Coding Brief: Reporting Shaving of Epidermal or Dermal Lesions and Histopathologic Examination

Concerns have been raised regarding appropriate coding for shaving of epidermal or dermal lesions (11300-11313), followed by histopathologic examination of tissue specimens (88304, 88305). Specifically, there has been confusion about whether histopathologic examination is a separately reportable service. This coding brief clarifies the correct intent and reporting of these shaving procedures and histopathologic examination, and more importantly, that shaved tissue submitted for histopathologic examination is not additionally reportable as a biopsy (ie, the shaved tissue is the specimen).

The guidelines in the Biopsy subsection of the Integumentary System of the Current Procedural Terminology (CPT®) 2021 code set states that "[d]uring certain surgical procedures in the integumentary system, such as excision, destruction, or shave removals, the removed tissue is often submitted for pathologic examination. The obtaining of tissue for pathology during the course of these procedures is a routine component of such procedures. This obtaining of tissue is not considered a separate biopsy procedure and is not separately reported."

Shaving of Epidermal or Dermal Lesions

Shaving is the sharp removal by transverse incision or horizontal slicing to remove epidermal and dermal lesions without a full-thickness dermal excision. This includes local anesthesia, chemical or electrocauterization of the wound. The wound does not require suture closure.

11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	lesion diameter 0.6 to 1.0 cm
11302	lesion diameter 1.1 to 2.0 cm
11303	lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	lesion diameter 0.6 to 1.0 cm
11307	lesion diameter 1.1 to 2.0 cm

11308	lesion diameter over 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	lesion diameter 0.6 to 1.0 cm
11312	lesion diameter 1.1 to 2.0 cm
11313	lesion diameter over 2.0 cm

Surgical Pathology

Services 88300 through 88309 include accession, examination, and reporting. They do not include the services designated in codes 88311 through 88365 and 88399, which are coded in addition when provided.

The unit of service for codes 88300 through 88309 is the specimen.

A specimen is defined as tissue or tissues that is (are) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis. Two or more such specimens from the same patient (eg, separately identified endoscopic biopsies, skin lesions) are each appropriately assigned an individual code reflective of its proper level of service.

Service code 88300 is used for any specimen that in the opinion of the examining pathologist can be accurately diagnosed without microscopic examination. Service code 88302 is used when gross and microscopic examination is performed on a specimen to confirm identification and the absence of disease. Service codes 88304 through 88309 describe all other specimens requiring gross and microscopic examination and represent additional ascending levels of physician work. Levels 88302 through 88309 are specifically defined by the assigned specimens.

Any unlisted specimen should be assigned to the code which most closely reflects the physician work involved when compared to other specimens assigned to that code.

> (Do not report 88302-88309 on the same specimen as part of Mohs surgery)

88300 Level I - Surgical pathology, gross examination only

88302	Level II - Surgical pathology, gross and microscopic examination
88304	Level III - Surgical pathology, gross and microscopic examination
88305	Level IV - Surgical pathology, gross and microscopic examination
88307	Level V - Surgical pathology, gross and microscopic examination
88309	Level VI - Surgical pathology, gross and microscopic examination

Refer to the CPT codebook for a more detailed description of what constitutes various surgical pathology, gross and microscopic examination levels.

The guidelines in the Biopsy subsection of the Integumentary System of the CPT 2021 code set clearly indicate that the shaving of epidermal or dermal lesion(s) is a distinct and separately reported service from the histopathologic examination service to evaluate the pathology of the shaved lesion(s). Note that submitting the obtained tissue specimen from the epidermal or dermal shaving for histopathologic examination is not considered a biopsy and is not a separately reportable service.

Coding Tip

Submitting the tissue specimen obtained after the shaving of epidermal or dermal lesions (11300-11313) for histopathologic examination is *not* a biopsy and is not a separately reportable service. However, the actual performance of a histopathologic examination of the shaved tissue is reported separately with code 88304 or 88305.

The following example shows how a histopathology examination of different tissue specimens may be reported.

Example

Two skin lesions are removed from the scalp. The first is a pigmented skin papule, which is removed with the shave technique, and the second is a presumed epidermal inclusion cyst, which is excised. Each is placed in a separately identified individual container and sent to the pathologist for histopathologic review and diagnosis. The lesion-shaving procedure is reported with code(s) 11305-11308, as appropriate. The histopathologic examination of the pigmented skin nodule is reported with code 88305, Level IV - Surgical pathology, gross and microscopic examination, Skin, other than cyst/tag/debridement/ plastic repair. The histopathologic examination of the inclusion cyst is reported with code 88304, Level III - Surgical pathology, gross and microscopic examination, Skin-cyst/tag/debridement.

Although this article focuses only on coding for tissue obtained via shave removal technique, an upcoming article will be provided in the future with detailed information and guidance on coding for tissue obtained using other techniques (excision, destruction) submitted for histopathologic examination.