

## Dermatology Coding Alert

### Reader Question: Modifiers Pave the Way to Reimbursement

**Question:** We have a Medicare patient who had multiple skin tag and lesion removal procedures (11200, 11201, 11201-59, 17000 and 17003) all in the same day. Should other modifiers be used, or are these procedures bundled?

Maine Subscriber

**Answer:** To answer your question more completely, we will assume that the dermatologist removed multiple skin tags and also destroyed a few lesions, such as actinic keratoses.

The National Correct Coding Initiative requires the use of modifier -59 (Distinct procedural service) when the physician treats different lesions during the same session. In your case, your dermatologist removed different types of lesions. Therefore, Medicare requires modifier -59 on the primary codes to indicate that the dermatologist removed different lesions and that services are not bundled.

In addition to modifier -59, you append modifier -51 (Multiple procedures) to 17000 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], all benign or premalignant lesions [e.g., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions; first lesion). You should list 11200 (Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions) first because it has a higher fee value. You should not append modifier -51 to any add-on codes.