PREOPERATIVE DIAGNOSIS: Left back mass [1].

POSTOPERATIVE DIAGNOSIS: Left back mass consistent with lipoma [2].

OPERATION: Open excision of large left back mass [3].

ANESTHESIA: General endotracheal anesthesia [4].

INDICATIONS: This is a 25-year-old woman who is a Nepali refugee who presented to clinic with a left back mass that has been present for a long time, but has been more tender and painful over time. She had been seen by a doctor in the past and was told that this was likely a lipoma. Given that it has become bothersome for her, she would like it removed at this time.

FINDINGS: The patient had a 5 x 7 cm subcutaneous lipoma [5] present in her mid-left back [6] that was completely removed.

PROCEDURE: Prior to operative day, risks and benefits of the procedure were discussed at length with patient, and informed consent was obtained. Conversation was facilitated with an interpreter.

On the day of operation, patient was brought back to the operating room. A time-out was carried out. Inhaled anesthetic was administered, and she was intubated while still on the patient gurney. After the endotracheal tube was secured, she was then turned and placed on the operating table in prone position [7]. The previously marked out site was then prepped and draped in a normal sterile fashion.

A transverse incision was made over the site [8]. The area around the lipoma was bluntly dissected out and the lipoma was easily removed [9]. At that time, the lipoma and its capsule were completely intact. This was passed off the table as a specimen. The wound was then washed and copiously irrigated with saline, and closed in layers. Deeper soft tissue just below the subcutaneous layer was reapproximated using interrupted stitches with 3-0 Vicryl. The skin was then reapproximated using running subcuticular stitch with 4-0 Vicryl. The wound was then washed and dried and dressed with Steri-Strips, Telfa gauze, and a Tegaderm.

The patient was awakened and extubated in the operating room without incident. Needle and equipment counts were correct x2 at the end of the case. Dr. Fred was present for the entire duration of the procedure.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

SPECIMEN: A 5 x 7 cm mass; results returned from pathology as a lipoma [10].

DISPOSITION: To PACU in satisfactory condition.

[1] The preoperative diagnosis indicates the reason the procedure was performed.

[2] The postoperative diagnosis is used for coding unless further details are found in the body of the operative report.


[4] Type of anesthesia used.

[5] Findings of 5 x 7 cm subcutaneous lipoma. This is used for the size and depth of the tumor.

[6] Location of the tumor.


[8] Indicates an open procedure.
Excision of the lipoma.

Pathology report consistent with postoperative diagnosis.

What are the CPT® and ICD-10-CM codes reported?

**CPT® Code:** 21931

**ICD-10-CM Code:** D17.1

**Rationales:**

**CPT®:** The patient had a lipoma remove from her back. A lipoma is a benign tumor. In the CPT® Index look for Excision/Tumor/Back/Flank, which directs you to 21930 and 21933. Alternately, you can index on Back/Flank/Tumor/Excision, which provides you with the code range 21930–21933. The operative report indicates this is a subcutaneous tumor so a code from 21930–21931 is selected based on the size of the tumor. The correct code is 21931 Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater.

**ICD-10-CM:** Look in the Alphabetic Index for Lipoma/trunk (skin) (subcutaneous) D17.1. Verify in the Tabular List.