

Patient Name: _____ DOB _____ Date _____ Age _____

- 11102 Tangential Biopsy: Using a flexible blade the lesion is shave biopsied. Tissue Is sent to pathology for analysis.
- 11103 Tangential Biopsy; each additional lesion X _____.
- 11104 Punch Biopsy: Skin stretched with lesion perpendicular to resting skin lines. Punch is rotated until subcutaneous tissue reached. Biopsy specimen removed and sent to pathology for analysis
- 11300 Shave of epidermal or dermal Lesion, single, trunk, arms or legs, .05cm or less
- 11301 Shave of epidermal or dermal lesion, single, trunk, arms or legs, .06cm to 1.0cm
- 11302 Shaving of epidermal or dermal lesion, single, trunk, arms or legs, 1.1cm to 2.0 cm
- 11303 Shaving of epidermal or dermal lesion, single, trunk, arms or legs, over 2.0 cm
- 11305 Shaving of epidermal or dermal lesion, single, scalp, neck, hands, feet, genitalia, .05cm or less.
- 11307 Shaving of epidermal or dermal lesion, single, scalp, neck, hands, feet, genitalia, 1.1 to 2.0 cm
- 11308 Shaving of epidermal or dermal lesion, single, scalp, neck, hands, feet, genitalia, over 2.0 cm
- 11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
- 20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s): Multiple trigger point injections to Sphincter muscle with taunt palpable band (Subcutaneous, Superficialis & Profundis) alleviated Myalgia by injection to area 1cc*
- 45100 Biopsy of anorectal wall, anal approach: Anoscope inserted in the anal canal, scissors/biopsy forceps inserted through the scope, Tissue from anorectal wall removed and sent to pathology for analysis.
- 46040 An abscessed area is noted in the deep perirectal tissues surrounding the anus. A small incision < 1cm is made over an area of pronounced fluctuance. A milking of the perirectal tissue is performed to drain as much pus as possible through the incision site, which relieves the pain. The area is then covered by a thick gauze pad and left to heal by secondary intention.
- 46050 Incision & drainage, Perianal abscess, superficial: Incision directly over perianal abscess, abscess drained & irrigated.
- 46221 Hemorrhoidectomy Internal Rubber Band Ligations: A lighted anoscope is inserted into the rectum, a ligator is inserted and the hemorrhoid is retracted from the anal wall, a band is released around the base of the hemorrhoidal tissue. The ligator and anoscope are removed and the patient may carefully resume normal activity.
- 46230 Excision multiple external papillae/tags, anus -papilla/skin tags identified and excised.
- 46250 External hemorrhoidectomy ≥ 2 columns: A small excision of anoderm (about 5-10 mm round) is made with a scissors or CO2 laser. The hemorrhoid is then cored out sub-dermally (underneath the skin). The skin edges are trimmed to reduce skin tag formation. The area is then covered by a gauze pad and left to heal by secondary intention.
- 46255 Internal & external hemorrhoidectomy 1 column:
 - see below
 - SUBDERMAL EXCISION: The hemorrhoid is then excised, cored out sub-dermally from underneath the skin and mucosa using a blunt dissection technique.
 - FULL EXCISION: The hemorrhoid is then excised completely, including the skin and mucosa using a blunt dissection technique.Electro and or laser cautery is applied. A pressure dressing is then applied to compress dead space and prevent hematoma and seroma formation. The wound heals by secondary intention
- 46500 The lower anus is explored and hemorrhoids located, sclerosing solution injected into the submucosa under the hemorrhoid.
- 46604 Anoscope inserted in the anal canal, stricture/stenosis identified. Dilation of stricture/stenosis _____ mm. Anoscope removed, patient may resume normal activity.
- 46606 Anoscope inserted in the anal canal, abnormalities identified and removed with biopsy forceps. Tissue sent to pathology.
- 46607 Anoscope inserted in the anal canal, high resolution magnification and chemical agent enhancement solution/stain applied, tissue examined, abnormalities Identified, biopsy obtained via biopsy forceps. Tissue sent to pathology.
- 46610 Anoscope inserted through the anal canal, area examined and polyp/lesion Identified, poly/lesion removed and cauterized. Tissue sent to pathology.
- 46917 Lesions identified on perianal skin, destruction of lesions by laser was performed.
- 46924 Extensive destruction of >25 anal lesions via laser surgery.
- 46930 Destruction of internal hemorrhoid by thermal energy: CO2 infrared laser light is used as a heat source to quickly coagulate, or clot, vessels supplying blood to the hemorrhoid causing it to shrink and recede.
- 46945 internal hemorrhoid vascular ligature through anoscope using 3-0 chromic, 1 column.
- 54057 Destruction of lesion(s), Penis, simple; laser surgery: Penile lesion(s) identified and marked, Lesion(s) destroyed by laser. Care taken to ensure protection of the surrounding healthy tissue.
- 54065 Destruction of lesion(s), penis, extensive; laser surgery: Penile lesion(s) identified and marked, lesion(s) destroyed by laser. Care taken to ensure protection of the surrounding healthy tissue.
- 54100 Biopsy of penis: Remove small portion of suspicious skin lesion on penis. Tissue sent to pathology.
- 98925 Osteopathic manipulative treatment (OMT); 1-2 body regions involved: Physician applied Manual treatment to eliminate or alleviate somatic dysfunction. OMT to Pelvis with good results

Rick Shacket, DO MD (H) _____