

Dermatology Coding Alert

Lesions: Ignoring Shaving and Skin Tag Codes? You Could Lose Up to \$88

If 17110 is your automatic choice for skin lesion destructions, read this before you code your next claim.

Treating 17110 as your office's catch-all skin lesion destruction procedure code could cut \$48-\$88 from a claim.

Understanding correct coding for skin lesion destruction is more important than ever. You could be overlooking providing dermatology procedures that could benefit your bottom line. Here are some to look into [□](#) and how to code them appropriately.

Destruction, which means the ablation of tissues of lesions, is by any method; some methods are code-specific. Often destruction will require more than one code and/or units to report the service.

To tell them apart, try your hand at two cases.

Scenario 1: Lesion destruction and mole shaving

Scenario: A dermatologist destroys 13 molluscum contagiosums and shaves a 0.4 cm mole on the patient's upper arm.

Coding: Do not use only 17110 (Destruction [e.g., laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement], of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions) for this scenario. You should report a separate code for the shave.

Shaving of epidermal or dermal lesions, which is literally shaving off a lesion using a sharp instrument, falls under 11300-11313.

For the above case, based on the lesion's location (arm) and size (0.4 cm), you would use 11300 (Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less), which contains 2.68 non-facility total relative value units (RVUs) using the 2014 Medicare Physician Fee Schedule. Multiplying the RVUs by the 2014 conversion factor of 35.8228 shows approximately \$96 in reimbursement.

Destruction of benign lesions including molluscum contagiosums counts as 17110-17111 depending on the number of lesions the physician destroys. For destruction of up to 14 lesions, use 17110, which contains 3.05 RVUs and pays approximately \$109. For destruction of 15 or more lesions, report 17111 (... 15 or more lesions; 3.62 RVUs). Be careful: Do not use 17111 in addition to 17110.

Tip: You may need to use modifier 51 (Multiple procedures) to indicate the destruction is a multiple procedure. Append modifier 51 to the lesser-valued procedure: 11300-51. Complete procedural coding could include 17110, 11300-51. Some insurers may follow Medicare's multiple procedure reduction and pay 11300 at 50 percent, which would equate to approximately \$48.

Scenario 2: Skin Tags

Scenario: An established patient requests skin tag removal during another service. The dermatologist chemically burns off the tag.

Coding: The insurer will probably not cover the destruction [□](#) and approximately \$88 is at stake.

Best bet: Crank out your private payer version of an advance beneficiary notice, or have a cash policy, suggest experts.

Often insurers will consider skin tag removal cosmetic and won't cover the procedure.

When it comes to assigning a number, skin tag removal including destruction puts you back into the 11000 skin series, rather than the 17000 destruction family. CPT's skin tag numbering system works this way.

- For removal up to and including 15 skin tags, use 11200 (Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions), which has 2.46 RVUs or pays approximately \$88.12.
- For each additional set of 10 lesions, or part thereof, report +11201 (... each additional 10 lesions, or part thereof [List separately in addition to code for primary procedure]) (0.54 RVUs).

Don't miss: Link 701.9 (Unspecified hypertrophic and atrophic conditions of skin) to 11200.