

Minor surgical procedures in FQHCs

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The purpose of this guide

This guide is taken from our webinar “Coding for Minor Surgical Procedures”. Medical practitioners often find it easier to do a minor procedure than to code the procedure. And coders struggle with the documentation in order to select the right type of service and the correct code within the category. Coding procedures incorrectly can result in revenue loss and in compliance risk.

This guide describes the coding rules related to lesion destruction, laceration repair, wound care, removal of foreign body and other common in-office procedures. Each procedure requires specific documentation for accurate coding. Those requirements are defined for each type of procedure.

Destruction of benign and pre-malignant lesions

	Vestibule of mouth	Lid, margin	Conjunctiva	Vulva		Vagina	
Size Complexity	any size	up to 1 cm	any size	Simple	Extensive	Simple	Extensive
Method	any	any	any	any		any	
Code	40820	67850	68135	56501	56515	57061	57065

	Anus					
Complexity	Simple					Extensive
Method	Chemical	Electrodesiccation	Cryosurgery	Laser surgery	Surgical Excision	any
Code	46900	46910	46916	46917	46922	46924

	Penis					
Complexity	Simple					Extensive
Method	Chemical	Electrodesiccation	Cryosurgery	Laser surgery	Surgical Excision	any
Code	54050	54055	54056	54057	54060	54065

	All other locations		Skin tags
Type	Pre-malignant (AK)	Benign (SKs, warts)	
Size	any		any
Method	any		any
Code	17000 - 1st lesion	17110 - up to 14 lesions	11200 - up to & including 15 lesions
	+ 17003 - each additional lesion	17111 - 15 or more lesions	+ 11201 - Each additional 10 lesions, or part thereof
	17004 - 15 or more lesions		

Destruction of benign and pre-malignant lesions

CPT® describes destruction as:

📖 “Ablation of benign, premalignant or malignant tissues by any method, with or without curettement, including local anesthesia and not usually requiring closure.”

When CPT® says “with or without” in a definition it means you aren’t required to do it and you don’t get paid more if you do.

Start with location:

- Mouth, eyelid or margin, conjunctiva, vulva, vagina, anus, penis
- All other locations

Does size matter?

- Yes, for eyelid or margin

Sometimes...

Does it matter if the destruction was simple or extensive?

- Yes, for vulva, vagina, anus and penis

Does method matter?

- Yes, for anus and penis

Does characteristic of the lesion matter?

- Yes, for locations not specified on the prior page:
was the lesion pre-malignant, benign or a skin tag



Essential documentation:

- Location
- Method
- Number of lesions, or simple/extensive
- For lid/margins, size

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
11200	Removal of skin tags, multiple, any area up to and including 15 lesions	0.82	2.63	2.18	10
+11201	Each additional 10 lesions or part thereof	0.29	0.54	0.48	ZZZ
17000	Destruction (eg, laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); first lesion	0.61	1.93	1.56	10
+17003	second through 14 lesions	0.04	0.19	0.06	ZZZ
17004	Destruction (eg, laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); 15 or more lesions	1.37	4.85	2.84	10
17110	Destruction (eg, laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions, up to 14 lesions (<i>Use for warts</i>)	0.70	3.33	1.91	10
17111	15 or more lesions (<i>Use for warts</i>)	0.97	3.90	2.35	10
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	1.34	7.95	5.02	10
46900	Destruction of lesion(s), anus (eg condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple, chemical	1.91	7.15	3.97	10
46910	electrodesiccation	1.91	7.99	3.95	10
46916	cryosurgery	1.91	7.63	4.11	10
46917	laser surgery	1.91	13.08	3.74	10
46922	surgical excision	1.91	9.35	4.01	10
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg laser surgery, electrocautery, cryosurgery, chemosurgery)	2.81	16.71	5.28	10

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	1.29	4.12	3.07	10
54055	electrodesiccation	1.25	3.93	2.76	10
54056	cryosurgery	1.29	4.19	3.18	10
54057	laser surgery	1.29	4.16	2.80	10
54060	surgical excision	1.98	5.72	3.80	10
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg laser surgery, electrosurgery, cryosurgery, chemosurgery)	2.47	6.52	4.95	10
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	1.58	5.40	3.82	10
56515	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg laser surgery, electrosurgery, cryosurgery, chemosurgery)	3.08	7.96	6.20	10
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	1.30	4.70	3.31	10
57065	extensive (laser surgery, electrosurgery, cryosurgery, chemosurgery)	2.66	7.08	5.44	10
67850	Destruction of lesion of lid margin (up to 1 cm)	1.74	6.52	3.78	10
68135	Destruction of lesion, conjunctiva	1.89	4.58	4.32	10

Destruction, malignant lesions

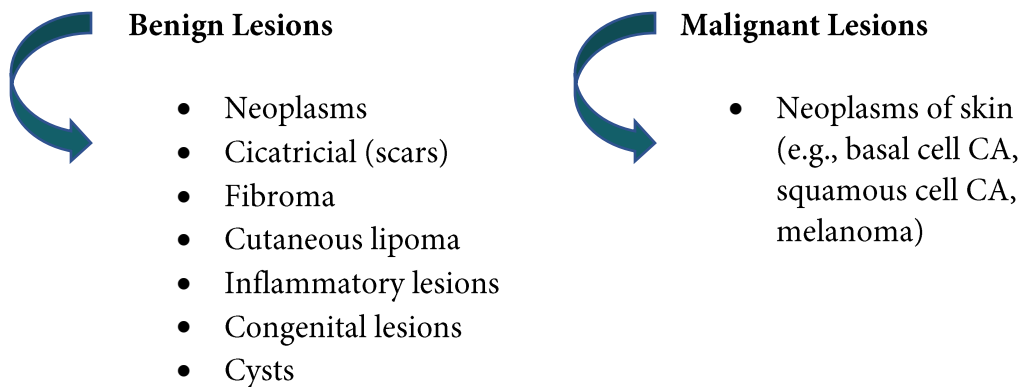
- Selected by size of the lesion (not defect)
- Location
- Any method
- Per Principles of CPT® Coding, “The destruction of malignant lesions is reported with codes 17260—17286. Similar to the codes for excision of lesions, the correct code is chosen based on the anatomic area where the lesion is located and the lesion diameter. Use codes 17260—17286 to report each lesion destroyed and include any method of destruction as previously described.”

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
17260	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage) trunk, arm or legs; lesion diameter 0.5 cm or less	0.96	2.90	2.04	10
17261	lesion diameter 0.6 to 1.0 cm	1.22	4.35	2.52	10
17262	lesion diameter 1.1 to 2.0 cm	1.63	5.23	3.18	10
17263	lesion diameter 2.1 to 3.0 cm	1.84	5.66	3.53	10
17264	lesion diameter 3.1 to 4.0 cm	1.99	6.07	3.78	10
17266	lesion diameter over 4.0 cm	2.39	6.91	4.44	10
17270	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage) scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	1.37	4.39	2.75	10
17271	lesion diameter 0.6 to 1.0 cm	1.54	4.87	3.04	10
17272	lesion diameter 1.1 to 2.0 cm	1.82	5.53	3.50	10
17273	lesion diameter 2.1 to 3.0 cm	2.10	6.15	3.98	10
17274	lesion diameter 3.1 to 4.0 cm	2.64	7.19	4.85	10
17276	lesion diameter over 4.0 cm	3.25	8.34	5.84	10
17280	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage) trunk, face, ears, eyelids, nose, lips, mucous membranes; lesion diameter 0.5 cm or less	1.22	4.13	2.51	10
17281	lesion diameter 0.6 to 1.0 cm	1.7	5.26	3.41	10
17282	lesion diameter 1.1 to 2.0 cm	2.09	6.04	3.96	10
17283	lesion diameter 2.1 to 3.0 cm	2.69	7.15	4.94	10
17284	lesion diameter 3.1 to 4.0 cm	3.20	8.14	5.77	10
17286	lesion diameter over 4.0 cm	4.48	10.44	7.84	10

Excision of benign and malignant lesions

Excision of skin lesions are reported using codes from the integumentary section:

- Excision of benign lesions: 11400—11471
- Excision of malignant lesions: 11600—11646



Key points:

- Select the code based on the size of the excision, not the lesion
- The excision size is defined as the widest clinical diameter of the lesion and narrowest margin
- Each lesion is reported separately, except two lesions adjacent to one another that are removed with the same excision
- Document the size of the excision and the location
- Wait for pathology to select the code

- Closure after excision that requires more than simple closure is reported separately.
- If the closure of the lesion is described in the procedure note as intermediate or complex, CPT® allows it to be reported;
- Medicare does not pay in addition to the excision.

Select the CPT® code based on the pathology report

- *This is unique to the skin excision codes*
- *Report shaves, breast biopsies and FNA at the time of service, without holding the claim*
- Principles of CPT® Coding states it is acceptable to report excision of benign lesion codes at time of excision if lesion is obviously benign
- Principles of CPT® Coding instructs us to use excision of malignant lesion codes for re-excision of a malignant lesion, even if pathology report shows no sign of malignancy
- Re-excision during the global period—add modifier 58 to indicate it is a related procedure

Repair:

- According to CPT®, intermediate or complex repair may be reported in addition to the lesion excision
- CMS has an NCCI edit for any type of repair
- For Medicare, often the repair is paid at a higher rate than the excision and that is the code that will be reimbursed



Essential documentation:

- Location
- Size of excision
- Repair, if intermediate or complex

Excision of benign lesions

Code	Description	2021 wRVU	Total Non- Facility RVUs	Total Facility RVUs	Global Days
11400	Excision, benign lesion including margins, except skin tag, trunk, arms, legs; excised diameter 0.5 cm or less	0.90	3.79	2.42	10
11401	excised diameter 0.6-1.0 cm	1.28	4.61	3.05	10
11402	excised diameter 1.1-2.0 cm	1.45	5.09	3.36	10
11403	excised diameter 2.1-3.0 cm	1.84	5.85	4.31	10
11404	excised diameter 3.1-4.0 cm	2.11	6.66	4.76	10
11406	excised diameter over 4.0 cm	3.52	9.44	7.24	10
11420	Excision, benign lesion including margins, except skin tags, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	1.03	3.80	2.39	10
11421	excised diameter 0.6-1.0 cm	1.47	4.73	3.17	10
11422	excised diameter 1.1-2.0 cm	1.68	5.33	3.93	10
11423	excised diameter 2.1-3.0 cm	2.06	6.06	4.52	10
11424	excised diameter 3.1-4.0 cm	2.48	6.95	5.16	10
11426	excised diameter over 4.0 cm	4.09	9.94	8.00	10
11440	Excision, benign lesion including margins, except skin tags, face, ears, eyelids, nose, lips, mucous membranes; excised diameter 0.5 cm or less	1.05	4.24	3.03	10
11441	excised diameter 0.6-1.0 cm	1.53	5.14	3.82	10
11442	excised diameter 1.1-2.0 cm	1.77	5.70	4.22	10
11443	excised diameter 2.1-3.0 cm	2.34	6.75	5.18	10
11444	excised diameter 3.1-4.0 cm	3.19	8.41	6.58	10
11446	excised diameter over 4.0 cm	4.80	11.46	9.37	10

Excision of malignant lesions

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
11600	Excision, malignant lesion including margins, except skin tag, trunk, arms, legs; excised diameter 0.5 cm or less	1.63	5.92	3.56	10
11601	excised diameter 0.6-1.0 cm	2.07	6.81	4.31	10
11602	excised diameter 1.1-2.0 cm	2.27	7.27	4.68	10
11603	excised diameter 2.1-3.0 cm	2.82	8.26	5.59	10
11604	excised diameter 3.1-4.0 cm	3.17	9.22	6.19	10
11606	excised diameter over 4.0 cm	5.02	13.19	9.23	10
11620	Excision, malignant lesion including margins, except skin tags, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	1.64	5.94	3.58	10
11621	excised diameter 0.6-1.0 cm	2.08	6.83	4.32	10
11622	excised diameter 1.1-2.0 cm	2.41	7.50	4.89	10
11623	excised diameter 2.1-3.0 cm	3.11	8.77	6.08	10
11624	excised diameter 3.1-4.0 cm	3.62	9.96	6.90	10
11626	excised diameter over 4.0 cm	4.61	12.04	8.52	10
11640	Excision, malignant lesion including margins, except skin tags, face, ears, eyelids, nose, lips, mucous membranes; excised diameter 0.5 cm or less	1.67	6.07	3.67	10
11641	excised diameter 0.6-1.0 cm	2.17	7.05	4.50	10
11642	excised diameter 1.1-2.0 cm	2.62	7.95	5.27	10
11643	excised diameter 2.1-3.0 cm	3.42	9.34	6.61	10
11644	excised diameter 3.1-4.0 cm	4.34	11.51	8.22	10
11646	excised diameter over 4.0 cm	6.26	14.95	11.40	10

Shaving of Epidermal or Dermal lesions

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	0.60	3.03	0.98	0
11301	lesion diameter 0.6 to 1.0 cm	0.90	3.66	1.49	0
11302	lesion diameter 1.1 to 2.0 cm	1.05	4.18	1.75	0
11303	lesion diameter >2.0 cm	1.25	4.60	2.07	0
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	0.80	3.18	1.10	0
11306	lesion diameter 0.6 to 1.0 cm	0.96	3.68	1.44	0
11307	lesion diameter 1.1 to 2.0 cm	1.20	4.26	1.85	0
11308	lesion diameter >2.0 cm	1.46	4.52	2.10	0
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	0.80	3.49	1.33	0
11311	lesion diameter 0.6 to 1.0 cm	1.10	4.12	1.84	0
11312	lesion diameter 1.1 to 2.0 cm	1.30	4.70	2.17	0
11313	lesion diameter >2.0 cm	1.68	5.45	2.79	0

Key points:

- Includes simple closure, when performed
- Shaving is “the sharp removal by transverse incision or horizontal slicing to remove epidermal and dermal lesions without a full-thickness dermal excision.”
- For excision, full thickness removal of a lesion, see the excision codes
- Suture closure usually is not performed during a shave biopsy
- Local anesthesia and chemical cauterization or electrocauterization are not reported separately
- For tangential biopsy, punch biopsy or incisional biopsy, see codes 11103—11108
- For excisional biopsy of a benign or malignant lesion, see codes 11400—11646
- Although many of these are sent for biopsy, that is not a requirement of the code

Biopsy codes

CPT® updated certain skin biopsy codes in 2019. They deleted punch biopsy code 11100 and add-on code +11101 and replaced these codes with six new biopsy codes, that included different methods.

Using these codes indicates that the procedure was “to obtain tissue solely for diagnostic histopathologic examination when performed independently, or was unrelated or distinct from other procedures/services provided at the that time.”¹

These codes are not defined by location or size, but are defined by the method of obtaining the biopsy. There is no need to wait for pathology when reporting these new codes.

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
11102	Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette) single lesion	0.66	3.05	1.09	0
+11103	each separate/additional lesion (List separately in addition to code for primary procedure)	0.38	1.55	0.64	ZZZ
11104	Punch biopsy of skin (including simple closure, when performed) single lesion	0.83	3.82	1.38	0
+11105	each separate/additional lesion (List separately in addition to code for primary procedure)	0.45	1.79	0.75	ZZZ
11106	Incisional biopsy of skin (e.g., wedge) (including simple closure, when performed) single lesion	1.01	4.67	1.68	0
+11107	each separate/additional lesion (List separately in addition to code for primary procedure)	0.54	2.14	0.90	ZZZ

Biopsy codes 11102—11107 by method

Tangential biopsy (shave, scoop, saucerize, currette)

- Performed with a sharp blade
- Removes sample of epidermal tissue with or without portions of the underlying dermis
- Not considered an excisional biopsy

¹ CPT® 2021 Professional Edition, AMA, Chicago, page 93

Punch biopsy

- Requires a punch tool to remove full-thickness cylindrical sample of skin
- Simple closure is included in the service and is not reported separately
- Manipulation of the biopsy defect to improve wound approximation is included in the service

Incisional biopsy

- Requires use of sharp blade (not punch tool) to remove full-thickness sample of tissue via a vertical incision or wedge, penetrating deep to the dermis, into the subcutaneous space
- May sample subcutaneous fat
- Simple closure is not separately reported, and is included in the service

CPT® biopsy instructions

- A biopsy is a procedure to obtain tissue for biopsy, unrelated to other procedures
- Report each biopsy separately
- These codes are not defined by size or location
- Partial-thickness biopsies 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 into tissue deep in the dermis or lamina propria, into the subcutaneous or submucosal space

Multiple biopsies

- Multiple biopsies of the same technique, **use only one primary lesion biopsy code**
- Select the primary code with the highest RVUs to report first, then use add-on codes for additional biopsies
- When multiple techniques are used, select one single lesion code (11102, 11104, 11106) and use add-on codes for additional biopsies
- If incisional biopsy is done, report primary incisional code first, with add-on codes
- For punch biopsy performed with tangential, report primary punch code first, with add-on tangential code
- For multiple biopsies of the same technique, use the corresponding add-on code

Examples of multiple biopsies, from CPT®

Only one primary code is reported. If a second biopsy of the same type is done, use an add-on code. If a second biopsy of a different type is done, report the primary biopsy code with the highest RVUs first, and use the add-on code for the type of second biopsy, in addition. Do not report two primary codes in this series.

Procedures performed	CPT® Code(s) Reported
2 tangential biopsies	11102 X 1, 11103 X 1
3 punch biopsies	11104 X 1, 11105 X 2
2 incisional biopsies	11106 X 1, 11107 X 1
1 incisional biopsy, 1 tangential biopsy and 1 punch biopsy	11106 X 1, 11103 X 1, 11105 X 1
1 punch biopsy and 2 tangential biopsies	11104 X 1, 11103 X 2

What about the shave procedure codes?

Use 11300—11313 for therapeutic removal of epidermal or dermal lesions using shave technique. Shave biopsies are determined by location, in addition to size, unlike the new biopsy codes.

- An elevated lesion is completely removed, suggesting a therapeutic intent
- Lesion may be symptomatic, rubbing on clothes
- Clinician should clearly indicate purpose of procedure
- There is no need to wait for pathology when billing these codes

Excision of benign and malignant lesions

Codes 11400—11646 are still valid codes. Use these for an excision of a lesion with margins. Incisional biopsy codes 11106 and +11107 are biopsies of a lesion without margins. Excisional biopsy codes are defined by location and size.

- Select the code based on the size of the excision, not the lesion
- Wait for pathology when performing excisional biopsies, because that determines the code set used (benign or malignant)

What does a coder need to know/what does a practitioner need to document to select the correct biopsy code, described by existing or new codes?

- Type of biopsy, number of biopsies
- Location of each
- Size of lesion for shave biopsies
- Size of excision for excisional biopsies

Other biopsy codes

Code	Description	2021 wRVU	Total Non- Facility RVUs	Total Facility RVUs	Global Days
40490	Biopsy of lip	1.22	3.69	2.03	0
67810	Incisional biopsy of eyelid skin including lid margin	1.18	5.53	1.99	0
69100	Biopsy external ear	0.81	2.91	1.36	0

Removal of a foreign body

Integumentary

10120 Incision and removal of foreign body, subcutaneous tissues;
simple

Incision is required

10121 Incision and removal of foreign body, subcutaneous tissues; **complicated**

Musculoskeletal

From Principles of CPT® Coding, “If fascia is penetrated and a foreign body to be removed is within the fascia, subfascia or muscle, use an anatomic-specific code in or delineate the work effort involved (eg codes 23330, 27086, 28190), to identify the specific service performed, and to identify the location/area (depth/fascia/muscle) that the foreign body was removed from. The physician determines the depth of the foreign body removal in order to decide whether integumentary system or musculoskeletal system CPT® codes are appropriate. Documentation must reflect what was performed and verify the code(s) selected.”

If using codes from the musculoskeletal chapter, search for these by location.

Ear canal

69200 Removal of foreign body from external auditory canal; without general anesthesia

Nose

30300 Removal of foreign body, intranasal; office type procedure

Eyelid

67938 Removal of embedded foreign body, eyelid


Conjunctiva

65205 Removal of foreign body, external eye; conjunctival superficial

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
10120	Incision and removal of foreign body, subcutaneous tissues, simple	1.22	4.50	3.04	10
10121	Incision and removal of foreign body, subcutaneous tissues, complicated	2.74	7.98	5.40	10
69200	Removal of foreign body from external auditory canal; without general anesthesia	0.77	2.39	1.37	0
30300	Removal of foreign body, intranasal; office type procedure	1.09	6.06	3.54	10
67938	Removal of embedded foreign body, eyelid	1.38	8.20	3.38	10
65205	Removal of foreign body, external eye; conjunctival superficial	0.49	0.86	0.85	0

Repair (closure) 12001–13160

According to CPT®:

-  “Use the codes in this section to designate wound closure utilizing sutures, staples or tissue adhesives (eg, 2-cyanoacrylate), either singly or in combination with each other or in combination with adhesive strips. Wound closure utilizing adhesive strips as the sole repair material should be coded using the appropriate E/M code.”

“Simple repair is used when the wound is superficial; eg, involving primarily epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures, and requires simple one layer closure. This includes local anesthesia and chemical or electrocauterization of wounds not closed.”

Simple repairs are defined by two location groupings and size in centimeters

- Scalp, neck, external genitalia, axillae, trunk, and/or extremities, including hands and feet
- Face, ears, eyelids, nose, lips and/or mucous membranes

“Intermediate repair includes the repair of wounds that, in addition to the above, require layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, in addition to the skin (epidermal and dermal) closure. It includes limited undermining (defined as a distance less than the maximum width of the defect, measured perpendicular to the closure line, along at least one entire edge of the defect). Single-layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter also constitutes intermediate repair”

Intermediate repairs are defined by three location groupings and size in centimeters

- Scalp, axillae, trunk, and/or extremities
- Neck, hands, feet, and/or external genitalia
- Face, ears, eyelids, nose, lips, and/or mucous membranes

Complex repair includes the repair of wounds that, in addition to the requirements for intermediate repair, require at least one of the following: exposure of bone, cartilage, tendon, or named neurovascular structure; debridement of wound edges (eg, traumatic lacerations or avulsions); extensive undermining (defined as a distance greater than or equal to the maximum width of the defect, measured perpendicular to the closure line along at least one entire edge of the defect); involvement of free margins of helical rim, vermilion border, or nostril rim; placement of retention sutures. Necessary preparation includes creation of a limited defect for repairs or the debridement of complicated lacerations or avulsions. Complex repair does not include excision of benign (11400-11446) or malignant (11600-11646) lesions, excisional preparation of a wound bed (15002-15005) or debridement of an open fracture or open dislocation.”

Complex repairs are defined by four location groupings and size in centimeters

- Trunk
- Scalp, arms and/or legs
- Forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet
- Eyelids, nose, ears and/or lips

Repairs of the same type (simple, intermediate, complex) and location grouping are added together and reported with a single code

- A 3 cm intermediate repair of the trunk and a 4 cm intermediate repair of the leg are billed as one code. 3 cm + 4 cm = 7 cm, code 12032

Repairs of different types or different location groupings are reported separately

- A 3 cm intermediate repair of the trunk and a 2 cm intermediate repair of the foot are reported with two codes 12032 and 12041
- A 2 cm simple repair of the scalp and 2 cm intermediate repair of the scalp are reported with two codes 12001 and 12031



Essential documentation:

- Location
- Type
- Size

Simple Repairs

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	0.84	2.76	1.30	0
12002	2.6 cm to 7.5 cm	1.14	3.34	1.72	0
12004	7.6 cm to 12.5 cm	1.44	3.88	2.14	0
12005	12.6 cm to 20.0 cm	1.97	5.19	2.81	0
12006	20.1 cm to 30.0 cm	2.39	6.06	3.43	0
12007	over 30.0 cm	2.90	6.90	4.29	0
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1.07	3.34	1.63	0
12013	2.6 cm to 5 cm	1.22	3.47	1.71	0
12014	5.1 cm to 7.5 cm	1.57	4.24	2.20	0
12015	7.6 cm to 12.5 cm	1.98	5.10	2.78	0
12016	12.6 cm to 20.0 cm	2.68	6.49	3.78	0
12017	20.1 cm to 30.0 cm	3.18	NA	4.49	0
12018	over 30.0 cm	3.61	NA	5.09	0

Intermediate Repairs

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	2.00	7.79	4.40	10
12032	2.6 cm to 7.5 cm	2.52	9.06	5.49	10
12034	7.6 cm to 12.5 cm	2.97	9.91	5.98	10
12035	12.6 cm to 20.0 cm	3.50	11.72	7.06	10
12036	20.1 cm to 30.0 cm	4.23	12.93	8.29	10
12037	over 30.0 cm	5.00	14.47	9.63	10
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	2.10	7.82	4.22	10
12042	2.6 cm to 7.5 cm	2.79	9.15	5.68	10
12044	7.6 cm to 12.5 cm	3.19	11.32	6.21	10
12045	12.6 cm to 20.0 cm	3.75	12.08	7.87	10
12046	20.1 cm to 30.0 cm	4.30	15.01	9.33	10
12047	over 30.0 cm	4.95	16.42	10.39	10
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	2.33	8.37	4.90	10
12052	2.6 cm to 5 cm	2.87	9.31	5.79	10
12053	5.1 cm to 7.5 cm	3.17	10.88	6.26	10
12054	7.6 cm to 12.5 cm	3.50	11.49	6.36	10
12055	12.6 cm to 20.0 cm	4.50	15.01	8.72	10
12056	20.1 cm to 30.0 cm	5.30	17.29	11.27	10
12057	over 30.0 cm	6.00	18.32	12.35	10

Complex Repairs

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
13100	Repair, complex, trunk 1.1 cm to 2.5 cm	3.00	10.24	5.85	10
13101	2.6 cm to 7.5 cm	3.50	11.94	7.27	10
+13102	each additional 5 cm or less	1.24	3.52	2.11	ZZZ
13120	Repair, complex, scalp, arms, and/or legs 1.1 cm to 2.5 cm	3.23	10.64	6.82	10
13121	2.6 cm to 7.5 cm	4.00	12.77	7.51	10
+13122	each additional 5 cm or less	1.44	3.82	2.42	ZZZ
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet 1.1 cm to 2.5 cm	3.73	11.62	7.06	10
13132	2.6 cm to 7.5 cm	4.78	14.08	8.79	10
+13133	each additional 5 cm or less	2.19	5.03	3.67	ZZZ
13151	Repair, complex, eyelids, nose, ears and/or lips 1.1 cm to 2.5 cm	4.34	12.64	8.11	10
13152	2.6 cm to 7.5 cm	5.34	14.88	9.78	10
+13153	each additional 5 cm or less	2.38	5.52	4.00	ZZZ

Joint injections

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	0.75	1.64	1.14	0
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	0.32	0.77	0.48	XXX
20561	3 or more muscles	0.48	1.11	0.71	XXX
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes); without ultrasound guidance	0.66	1.52	1.05	0
20604	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes) with ultrasound guidance, with permanent recording and reporting	0.89	2.37	1.35	0
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance, with permanent recording and reporting	0.68	1.58	1.09	0
20606	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance	1.00	2.60	1.55	0
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa); without ultrasound guidance	0.79	1.88	1.34	0
20611	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	1.10	2.90	1.76	0

Key points

- Do not report ultrasound guidance separately with 20600—20611
- If fluoroscopic, CT or MRI guidance is performed, see 77002, 77012, and 77021 and report that separately
- Document the medical necessity for any type of guidance

If billing for ultrasound guidance, there must be a permanent recording of the image and a report

Cerumen removal

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
69209	Removal impacted cerumen using irrigation/lavage, unilateral	0.00	0.44	NA	0
69210	Removal impacted cerumen (separate procedure), 1 or both ears	0.61	1.39	0.97	0

Key points

- Document the medical necessity for cerumen removal
- Cerumen removal is covered if there are visual considerations (impacts exam) qualitative considerations, hard, dry, irritative was causing pain, hearing loss or itching, inflammatory considerations, associated with odor, infection or dermatitis or quantitative considerations, obstructive or copious.
- Use 69209 for lavage. This can e done by a staff member.
- For 69210, the physician/NP/PA must remove the wax with instrumentation
- For a planned procedure, “I’m here to have the wax removed,” do not bill an E/M

Active Wound Care Management Codes

Active wound care procedures are performed to remove devitalized and/or necrotic tissue and promote healing. Provider is required to have direct (one-on-one) patient contact.

Non-selective debridement

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session.	0.00	0.00	0.00	XXX

- This code for non-selective debridement has a status indicator of bundled in the physician fee schedule.

Non-selective debridement using wound vac therapy, DME equipment

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
97605	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	0.55	1.24	0.73	0
97606	total wound(s) surface area greater than 50 square centimeters	0.60	1.47	0.80	0

- Use for electrical equipment DME

Non selective debridement using wound vac therapy, disposable equipment

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	0.41	10.08	0.67	0
97608	total wound(s) surface area greater than 50 square centimeters	0.46	9.81	0.74	0

- Vacuum cleanses the wound and stimulates healing
- Disposable equipment for a single patient
- These have a status indicator of C: carrier priced

Selective debridement, dermis/epidermis only

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
97597	Debridement (e.g., high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (e.g., fibrin, devitalized epidermis and/or dermis , exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	0.77	2.94	1.04	0
+ 97598	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure.)	0.50	1.34	0.73	0

- Based on the size of area treated (not location specific)
- 97598 is an add on code
- 97597 is reported once per session
- Document use of scalpels or scissors
- Includes the use of topical applications, suction, whirlpool, wound assessment and instructions for care
- 20 sq cm, use 97597; 21 sq cm use 97597, +97598 because “each additional 20 sq cm or part thereof.” Any part, not all, or half

Debridement, subcutaneous tissue and muscle

Code	Description	2021 wRVU	Total Non-Facility RVUs	Total Facility RVUs	Global Days
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	1.01	3.82	1.76	0
#+11045	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	0.50	1.21	0.77	ZZZ
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	2.70	6.90	4.52	0
#+11046	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1.03	2.17	1.63	ZZZ
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed) first 20 sq cm or less	4.10	9.16	6.57	0
#+11047	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	1.80	3.58	2.85	ZZZ

- Do not report wound care codes in addition to debridement codes for the same wound
- When a single wound has multiple depths, report one code based on deepest level
- When multiple wounds have the same depth, add together total square centimeters and report one code
- For multiple wounds of different depths, report the deepest first and report additional debridement codes with modifier 59
- Do not report these codes based on anatomic location (foot, buttocks, etc.)
- Also a code for debridement that includes bone

Modifier 25

Significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service

- Use to indicate that on the same day as a procedure, the physician performs an E/M service that is a significant, separate, identifiable service from the procedure.
- Append modifier 25 to the E/M on the same day as a minor (0 or 10 day global per Medicare).
- Link diagnosis code(s) appropriately to E/M and procedure.

Here's what Medicare says:

Per CCI (chapter 11, Letter R.): *“The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and should not be reported separately as an E&M service. However, a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25.”*

Per Medicare Claims Processing Manual (100-04) Section 40.1 (B) Services not included in the global surgical package: *“These services may be paid for separately: The initial consultation or evaluation of the problem by the surgeon to determine the need for surgery. Please note that this policy only applies to major surgical procedures. The initial evaluation is always included in the allowance for a minor surgical procedure...”*

Payment for a minor surgical procedure includes the anesthesia provided by the physician (lidocaine, etc). Do not bill it separately. Payment for many services is higher in the office than in a facility. Be sure to use the correct place of service!

When you need to evaluate the patient’s symptom, condition problem prior to doing the procedure—and both are documented.

- Patient is sent from her primary care physician for a breast lump. An E/M service and a biopsy may be billed on the same day.
- Patient reports an episode of dizziness, falls and needs a laceration repair. Both an E/M service and the repair are billable.
- Patient presents at the office with a one year history of bleeding hemorrhoids with pain. Physician evaluates medical problems and performs an anoscopy.



When will you bill only the minor surgical procedure? (A planned procedure)

When you perform and document only the minor surgical procedure.

Some payers have a policy that prohibits billing an E/M with lesion destruction or excision when that is the reason for the visit. Check payer policies.

- Planned, repeat procedure (such as wound debridement) when the medical decision making occurred at a previous visit
- Excision/destruction of small lesions
- Breast biopsy or bronchoscopy scheduled at a previous visit

Modifiers	
25	Significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service
	<ul style="list-style-type: none">• Use to indicate that on the same day as a procedure, the physician performs an E/M service that is a significant, separate, identifiable service from the procedure.• Append modifier 25 to the E/M on the same day as a minor (0 or 10 day global per Medicare).• Link diagnosis code(s) appropriately to E/M and procedure.

Notes

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