaluates the size, depth, and location of 2 to 4 benign hyperkeratotic lesion. She uses a scalpel, curette, blade, or a spoon-shaped surgical instrument to trim or pare down the lesion. The

provider applies antiseptic to the site and, if necessary, removes the pressure points by fitting padding on the site.

11057

When the patient is appropriately prepped and anesthetized, the provider evaluates the size, depth, and location of more than 4 benign hyperkeratotic lesions. She uses a scalpel, curette, blade, or a spoon-shaped surgical instrument to trim or pare down the lesion. The provider applies antiseptic to the site and, if necessary, removes the pressure points by fitting padding on the site.

11100

When the patient is appropriately prepped and anesthetized, the provider evaluates the depth of the lesion. She uses a scalpel, skin punch, or other instrument for excision of the sample tissue. She takes the specimen by selecting the most suitable area of the lesion for biopsy. She removes a part of the skin, subcutaneous tissue, and/or mucous membrane lesion for pathological analysis. She applies antibiotic cream and a sterile dressing, or may perform a simple closure of the excision site.

11101

At the same session that the provider performs a primary procedure to take an initial biopsy, the provider performs excision of an additional skin lesion for biopsy. When the patient is appropriately prepped and anesthetized, the provider evaluates the depth of the lesion. She uses a scalpel, skin punch, or other instrument for excision of the sample tissue. She takes the specimen by selecting the most suitable area of the lesion for biopsy. She removes a part of the skin, subcutaneous tissue, and/or mucous membrane lesion for pathological analysis. She applies antibiotic cream and a sterile dressing, or may perform a simple closure of the excision site. Use this code as an add-on code with primary procedure code 11100.

11200

When the patient is appropriately prepped and anesthetized, the provider evaluates the location and size of the skin tags. She uses forceps, scissors, or a blade to remove the skin tags. She may remove smaller tags painlessly without applying anesthesia. She applies an antibiotic after removing skin tags. Use this code for removal of skin tag lesions, up to 15.

11201

When the patient is appropriately prepped and having just undergone the excision of 15 lesions, the provider evaluates the location and size of up to 10 additional skin tags. She uses forceps, scissors, or a blade to remove the skin tags. She may remove smaller tags painlessly without applying anesthesia. She applies an antibiotic after removing skin tags.

11300

When the patient is appropriately prepped and anesthetized, the provider evaluates the lesion on the trunk, arms, or legs. She then uses a scalpel blade to remove the lesion from its base by performing a horizontal slicing motion. She performs shaving typically to the middle dermis layer, without disturbing the subcutaneous tissue. The provider controls bleeding by cauterization, without any suturing. Use this code for a skin lesion of 0.5 cm diameter or less.

11301

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the trunk, arms, or legs and moves it across a single lesion of 0.6 to 1.0 cm in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cauterization to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11302

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the trunk, arms, or legs and moves it across a single lesion of 1.1 to 2.0 cm in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cauterization to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11303

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the trunk, arms, or legs and moves it across a single lesion of greater than 2.0 cm

in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cauterization to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11305

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the scalp, neck, hands, feet, or genitals and moves it across a single lesion of 0.5 cm or less in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cauterization to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11306

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the scalp, neck, hands, feet, or genitals and moves it across a single lesion of 0.6 to 1.0 cm in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cauterization to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11307

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the scalp, neck, hands, feet, or genitals and moves it across a single lesion 1.1 to 2.0 cm in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cauterization to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11308

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the scalp,

neck, hands, feet, or genitals and moves it across a single lesion greater than 2.0 cm in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cauterization to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11310

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the face, ears, eyelids, nose, or lips, or to a mucous membrane and moves it across a single lesion of 0.5 cm or less in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cauterization to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11311

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the face, ears, eyelids, nose, or lips, or to a mucous membrane and moves it across a single lesion of 0.6 to 1.0 cm in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cauterization to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11312

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the face, ears, eyelids, nose, or lips, or to a mucous membrane and moves it across a single lesion of 1.1 to 2.0 cm in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cauterization to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11313

When the patient is appropriately prepped and the area anesthetized, the provider holds a blade horizontal to the skin of the face, ears, eyelids, nose, or lips, or to a mucous membrane and moves it across a single lesion of 2.0 cm or greater in diameter with a sawing motion. Shaving usually extends to the middle dermis without disturbing the subcutaneous tissue, followed by cautery to control bleeding, without any suturing. In some cases, the provider may remove the raised portion of a benign lesion and allow additional lesion tissue to persist in the dermis. He dresses the wound.

11400

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 0.5 cm or less in diameter, including margins, on the trunk, arms, or legs. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11401

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 0.6 to 1.0 cm in diameter, including margins, on the trunk, arms, or legs. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11402

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 1.1 to 2.0 cm in diameter, including margins, on the trunk, arms, or legs. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11403

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 2.1 to 3.0 cm in diameter, including margins, on the trunk, arms, or legs. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11404

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 3.1 to 4.0 cm in diameter, including margins, on the trunk, arms, or legs. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11406

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring greater than 4.0 cm in diameter, including margins, on the trunk, arms, or legs. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11420

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 0.5 cm or less in diameter, including margins, on the skin of the scalp, neck, hands, feet, or genitals. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11421

When the patient is appropriately prepped and the area anesthetized,

the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 0.6 to 1.0 cm in diameter, including margins, on the skin of the scalp, neck, hands, feet, or genitals. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11422

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 1.1 to 2.0 cm in diameter, including margins, on the skin of the scalp, neck, hands, feet, or genitals. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11423

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 2.1 to 3.0 cm in diameter, including margins, on the skin of the scalp, neck, hands, feet, or genitals. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11424

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other bladed instrument perpendicular to a benign lesion, not a skin tag, measuring 3.1 to 4.0 cm in diameter, including margins, on the skin of the scalp, neck, hands, feet, or genitals. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11426

When the patient is appropriately prepped and the area anesthetized, the provider holds a scalpel or other

bladed instrument perpendicular to a benign lesion, not a skin tag, measuring greater than 4.0 cm in diameter, including margins, on the skin of the scalp, neck, hands, feet, or genitals. He excises down into the subcutaneous tissue in an elliptical, wedge, or circular shape to remove the entire lesion. He may submit the specimen to a laboratory for analysis. He checks for bleeding and then closes the wound in a single layer.

11440

In this procedure, the physician excises a benign lesion (noncancerous) and also performs a simple (nonlayered) closure. First the patient is taken to the operating room, and placed on the surgical table, and, the cut out area is underlined with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. After recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin and carries it down into the level of subcutaneous tissue (fatty layer). The physician then cuts out the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. The lesion sample is sent to the laboratory for examination. Blood flow is restrained with electrocautery taking care to not destroy the tissue framework. Lastly, the physician may close the wound with simple skin staples. Report this code if the physician cut out the benign lesion other than a skin tag of the face, ears, eyelids, nose, lips; mucous membrane along with an edges of normal tissue with lesion size less than 0.5 cm.

11441

In this procedure, the physician excises a benign lesion (noncancerous) and also performs a simple (nonlayered) closure. First the patient is taken to the operating room, and placed on the surgical table, and the cut out area is underlined with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. After recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin down into the level of subcutaneous tissue (fatty layer). The physician then cuts out the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. The lesion sample is sent to the laboratory

for examination. Blood flow is restrained with an electrocautery taking care to not destroy the tissue framework. Lastly, the physician may close the wound with simple skin staples. Report this code if the physician cut out the benign lesion other than a skin tag of the face, ears, eyelids, nose, lips; mucous membrane along with an edges of normal tissue with the lesion size between 0.6 to 1.0 cm.

11442

In this procedure, the physician removes a benign lesion (noncancerous) that includes a simple (nonlayered) closure. First the patient is taken to the operating room, and placed on the surgical table, and the area to be excised is marked with a colored pen. The area is then cleansed with an antiseptic skin solution to reduce the risk of infection, and local anesthetic is then applied to make the area numb. After identifying margins of healthy tissue, the physician incises through the dermis and down through the level of the fatty layer. The physician then cuts around and under the lesion in a circular shape with the help of surgical instruments to remove the entire lesion. The lesion sample is then sent to the pathology laboratory for analysis. Blood flow is restrained with electrocautery taking care to not destroy the tissue framework. Lastly, the physician may close the wound with sutures or skin staples. Use this code if the physician excises the benign lesion other than a skin tag of face, ears, eyelids, nose, lips; mucous membrane along with a margin of normal tissue with the lesion size between 1.1 to 2.0 cm.

11443

In this procedure, the physician excises a benign lesion (noncancerous); and also performs a simple (nonlayered) closure. First the patient is taken to the operating room, and placed on the surgical table, and the cut out area is underlined with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. After recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin and down into the level of subcutaneous tissue (fatty layer). The physician then cuts out the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. The lesion sample is sent to the laboratory for examination. Blood flow is restrained with an

electrocautery taking care to not destroy the tissue framework. Lastly, the physician may close the wound with simple skin staples. Report this code if the physician cut out the benign lesion other than a skin tag of the face, ears, eyelids, nose, lips; mucous membrane along with an edges of normal tissue with the lesion size between 2.1 to 3.0 cm.

11444

In this procedure, the physician excises a benign lesion (noncancerous) and also performs a simple (nonlayered) closure. First the patient is taken to the operating room, and placed on the surgical table, and the cut out area is underlined with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. After recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin and down into the level of subcutaneous tissue (fatty layer). The physician then cuts out the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. The lesion sample is sent to the laboratory for examination. Bleeding is restrained with an electrocautery taking care to not destroy the tissue framework. Lastly, the physician may close the wound with simple skin staples. Report this code if the physician cut out the benign lesion other than a skin tag of the face, ears, eyelids, nose, lips; mucous membrane along with an edges of normal tissue with the lesion size between 3.1 to 4.0 cm.

11446

In this procedure, the physician excises a benign lesion (noncancerous) and also performs a simple (nonlayered) closure. First the patient is taken to the operating room, and placed on the surgical table, and the cut out area is underlined with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. After recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin and down into the level of subcutaneous tissue (fatty layer). The physician then cuts out the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. The lesion sample is sent to the laboratory for examination. Bleeding is restrained with electrocautery taking care to not destroy the tissue framework.

Lastly, the physician may close the wound with simple skin staples. Report this code if the physician cut out the benign lesion other than a skin tag of the face, ears, eyelids, nose, lips; mucous membrane along with an edges of normal tissue with the lesion size greater than 4.0 cm.

11450

In this procedure, the physician removes skin and subcutaneous tissue in the region of the armpit to treat hidradenitis. Hidradenitis is a chronic condition typified by an inflamed lesion in the sweat glands, which can affect surrounding subcutaneous tissue and fascia. First the patient is taken to the operating room, and placed on the surgical table, and the area to be excised is labeled. The incision is made through the vascular inner layer of skin, and down to the level of the apocrine (sweat) glands. The physician then excises the entire diseased skin and subcutaneous fatty tissue overlying the apocrine (sweat) glands and performs a simple or intermediate repair of the wound with sutures or skin staples.

11451

In this procedure, the physician removes skin and subcutaneous tissue in the armpit region to treat hidradenitis. Hidradenitis is a chronic condition typified by an inflamed lesion in the sweat glands, which can affect surrounding subcutaneous tissue and fascia. First the patient is taken to the operating room, and placed on the surgical table, and the area to be excised is labeled. The incision is made deeply through the vascular inner layer of skin, underneath the apocrine (sweat) glands, to the level of diseased tissue. The physician then excises the entire diseased skin and subcutaneous fatty tissues overlying and underneath the apocrine (sweat) glands and down to the muscular fascia so that any abnormal opening area is exposed and removed. The physician then performs a complex repair of the wound with heavy reinforcing sutures; sometimes a graft or flap may be needed for closure of the surgical wound.

11452

In this procedure, the physician removes skin and subcutaneous tissue in the inguinal (groin) region to treat hidradenitis. Hidradenitis is a chronic condition typified by an inflamed lesion in the sweat glands, which can affect surrounding subcutaneous tissue and fascia. First the patient is taken to the operating room, and placed on the surgical table, and the area to be excised is labeled. The incision is made through the vascular inner layer of skin, down to the level of the apocrine (sweat) glands. The physician then excises the entire diseased skin and subcutaneous fatty tissue overlying the apocrine (sweat) glands and performs a simple or intermediate repair of the wound with sutures or skin staples.

surgical table, and the area to be excised is labeled. The incision is made through the vascular inner layer of skin down to the level of the apocrine (sweat) glands. The physician then excises the entire diseased skin and subcutaneous fatty tissue overlying the apocrine (sweat) glands and performs a simple or intermediate repair of the wound with sutures or skin staples.

11463

In this procedure, the physician removes skin and subcutaneous tissue in the inguinal (groin) region to treat hidradenitis. Hidradenitis is a chronic condition typified by an inflamed lesion in the sweat glands, which can affect surrounding subcutaneous tissue and fascia. First the patient is taken to the operating room, and placed on the surgical table, and the area to be excised is labeled. The incision is made deeply through the vascular inner layer of skin, down underneath the apocrine (sweat) glands, to the level of diseased tissue. The physician then excises the entire diseased skin and subcutaneous fatty tissues overlying and underneath the apocrine (sweat) glands and down to the muscular fascia so that any abnormal opening area is exposed and removed. The physician then performs a complex repair of the wound with heavy reinforcing sutures; sometimes a graft or flap may be needed for closure of the surgical wound.

11470

In this procedure, the physician removes skin and subcutaneous tissue in the perianal, perineal, or umbilical region to treat hidradenitis. Hidradenitis is a chronic condition typified by an inflamed lesion in the sweat glands, which can affect surrounding subcutaneous tissue and fascia. First the patient is taken to the operating room, and placed on the surgical table, and the area to be excised is labeled. The incision is made through the vascular inner layer of skin, down to the level of the apocrine (sweat) glands. The physician then excises the entire diseased skin and subcutaneous fatty tissue overlying the apocrine (sweat) glands and performs a simple or intermediate repair of the wound with sutures or skin staples.

11471

In this procedure, the physician removes skin and subcutaneous tissue in the perianal, perineal, or umbilical region to treat hidradenitis. Hidradenitis is a chronic condition typified by an

inflamed lesion in the sweat glands, which can affect surrounding subcutaneous tissue and fascia. First the patient is taken to the operating room, and placed on the surgical table, and the area to be excised is labeled. The incision is made deeply through the vascular inner layer of skin, down underneath the apocrine (sweat) glands, to the level of diseased tissue. The physician then excises the entire diseased skin and subcutaneous fatty tissues overlying and underneath the apocrine (sweat) glands and down to the muscular fascia so that any abnormal opening area is exposed and removed. The physician then performs a complex repair of the wound with heavy reinforcing sutures; sometimes a graft or flap may be needed for closure of the surgical wound.

11600

After giving local anesthesia, a margin of healthy tissue is identified and a full-thickness incision is made through the skin. The whole lesion is excised including the margins. All margins are cleaned, bleeding is controlled, and the wound is closed with sutures. The lesion may be sent to a laboratory for evaluation. A malignant lesion, like melanoma, squamous cell carcinoma, or basal cell carcinoma, from the trunk, arms, or legs with excision diameter less than 0.5 cm is excised, including the margins, in this procedure.

11601

In this procedure, the physician removes a malignant lesion (cancerous) and also performs simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the physician help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is

restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the trunk, arms, or legs along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1 cm.

11602

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the trunk, arms, or legs along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1 cm.

11603

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is

restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the trunk, arms, or legs along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1 cm.

11604

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the trunk, arms, or legs along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1 cm.

11605

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the trunk, arms, or legs along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1 cm.

11606

In this procedure, the physician removes a malignant lesion

(cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the trunk, arms, or legs along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1 cm.

11607

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the trunk, arms, or legs along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1 cm.

chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the scalp, neck, hands, feet, or genitalia along with a margin of little healthy normal tissue and if the lesion size is less than 0.5 cm.

11621

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the scalp, neck, hands, feet, or genitalia along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1 cm.

11622

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue

(fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the scalp, neck, hands, feet, or genitalia along with a margin of little healthy normal tissue and if the lesion size is 1.1 cm to 2.0 cm.

11623

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the scalp, neck, hands, feet, or genitalia along with a margin of little healthy normal tissue and if the lesion size is 3.1 cm to 4.0 cm.

a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the Physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The Physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the scalp, neck, hands, feet, or genitalia along with a margin of little healthy normal tissue and if the lesion size is 1.1 cm to 2.0 cm.

11626

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the face, ears, eyelids, nose, or lips, along with a margin of little healthy normal tissue and if the lesion size is less than 0.5 cm.

destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the scalp, neck, hands, feet, or genitalia along with a margin of little healthy normal tissue and if the lesion size is more than 4 cm.

11640

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the face, ears, eyelids, nose, or lips, along with a margin of little healthy normal tissue and if the lesion size is less than 0.5 cm.

11641

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then

excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the face, ears, eyelids, nose, or lips, along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1.0 cm.

11642

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the face, ears, eyelids, nose, or lips, along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1.0 cm.

11643

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure.

First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the face, ears, eyelids, nose, or lips, along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1.0 cm.

11644

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the face, ears, eyelids, nose, or lips, along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1.0 cm.

physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the face, ears, eyelids, nose, or lips, along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1.0 cm.

11646

In this procedure, the physician removes a malignant lesion (cancerous) and also performs a simple (single-layer) closure. First the patient is placed on the surgical table and the cut out area is labeled with a pencil. The area is then washed out with an antiseptic skin solution such as Betadine, and local anesthetic is then applied to make the area insensitive. The patient is prepped and draped, the lights are positioned, and, after recognizing edges of the healthy tissue, the physician incises through the vascular inner layer of skin into the subcutaneous tissue (fatty layer). The physician then excises around the lesion in an oval shape with the help of surgical instruments to remove the entire lesion. With manual and visual inspection, the tissue sample and wound margins are examined to make sure no clinically visible or palpable tumor is left behind. The specimen is then oriented and tagged with sutures to ensure the report of accurate margins by the pathology laboratory. Bleeding is restrained with an electrocautery or chemical cautery, taking care to not destroy the tissue framework. The physician then performs the simple repair of the wound with sutures or skin staples. Report this code if the physician excises the malignant lesion of the face, ears, eyelids, nose, or lips, along with a margin of little healthy normal tissue and if the lesion size is 0.6 cm to 1.0 cm.

11721**G Code Crosswalk G0247**

The physician performs a debridement of 6 or more nails by either manual or mechanical means to remove abnormal, diseased, or infected nail.

11730

A standard digital block is performed, and a nail elevator or iris scissors are used to separate the nail plate from the nail bed. Electrocautery ablation is used to control bleeding. Any small wounds are restored with a simple repair. If the wound requires immediate reconstruction with local flaps, you can report that procedure separately. Use this code for the partial or complete, simple removal of the first nail plate.

11732

A standard digital block is performed, and a nail elevator or iris scissors are used to separate the nail plate from the nail bed. Electrocautery ablation is used to control bleeding. Any small wounds are repaired with a simple closure. If the wound requires immediate reconstruction with local flaps, you can report that procedure separately. This CPT® code is used for each additional, simple, partial or complete avulsion (removal) of the nail plate. Report this code in addition to the code for the primary procedure.

11740

To drain the blood, the physician might push a small needle through the nail plate using electrocautery or drilling. If necessary, the physician can apply further pressure to fully drain the dark blood. After the removal of the blood, the physician covers the site with a nonadherent dressing.

11750

To prevent a new nail from forming, the physician uses phenol or electrocautery to destroy or permanently remove the nail matrix. Tears that are made in the matrix are later closed with sutures.

11755

When the physician performs a nail unit biopsy, he cuts through the nail plate, biopsies the nail bed, and then sutures the wound closed so it can heal properly.

11760

The physician removes the nail and repairs the nail bed. He can perform a hematoma evaluation, or drain blood with absorbable sutures, which is included in this code.

11762

The physician removes the nail and repairs the nail bed with a split-thickness or full-thickness graft.

11765

After administering local anesthesia, the physician makes an elliptical incision through the granulating or subcutaneous hypertrophied tissue of the affected nail groove. A wedge-shaped incision removes soft tissue from the nail margins. The wound is then closed with sutures to promote healing.

11770

After informed consent, the patient is brought to operating room. Prep and drape of operating area are done in the usual sterile method. Probes or dye may be used to identify the cyst. After identifying the location of the cyst (usually in the buttock or coccyx area), the physician incises is made over the midline of the cyst. The physician removes the complete cyst along with the infected tissue margin using a scalpel. After complete removal, the wound is sutured in simple linear fashion and/or packed.

11771

After administration of local anesthesia, an incision with a scalpel is made over the infected area of skin down to the subcutaneous level. Attention is paid to the pilonidal cyst. First, the physician drains the pus, removes hair from the area, and cleanses the wound. The cyst, infected subcutaneous margin, and underlying fascia are completely removed. The wound is sutured in simple or layered fashion and then dressing is applied. Antibiotics may or may not be required.

This code is reported when the pilonidal cyst(s) is extensive in nature (spread to subcutaneous tissue layer). Look for the terms like "extended," "extensive," "deeply rooted," etc. in the documentation for code 11771.

11772

A patient with recurrent or complicated pilonidal cysts needs more invasive surgery for excision of the same. After administration of local anesthesia, an incision with a scalpel is made over the infected area of skin and further extended to the subcutaneous level and fascia. The limits of the pilonidal cavity are determined by using vital dye. After identification, the entire cyst is excised down to sacral fascia along with the surrounding margin. The

wound is sutured in simple or layered fashion. Sometimes defects resulting from the excision require skin grafts. Wound dressing is applied.

11900

The physician inserts a 25 or 30 gauge needle intralesionally and injects a drug. The needle is removed once the tissue expands and fills with the fluid. Use this code for injection of up to 7 lesions.

11901

The physician inserts a 25 or 30 gauge needle intralesionally and injects a drug. The needle is removed once the tissue expands and fills with the fluid. Use this code for more than 7 lesions.

11920

The physician dips a single needle or set of needles into the pigments (for example, dihydroxyacetone, DHA), and injects the needle(s) into the skin. The physician then moves the needle(s) up and down, penetrating the epidermis and dermis and implanting the pigments. Excess pigment is wiped off of the skin. This code is appropriate if the tattoo area is 6 sq cm or less.

11921

The physician dips a single needle or set of needles into the pigments (for example, dihydroxyacetone, DHA), and injects the needle(s) into the skin. The physician then moves the needle(s) up and down, penetrating the epidermis and dermis and implanting the pigments. Excess pigment is wiped off of the skin. Report 11921 if the tattoo area is 6.1 sq cm to 20 sq cm.

11922

The physician dips a single needle or set of needles into the pigments (for example, dihydroxyacetone, DHA), and injects the needle(s) into the skin. The physician then moves the needle(s) up and down, penetrating the epidermis and dermis and implanting the pigments. Excess pigment is wiped off of the skin. Code 11922 is for each additional 20 sq cm or part thereof.

11950**G Code Crosswalk** G0429

The provider injects the required amount of natural or synthetic filler, such as collagen, into the subcutaneous layer. The material fills skin depressions due to scars and/or wrinkles. Use this code for an injection that is 1 cc or less.

11951**G Code Crosswalk** G0429

The provider injects the required amount of natural or synthetic

filler, such as collagen, into the subcutaneous layer. The material fills depressions due to scars and/or wrinkles. Use this code for an injection that is 1.1 cc to 5.0 cc.

11952**G Code Crosswalk** G0429

The provider injects the required amount of natural or synthetic filler, such as collagen, into the subcutaneous layer. The material fills depressions due to scars and/or wrinkles. Use this code for an injection that is 5.1 cc to 10.0 cc.

11954**G Code Crosswalk** G0429

The provider injects the required amount of natural or synthetic filler, such as collagen, into the subcutaneous layer. The material fills depressions due to scars and/or wrinkles. Use this code for an injection that is more than 10.0 cc.

11960

When the patient is appropriately prepped and anesthetized, the provider makes an incision in an area of the patient's body that needs to be treated, except the breast. He then inserts a temporary implant, typically silicone, under the skin. This implant helps to expand the tissue beneath the deep fascia, which is tissue separating the different layers of a muscle, superficial muscles, or subcutaneous tissue. The provider closes the skin after placing the implant. The provider then increases the volume of the expander by injecting a saline solution. As a result, the skin expands and tissue grows within a few days or over time to permit use for a surgery at a later date. For instance, the provider may be able to use the new tissue as skin flaps rather than using a graft. This code is for the insertion of a tissue expander anywhere other than a breast, and the code includes subsequent expansion by saline.

11970

When the patient is appropriately prepped and anesthetized, the provider makes an incision with the help of a scalpel at the site of the previously inserted tissue expander. He removes the tissue expander and then inserts a permanent prosthesis, which is an artificial implant or tissue graft, into the area. The provider may use screws or wires to hold the prosthesis in place. He finally closes the incision with sutures.

11971

After adequate growth of cell and tissues, the physician removes the previously placed tissue expander by making an incision and closing

the wound. There is no insertion of any permanent prosthesis (artificial tissue) afterwards.

11976

After administration of local anesthesia, the physician makes a transverse incision at the implant site and removes the capsules, one by one, with forceps. The incision is then closed and covered with a bandage for healing.

11980

After administration of local anesthesia, the physician makes a subcutaneous/subdermal incision with a trocar. Forceps are used to create a space, and the hormone pellets are pushed inside these spaces. Hormones converted to pellets like testosterone, desoxycorticosterone acetate, and estradiol, which have sustained or controlled release properties, are generally used.

11981

After administration of a local anesthesia, the physician makes a small subcutaneous incision over the arm and inserts a titanium alloy implant which consists of osmotic driven tablets (e.g., Viadur®) and the incision is then closed with sutures. There are other non-biodegradable implants (Vantas®) which have a hydrogel reservoir for continuous release of drugs.

11982

After administration of local anesthesia, the physician removes the previously-inserted implant by making a incision over the site and removing it with scissors or mosquito forceps. The incision is later closed and covered with a bandage to promote healing.

11983

After administration of a local anesthetic the physician removes the previously-inserted implant by making an incision over the site and removing it with scissors or mosquito forceps. The physician then replaces the non-biodegradable drug delivery implant into the same site. The incision is then closed and covered with a bandage to promote healing.

12001

This code is used for the simplest type of superficial repair for wounds that are 2.5 cm or less in length. The physician closes a superficial wound of the scalp, neck, axillae, external genitalia, trunk, and/or extremities (hands and feet), involving the epidermis, dermis, or