**Melanoma**

**Squamous Cell Carcinoma**

**Sebaceous cyst**

**SUBCUTANEOUS SCAR REVISION**

**SUBFASCIAL LIPOMA**

**RADICAL**

**SUBQ or Tumor**

What is the Excised Diameter of the SKIN ALL LESION?

- Excision of subfascial soft tissue tumors involves the resection of tumors confined to the subQ tissue below the skin but above the deep fascia.
- Lesions above the fascia which require resection of the fascia itself for adequate tumor control should be reported as a subfascial resection.
- Very large lesions in locations that do not require wide margins are still subfascial codes.
- Digital (i.e., fingers and toes) subfascial tumors are defined as those tumors involving the tendons, tendon sheaths, or joints of the digits.

Subfascial Guidelines

- Radical Resection of soft tissue tumors involves the resection of the tumor with wide margins of normal tissue.
- Although the tumors may be confined to a specific layer (e.g., subQ, subfascial), radical resection may involve removal of tissue from one or more layers.
- WIDE EXCISION of a neoplasm involves the removal of the neoplasm, its capsule and a margin of normal tissue.
- RADICAL RESECTION is the removal of the neoplasm, its capsule and the entire section of the anatomic structure (muscle fascia, tendon, bone) surrounding the growth.
- EN BLOC removal of a tumor may require the code for radical tumor resection (if appropriate); en bloc is the resection of a large bulky tumor virtually without dissection, and is used in certain cancers to remove a primary lesion, the contiguous draining lymph nodes, and everything in between.

Subcutaneous Guidelines

- *Excision of subcutaneous soft tissue tumors involves the simple or marginal resection of tumors confined to subQ tissue below the skin but above the deep fascia.*
- *There are 3 layers of fascia-superficial fascia/subQ tissue, deep fascia, and subserous fascia.*
- *The superficial fascia/subQ tissue is located directly under the subcutis of the skin.*
- *It will be necessary to consult the procedure report to determine the physician work involved in removing the lipoma.*

Radical Resection Guidelines

- See "excision of benign lesion" codes 11400–11446 for the excision of a scar with simple closure of the defect created by the scar removal.
-See "complex repair" codes 13100–13160 for the excision of a scar with more than layered closure for the defect created by the scar excision. [CPT code book definition of Complex Wound Repair: "Complex repair does not include excision of benign (11400 – 11446) or malignant (11600 – 11646) lesion")
- See "excisional preparation" codes 15002 - 15005 and a skin graft code (15100–15431) for the excision of a scar and the free skin graft to repair the defect created by the scar removal—a code from the excision of benign lesions (11400–11446) is not reported in addition to the excisional preparation code and the skin graft procedure code.
-See "adjacent tissue transfer" codes 14000–14300 for the excision of a scar with flap repair of the defect created by the excision of the scar. The adjacent tissue transfer code includes the scar excision.
- See "adjacent tissue transfer" codes 14000–14300 for the excision of a scar with flap repair of the defect created by the excision of the scar. See also free skin graft codes 15000–15361 if a free skin graft must be used to close the flap donor site defect. The adjacent tissue transfer code includes the scar excision. (When a scar is excised and the defect repaired with a flap, report only the appropriate adjacent tissue transfer code, which includes the scar excision. Source = 13)

Lipoma Guidelines

- When a lipoma is present in a superficial location, it would be appropriate to use an excision code from the Integumentary System (e.g., 11400 – 11446, Excision, benign lesion). However, when the lipoma is in a deep subcutaneous, subfascial or submuscular location, an appropriate code from the musculoskeletal system (e.g., 21930, Excision, tumor, soft tissue of back or flank) would be reported to describe more accurately the work entailed.
- Therefore, it will be necessary to consult the procedure report to determine the physician work involved in removing the lipoma.

Scar Revision Guidelines

- When more than one dimension of a lesion is provided, use the largest side (e.g. 2.0x1.2x0.5cm, use 2.0cm as the lesion size).
- If a frozen section pathology report comes back during the same operative session showing the margins of excision are not adequate and an additional excision is performed to remove the entire tumor, only one code should be reported based on the final widest excised diameter.
How was the Lesion Defect Site Closed?

**SIMPLE Repair**
- Assign CPT Code: 11400-11646 ONLY
- Superficial (i.e. involving primarily epidermis or dermis without significant involvement of deeper structures)
- Requires simple one-layer closure/suturing
- Is not sutured but treated with chemical or electro cauterization
- Simple ligation of vessels in an open wound is considered part of any wound closure

**INTERMEDIATE Repair**
- Assign CPT Code: 11400-11646 and 12031-12057
- Layered closure of one or more of the “deeper layers of subQ tissue and superficial (non muscle) fascia”, in addition to the skin (epidermis and dermal closure)
- “Deeper layers of subQ tissue and superficial (non-muscle) fascia” refer to subQ tissue that is deeper than the dermis rather than to the deep subcutaneous tissue.
- Superficial (non-muscle) fascia includes the layer commonly referred to as subcutaneous fat and envelopes the cutaneous nerves, vessels, and adnexal structures (and specifically excludes repair of deep fascia, i.e., muscle-enveloping fascia).
- Heavily contaminated wounds that have required extensive cleaning or removal of particulate matter that undergo single-layer closure
- Closure of subQ tissue or more than one layer of tissue beneath the dermis (unless complex repair criteria is met)
- One or more layers of deep sutures are required to approximate dermis and/or obliterate dead space remaining within the subQ tissue, in addition to a separate outer layer for the epidermal/dermal approximation
- Skin flaps were raised to close the wound
- Simple ligation of vessels in an open wound is considered part of any wound closure

**COMPLEX Repair**
- Assign CPT Code: 11400-11646 and 13100-13153
- More than layered closure, such as in scar revision, debridement (e.g. traumatic lacerations or avulsions), extensive undermining, stents or retention sutures
- May include creating the wound defect and preparing for repairs or debridging and repairing complicated lacerations or avulsions.
- Layered repair of lacerations that also require debridement of wound edges before closure
- Extensive undermining to release and redistribute tension vectors to allow proper closure
- Wide undermining is necessary to avoid uncertain distortion such as of eyelid or lip. The time and work in closing a wound is related to undermining and consequently obtaining hemostasis in the undermined area, as well as placement of sutures.
- Dog ears / burros triangles
- Undermining traumatic wound edges in certain instances may help prevent necrosis or wide, railroad track, weak, or depressed scars, as well as decreasing wound tension and improving the tensile strength necessary to provide support during the healing process.
- Simple ligation of vessels in an open wound is considered part of any wound closure

**Adjacent Tissue Transfer**
- Assign CPT Code: 14000-14350 ONLY
- Examples include: advancement flap, rhomboid flap, rotation flap, V-Y plasty, W plasty, and Z plasty

**References**
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