

## COMMON SKIN PROCEDURE FORM

Patient name \_\_\_\_\_ Date of birth \_\_\_\_\_ Medical record # \_\_\_\_\_

Patient's complaint: \_\_\_\_\_

Treatment performed:

**Laceration repair**

Location: \_\_\_\_\_

Length (circle one): <2.6 cm | 2.6–5.0 cm | 5.1–7.5 cm | 7.6–12.5 cm | 12.6–20.0 cm | 20.1–30.0 cm | >30.0 cm

Closure (circle one):

**Simple** – single layer, no debridement | **Intermediate** – deep layers or single layer with debridement

**Complex** – significant debridement or undermining | **Reconstructive** – e.g., Z-plasty

**Excision** (lesion completely removed)

Location: \_\_\_\_\_

Size (lesion diameter + both margins; circle one): <0.6 cm | 0.6–1.0 cm | 1.1–2.0 cm | 2.1–3.0 cm | 3.1–4.0 cm | >4.0 cm

Pathology (circle one): Benign | Malignant

Closure (circle one): Simple | Intermediate | Complex | Reconstructive

**If closure is other than simple, a separate additional code should be reported.**

**Shave** (does not penetrate fat, no suturing needed)

Location: \_\_\_\_\_

Lesion diameter (circle one): <0.6 cm | 0.6–1.0 cm | 1.1–2.0 cm | >2.0 cm

**For the CPT codes for laceration repair, excision and shaving, refer to the current CPT manual.**

**Biopsy** (only part of lesion is removed)

Biopsied one lesion.

Code 11100

Biopsied additional lesions. (For each additional lesion, code 11101.)

Code 11101 \_\_\_\_\_ time(s)

**Plantar wart, common wart and keratosis destruction**

Destroyed one lesion.

Code 17000

Destroyed up to 13 additional lesions. (For each one, code 17003.)

Code 17003 \_\_\_\_\_ time(s)

Destroyed 15 or more lesions.

Code 17004 only

**Flat wart and molluscum contagiosum destruction**

Destroyed up to 14 lesions.

Code 17110

Destroyed 15 or more lesions.

Code 17111 only

**Skin tags**

Removed up to 15 skin tags.

Code 11200

Removed additional tags. (For each additional 10 lesions, code 11201.)

Code 11201 \_\_\_\_\_ time(s)

**Nails**

Trimmed any number of nondystrophic nails.

Code 11719

Debridement of one to five dystrophic nails.

Code 11720

Debridement of six or more dystrophic nails.

Code 11721

Reason for treatment/Notes: \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_