

Dermatology Coding Alert

CCI Update: Watch for Dozens of New Mohs Edits

Check modifier indicators for unbundling rules.

Dermatology practices that perform Mohs surgeries will have to update their coding edit tables as of April 1, 2014.

That's when the Correct Coding Initiative (CCI), Version 20.1, goes into effect, introducing new bundles that will forbid you from reporting two Mohs codes with dozens of other surgical procedures.

According to CCI 20.1, CPT® code 17311 (Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain[s] [e.g., hematoxylin and eosin, toluidine blue], head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks) is now mutually exclusive with:

- 11420-11426 □ Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia...
- 11440-11446 □ Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane...
- 11470-11471 □ Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
- 11750-11752 □ Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail), for permanent removal...
- 11765 □ Wedge excision of skin of nail fold (e.g., for ingrown toenail)
- 30120 □ Excision or surgical planing of skin of nose for rhinophyma
- 40510 □ Excision of lip; transverse wedge excision with primary closure
- 40520 □ Excision of lip; V-excision with primary direct linear closure
- 42810 □ Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
- 67840 □ Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
- 67961-67966 □ Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement...
- 69110 □ Excision external ear; partial, simple repair

Code 17313 (Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain[s] [e.g., hematoxylin and eosin, toluidine blue], of the trunk, arms, or legs; first stage, up to 5 tissue blocks) is now mutually exclusive with:

- 11400-11406 □ Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs
- 11450-11451 □ Excision of skin and subcutaneous tissue for hidradenitis, axillary...
- 11462-11463 □ Excision of skin and subcutaneous tissue for hidradenitis, inguinal...
- 11470-11471 □ Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical
- 11770-11771 □ Excision of pilonidal cyst or sinus...
- 54060 □ Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision

By putting these codes in Mutually Exclusive pairs, CCI has determined that the pairs of codes could not or would not be performed at the same session for the same patient. If the two codes in a Mutually Exclusive pair are reported together,

only the lesser-valued of the two codes will be reimbursed.

CCI 20.1 has also placed 17311 as the Column 1 code with these codes as the Column 2 component codes:

- 11010-11012 □ Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement) ...
- 15837-15838 □ Excision, excessive skin and subcutaneous tissue (includes lipectomy)...
- 15920 □ Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
- 40525 □ Excision of lip; full thickness, reconstruction with local flap (e.g., Estlander or fan)
- 40527 □ Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)

CCI also places 11010-11012, 15837, and 15920 as Column 2 codes for 17313, and adds to the bundles:

- 15830 □ Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
- 15832 □ ...thigh
- 15835 □ ...buttock
- 15836 □ ...arm
- 26596 □ Excision of constricting ring of finger, with multiple Z-plasties

According to CCI, a code in Column 2 is considered a component of the Column 1 (or "comprehensive") code. If you report the two codes together, only one of them □ the Column 1 code □ is reimbursable by Medicare.

Exception: These codes are marked with modifier indicator 1, which signifies that the two codes in the edit pair can be reported together if the clinical circumstances are appropriate, and if a proper modifier □ such as modifier 59 (Distinct procedural service)□ is appended to the Column 2 code.

Example: A patient has Mohs performed on the face for a basal cell carcinoma and an excision of a congenital nevus of the lower back. Report 17311 for the Mohs surgery on the face, and 11402 for the excision of the nevus on the lower back, says **Pamela Biffle, CPC, CPC-P, CPC-I, CPCO**, owner of PB Healthcare Consulting and Education Inc. in Austin, Texas.