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Dermatology Coding Alert

Milia Treatments: Pop These Milia Myths Before They Blemish Your Reimbursement

Know the difference between 10040 and 17110.

Milia treatments can be notoriously challenging to report, in part because it can be difficult to discern between acne surgery codes and destruction codes. Is one of these four myths causing reimbursement hassles in your dermatology practice?

Myth: 10040 and 17110 Are Interchangeable

Reality: The main difference between 10040 (Acne surgery e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) and 17110 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions) is that the 17110 code is a destruction while the 10040 code is a removal.

The code 10040 states that an incision is made into the cyst or milia for removal and code 17110 is for destruction.

Hint: In CPT®, any code with a prefix of "17" is a destruction code. As mentioned in 17110's description, the most common forms of destruction include the application of liquid nitrogen or other chemical agent (a.k.a. cryosurgery), curettage, electrodessication, or the use of a laser.

Meanwhile, your dermatologist usually removes a milia by using a comedone extractor, which is a tool not much bigger than a pair of tweezers.

Cost: Don't get tempted to report one code over the other just because of potential payback figures. Based on Medicare rates, code 10040 pays back $101.74 while 17110 comes in at $109.26. Also, you should always be aware that some payers may not consider treatment of milia as a medically necessary procedure.

Caveat: "It is common to use a lancet before using a comedone extractor," says **Pamela Biffle, CPC, CPC-P, CPC-I, CPCO**, owner of PB Healthcare Consulting and Education Inc. in Austin, Texas. "I would never suggest using 10040 in that instance."

Myth: You Can Code 17110 and 17111 Together

Reality: The series 17110-17111 specifies the destruction of benign lesions that is medically necessary. If you'd use a destruction code to report milia treatment, you should remember that 17110 is for up to 14 lesions while 17111 (...15 or more lesions) is for 15 or more lesions treated at one time. Thus, you will never code 17110 and 17111 together at any given time on any particular patient.

Red flag: When assigning codes for benign or premalignant lesions, the number of lesions matters. Furthermore, an appropriate ICD-9 code should come with reporting 17110-17111. Some of the most common include 702.11 (Inflamed seborrheic keratosis), 078.10 (Viral warts, unspecified), 706.2(Sebaceous cyst) to which group milia belongs, and 078.19 (Other specified viral warts [e.g., common wart, flat wart, verruca plantaris]).

Extra: Dermatologists may also report 17110-17111 with 216.x (Benign neoplasm of skin) and 238.2 (Neoplasm of uncertain behavior of skin).

Myth: The Path Report Isn't Important

Reality: Milias are tiny white bumps of keratin in the glands of the skin. They are common in newborns' faces usually on the tip of the nose or chin but are also found in adults. Medicare and most carriers have a benign lesion destruction/removal policy that you must meet in order to bill milia treatment. Look out for the proper symptoms that should be indicated in your dermatologist's pathology report, such as:

- inflammation
- bleeding
- clinical suspicion for malignancy
- pain
- irritation (various carriers differ on policies for this symptom).