

## **Dermatology Coding Alert**

### **Reader Question: Recoil Excision Denial by Scrapping 12051**

Question: I'd like to know why Medicare denied 12051 after I billed it together with 11440, stating that it was medically not necessary.

South Dakota Subscriber

Answer: You cannot bill 11400 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less), 11420 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less), and 11440 (Excision, other benign lesion including margins, except skin tag [unless listed elsewhere], face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less) with any repair, which, in your case, is 12051 (Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less).

Why: Most Medicare carriers won't pay for any repair when the lesion is benign and under 5 mm (or 0.5 cm) in diameter. They say the lesion is so small that it should be closed in a simple way and believe that the dermatologist who performs the procedure can do without a complicated closure technique. Simply put, CPT® guidelines instruct you not to use the closure codes with lesions less than 0.5 cm or less.