Excision of Soft Tissue Tumors

2010 includes 41 new codes, 53 revised codes, and 7 deleted codes that describe the excision of subcutaneous soft tissue tumors, excision of facial or sub facial soft tissue tumors, radical resection of soft tissue tumors, and radical resection of bone tumors. These changes are throughout the head, neck, and soft tissue thorax, back and flank, abdomen, shoulder, humerus (upper arm) and elbow, forearm and wrist, hand and fingers, pelvis and hip joint, femur (thigh region) and knee joint, leg (tibia and fibula) and ankle joint, and foot and toes subsection sections.

Soft tissue excision codes now include sizes and additional codes for radical resection of a tumor (e.g., malignant neoplasm) and were expanded to include all existing soft tissue excision locations. Note that many of these codes are resquenced, which means they are not in the typical order of small to large, minor to major or proximal to distal. For example, code 28039 - Excision, tumor, soft tissue of foot or toe, subcutaneous, 1.5 cm or greater, appears before 28043 - Excision, tumor, soft tissue of foot or toe, subcutaneous, less than 1.5 cm. The AMA is no longer renumbering codes to make room for new codes within each section. Instead, the symbol # will be used to denote a code has been resquenced. More information on this and a list of resquenced codes can be found in CPT Appendix N.

These new codes are not to be used to describe the excision of lesions originating in the cutaneous layers, e.g., benign skin lesions, basal cell carcinoma, melanoma. These lesions will continue to be reported with the appropriate code from the 11400-11446 and 11600-11646 series of codes.
Guidelines:

- Define procedures related to excision of subcutaneous soft tissue tumors, excision of facial or subfacial soft tissue tumors, radical resection of soft tissue tumors, and radical resection of bone tumor services.
- Explain the most appropriate method for code selection (e.g., code selection is based on size and location of the tumor),
- Direct the user to report other services related to appreciable vessel exploration and/or neuroplasty and complex soft tissue repair or reconstruction (e.g., adjacent tissue and tranferrence of flap(s),
- Clarify that the work of simple or intermediate repair inherent in these services,
- Instruct the user to separately report extensive undermining or other techniques used to close a defect created by skin incision when it requires a complex repair,
- Instruct the dissection or elevation of tissue planes to permit resection of the tumor is included in the excision.

These procedures are classified as followed:

- Excision of subcutaneous soft tissue tumors (including simple or intermediate repair) involving the simple or marginal resection of tumors confined to subcutaneous tissue below the skin but above the deep fascia. These codes are usually benign.
- Excision of facial or subfacial soft tissue tumor (including simple or intermediate repair) involves the resection of tumors confined to the tissue within or below the deep fascia, but not involving the bone. These codes are usually benign.
- Radical resection soft tissue tumors (including simple or intermediate repair) involves resection of tumor wide margins of normal tissue. Radical resection of soft tumors is most commonly used for malignant tumors or very aggressive benign tumors.
- Radical resection of bone tumors (including simple or intermediate repair) involves the resection of the tumor with wide margins of normal tissue. Radical resection of bone tumors is usually performed for malignant tumors or very aggressive benign tumors.

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Susan Fuselier, CPC, CPC-H

Ms. Fuselier has more than 20 years experience in HIM and coding, including extensive knowledge of ICD-9-CM and HCPCS Level I, II and III coding systems. She is proficient with outpatient and physician services; ancillary, ambulatory (one day) surgery, Drug Administration, Emergency Department, Hospital Clinics, Wound Care Services, Pain Management, Facility E/M, Rehabilitation Services and Interventional Radiology.

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