

	<i>Excision and Biopsy of Benign and Malignant Lesions</i>	
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LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

**Description/Application**

Benign lesions are non-cancerous abnormal cell growths that typically grow locally, are usually slow-growing, and do not spread to other parts of the body. Malignant lesions, in contrast, are cancerous growths that can invade and spread to other organs through metastasis, a process that is facilitated by their rapid and uncontrolled cell division.

**Policy**

Excision of benign lesions of skin (e.g., neoplasm, cicatricial, fibrous, inflammatory, congenital, cystic lesions) includes local anesthesia.

Intermediate and complex repair codes may be reported with excision of benign lesions (CPT codes 11401-11406, 11421-11426, 11441-11471) and excision of malignant lesions (CPT codes 11600-11646). Wound repair codes (CPT codes 12001-13153) shall not be reported with excisions of benign lesions with an excised diameter of 0.5 cm or less (CPT codes 11400, 11420, 11440).

For reconstructive closure see CPT codes 15002-15261, 15570-15770.

Wound repair CPT codes 12001-13153 shall not be reported separately to describe closure of surgical incisions for procedures 21012-21088. Simple, intermediate, and complex wound repair codes may be reported with Mohs surgery (CPT codes 17311-17315).

For excision's performed in conjunction with adjacent tissue transfers, report only the adjacent tissue transfers CPT code (11400-14302). Excision of lesion (11600-16302) is not separately reportable with adjacent tissue transfer.

In general, the selection of the appropriate excision code is determined by three parameters: location, maximum excised diameter (which includes the margin), and lesion type (i.e., benign, or malignant). When the lesion is clearly benign (e.g., cyst, lipoma, prior biopsy of benign lesion), the excision can be coded as benign at the time of surgery (11400-11471). When there is a prior biopsy showing malignancy, the excision can be coded as malignant at the time of surgery (11600-11646).

When removing two adjacent skin lesions through the same excision, do not bill for 2 separate excisions, add the size of two lesions together and use that size to determine code selection. For example, if you are removing a 0.8-cm basal cell and a 1.3-cm adjacent basal cell on the trunk with one excision, then bill as if it were a 2.1-cm lesion with CPT code 11603. Likewise, if two lipomas are being excised through the same incision then add the diameters of the two together and bill the appropriate code.

Coding excision of a cutaneous lesion pending pathology (e.g., lesion of unspecified behavior) as malignant before pathology is available could result in incorrect coding if the lesion is found to be benign on histopathologic examination. Therefore, if the lesion is not clearly benign or malignant, coding and billing should be delayed until the pathology has been confirmed.

When frozen section pathology shows the margins of excision were not adequate, an additional excision may be necessary for complete tumor removal. Use only one code to report the additional excision and re-excision(s) based on the final widest excised diameter required for complete tumor removal at the same operative session.

To report a re-excision procedure performed to widen margins at a subsequent operative session, see CPT codes 11600-11646. Append modifier 58 if the re-excision procedure is performed during the postoperative period of the primary excision procedure.

**Margins**

Code selection is determined by measuring the greatest clinical diameter of the apparent lesion plus that margin required for completion of excision (lesion diameter plus the narrowest margins required equals the excised diameter). The margins refer to the narrowest margin required to excise the lesion, based on individual judgement. The measurement of lesion plus margin is made prior to excision. The excised diameter is the same whether the surgical defect is repaired in a linear fashion or reconstructed (e.g., with a skin graft).

For unusual or complicated excision, add modifier 22. For bilateral procedures add modifier 50.

Biopsies performed on different lesions or different sites on the same date of service may be reported separately as they are not considered components of other procedures.

During certain surgical procedures in the integumentary systems such as excision, destruction, or shave removals, the removed tissue is often submitted for pathologic examination. The obtaining of tissue for pathology during these procedures is a routine component of such procedures. This obtaining of tissue is not considered a separate biopsy procedure and is not separately reportable.

Partial thickness biopsies are those that sample a portion of the thickness of skin or mucous membrane and do not penetrate below the dermis or lamina propria.

Full thickness biopsies penetrate tissue deep to the dermis or lamina propria, into the subcutaneous or submucosal space.

Sample of stratum corneum (the outermost layer of the epidermis consisting of dead cells) only, by any modality (skin scraping, tape scraping) does not constitute a skin biopsy procedure and is not separately reportable.

An appropriate biopsy technique is selected based on optimal tissue-sampling considerations for the type of neoplastic, inflammatory, or other lesion requiring a tissue diagnosis.

**Biopsy Coding**

Biopsy of the skin is reported under 3 distinct techniques.

- **Tangential Biopsy** (shave, scoop, saucerize, curette) is not considered as an excision and does not involve the full thickness of the dermis.
- **Punch Biopsy** requires a punch tool to remove a full thickness cylindrical sample of skin. Simple closure of the defect is included in the service
- **Incisional Biopsy** requires the use of a sharp blade (not a punch tool) to remove a full-thickness sample of tissue via a vertical incision or wedge, penetrating deep to the dermis, into the subcutaneous space. Simple closure is included in the service

When multiple biopsy techniques are performed during the same encounter, only one primary lesion biopsy code (11102, 11104, and 11106) is reported.

Additional biopsy codes should be selected based on the following convention.

- If multiple biopsies of the same type are performed, the primary code for that biopsy should be used along with the corresponding add-on code(s).

- If an incisional biopsy is performed, report 11106 in combination with tangential (11103), punch (11105) or incisional biopsy (11107).
- If a punch biopsy is performed, report 11104 in combination with a tangential (11103) or punch (11106) for the additional biopsy procedures.
- If multiple tangential biopsies are performed, report tangential biopsy (11102) in combination with 11103 for the additional biopsy procedures.

The following table provides an illustration of the appropriate use of these codes for multiple biopsies:

2 tangential biopsies	11102 x1, 11103 x1
3 punch biopsies	11104 x1, 11105 x2
2 incisional biopsies	11106 x1, 11107 x1
1 incisional biopsy, 1 tangential biopsy, and 1 punch biopsy	11106 x1, 11103 x1, 11105 x1
1 punch biopsy and 2 tangential biopsies	11104 x1, 11103 x2

### Coding

CPT	Code Description
11400 - 11406	Excision benign lesion, including margins, except skin tag trunk, arms, legs
11420 - 11426	Excision benign lesion, including margins, except skin tag scalp, neck, hands, feet, genitalia
11440 - 11446	Excision other benign lesion including margins, except skin tag, face, ears, eyelids, nose, lips, mucous membrane
11600 - 11606	Excision, malignant lesion including margins, trunk, arms, or legs
11620 - 11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia
11640 - 11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips
11102	Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); single lesion
11103	Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)
11104	Punch biopsy of skin (including simple closure, when performed); single lesion
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)
11106	Incisional biopsy of skin (e.g., wedge) (including simple closure, when performed); single lesion
11107	Incisional biopsy of skin (e.g., wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)

### References and Resources

Blue KC Provider Reference guide
American Medical Association
Centers for Medicare and Medicaid Services NCCI

### Related Documents

POL-PP-118 Moh’s Micrographic Surgery

POL-PP-215 Cryotherapy for Benign Lesions

<b>Revision History</b>		
<b>Version</b>	<b>Date</b>	<b>Summary of Revisions</b>
001	11/1/2020	Initial version
002	8/10/2021	CPT code list was removed
003	11/1/2021	Annual review, no updates, or changes were made to the policy.
04	11/1/2022	Annual review; Combined Skin Biopsy Policy and Excision of Benign and Malignant Lesions Policy into new policy POL-PP-235
005	11/1/2023	Annual review Additional information added on intermediate and complex repair.
006	11/1/2024	Annual review, added code range to procedures that do not allow separate payment for closure
007	11/1/2025	Annual review , information was added on removing multiple lesions/lipoma’s through the same excision