

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)

Premalignant lesion and actinic 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 warts and molluscum contagiosum, plantar and common warts and seborrheic keratoses destruction

Destroyed up to 14 lesions.

Code 17110

Destroyed 15 or more lesions.

Code 17111 only

Skin tags

Removed up to 15 skin tags (including 15th).

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 _____