Excision

Preoperative Diagnosis: Suspicious lesion nose and left cheek

Postoperative Diagnosis: **BCC nose, Compound nevus left cheek**

Procedure Performed: Excision, **BCC nose with excised diameter of 1.4 cm with a 2.7 cm intermediate repair**

- **Excision compound nevus left cheek with excised diameter of 2.7 cm and an intermediate repair measuring 3.2 cm**.

Patient presents to the surgeon with suspicious lesions of the nose and cheek. With the patient’s permission, the surgeon marks the areas for excision. The patient observed the markings in the mirror and agreed on the location and surgery proceeded.

Patient was given 1 g of IV Ancef. The area of the nose and cheek were infiltrated with local anesthetic. The face and nose were prepped and draped in a sterile fashion. **The surgeon excised the lesion on the nose** as drawn into the subcutaneous fat. A suture was used to mark the specimen at its lateral tip and this was labeled at 12 o’clock. **The wound was closed first in the deep subcutaneous tissue with 4-0 Monocryl, then in the dermis with 5-0 Monocryl and then the epidermis with 6-0 Prolene**.

Attention was then turned to the left cheek. **The surgeon excised the lesion on the cheek** as drawn into the subcutaneous fat. A suture was used to mark the specimen at its lateral tip and this was labeled at 12 o’clock. **The wound was closed in layers using 4-0 Monocryl and 6-0 Prolene**. Loupe magnification was used throughout the procedure and the patient tolerated the procedure well.

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- Diagnosis is BCC (Basal Cell Carcinoma) on the nose which is malignant and Compound Nevus which is benign.
- Excision of both lesions and total lesion cm size of each and the cm size of each repair.
- Supporting layered closure of the nose and is reported as an intermediate closure.
- Supporting intermediate repair for the cheek.

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

- **CPT® Codes**: 12053, 11642-51, 11443-51
- **ICD-10-CM Codes**: C44.311, D23.39

**Rationale:**

- **CPT®**: Both repairs are in the same anatomic category (nose and cheek) and both intermediate repairs with layered closure; therefore, the repairs are added together. 2.7 nose + 3.2 cheek equals 5.9 cm. Intermediate repair of the face, 5.9 cm is reported with 12053.

- For the nose, the excision was 1.4 cm. This is a malignant lesion. Look in the CPT® Index for Excision/Skin/Lesion, Malignant and you are directed to a range of codes. 11640–11646 is for excision of a malignant lesion on the nose. An excised diameter of 1.4 cm is reported with 11642. The excision on the cheek is benign. Look in the CPT® Index for Excision/Skin/Lesion, Benign and you are directed to a range of codes. Benign excisions on the face are selected from range 11440–11446. An excised diameter of 2.7 cm is reported with 11443. NCCI has no bundling issues with the listed codes therefore the only modifier that would be required would be 51 for multiple surgeries.
**ICD-10-CM:** BCC is Basal Cell Carcinoma. Look in the Index to Diseases and Injuries (Alphabetic Index) for Carcinoma/basal cell (pigmented). You are directed to “see also Neoplasm, skin, malignant.” This is found in the Neoplasm Table located after the Index to Diseases and Injuries. If you have difficulty locating the Neoplasm Table, check the Table of Contents in your ICD-10-CM codebook. In the Neoplasm Table, look for Neoplasm, neoplastic/skin NOS/nose (external). This directs you to “see also Neoplasm, nose, skin). Look for Neoplasm, neoplastic/nose/skin/basal cell carcinoma. The code from the malignant column is C44.31.

A compound nevus is one that is located within the epidermis and dermis. Using the ICD-10-CM Alphabetic Index, look for Nevus/dermal/with epidermal nevus referring you to see Neoplasm/skin/benign. Look in the ICD-10-CM Table of Neoplasms for Neoplasm, neoplastic/skin NOS/cheek/Benign refers you to code D23.39. Verify both codes in the Tabular List.