

Dermatology Coding Alert

Prove Mohs Isn't Cosmetic With Sharp ICD-9 Coding

Demonstrating medical necessity can be worth \$600 to your practice

Picking the right CPT code to describe a dermatologist's work performing Mohs surgery isn't enough. If the diagnosis code attached to your claim doesn't back up the need for chemosurgery, you can kiss your reimbursement for this lucrative procedure good-bye.

As with many dermatology procedures, proving medical necessity is key to getting fairly reimbursed for Mohs microsurgery (17304-17310, 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 ...).

For example, Noridian, the Medicare Part B carrier for several Western states, will only accept Mohs claims containing these ICD-9 codes:

1. 140.0-140.9 - Malignant neoplasm of lip
2. 160.0 - Malignant neoplasm, nasal cavities
3. 160.2 - Malignant neoplasm, maxillary sinus
4. 160.4 - Malignant neoplasm, frontal sinus
5. 161.0-161.9 - Malignant neoplasm of larynx
6. 173.0 - Malignant neoplasm, skin of lip
7. 173.1 - Malignant neoplasm, eyelid, including canthus
8. 173.2 - Malignant neoplasm, skin of ear and external auditory canal
9. 173.3 - Malignant neoplasm, skin of other and unspecified parts of face
10. 173.8 - Malignant neoplasm, other specified sites of skin.

Do this: The actual list of covered ICD-9 codes may vary with each carrier. Be sure to check with your local carrier for covered diagnoses.