

## Dermatology Coding Alert

### Coding Quiz: Test Your Mohs Coding Knowledge

3 scenarios from our coding experts help you improve your 17304 skills

No [dermatology practice](#) wants to go to the trouble of filing a chemosurgery (Mohs micrographic technique) claim only to have it rejected.

Fine-tune your Mohs coding skills by deciding whether the following procedures are coded correctly. Circle your responses before looking to the correct answers.

**Question 1:** Our dermatology practice performs Mohs procedures, but we always send the pathology to the hospital for interpretation. Can our practice bill Mohs with modifier -52 (Reduced services) since our dermatologists removed the specimen but the hospital is reading the specimen?

YES NO

**Question 2:** A patient comes to our practice one day for Mohs surgery. Prior to the surgery, the patient shows the dermatologist a suspicious skin lesion. The dermatologist suspects skin cancer, given the shape of the lesion and the patient's history. The dermatologist decides to perform a biopsy of the skin lesion on the same day as the Mohs procedure. In this case, should we bundle the additional removal into 17304 since the physician suspects skin cancer? Should we also append modifier -59 to notify the payer that the dermatologist removed two different tumors?

YES NO

**Question 3:** The dermatologist in our practice performs Mohs on four different lesions on one patient. The dermatologist thinks that I should report 17304 x 4, 17305 x 4, etc. Is this correct?

YES NO

**Answer 1:** NO. You can't bill Mohs procedures when your dermatologist does not perform the pathology responsibilities, because CPT specifies that the dermatologist must act as both the surgeon AND the pathologist. If more than one physician performs any aspect of Mohs, such as the pathology responsibility, the dermatologist and the pathologist should report the services they completed separately, and they should not report Mohs.

**Answer 2:** NO. If the dermatologist completed a biopsy of a suspected skin cancer on the same day as Mohs surgery, because there was no prior pathology confirmation of a diagnosis, you should report a diagnostic skin biopsy (11100, Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion; or +11101 ...each separate/additional lesion [list separately in addition to code for primary procedure] for additional biopsies).

You should also report the frozen section pathology (88331, Pathology consultation during surgery; first tissue block, with frozen section[s], single specimen) with modifier -59 (Distinct procedural service) to distinguish the biopsy from the Mohs surgery.

**Answer 3:** YES. You are correct in coding the excision of four lesions: 17304 (Chemosurgery [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 complete histopathologic preparation including

the first routine stain [e.g., hematoxylin and eosin, toluidine blue]; first stage, fresh tissue technique, up to 5 specimens) x 4, then re-excising them (17305, ... second stage, fixed or fresh tissue, up to 5 specimens) x 4, and so on up to +17310 (... each additional specimen, after the first 5 specimens, fixed or fresh tissue, any stage [list separately in addition to code for primary procedure]).

Your use of 17310 depends on how many stages the physician completed to remove all abnormal or malignant tissue from the lesion site.

**Editor's note:** Questions and answers provided by **Marie West, CCS-P, CMSCS, CCP**, coding specialist with Medical Data Services Ltd. in Edmond, Okla.