

## Dermatology Coding Alert

### Reader Questions: Append 51 to Lesser-Valued Procedure

**Question:** A dermatologist excises a benign skin lesion with an excised diameter over 4.0 cm from a patient's chest and closes the defect using a layered closure. He also performs a skin biopsy of another lesion on the patient's chest. Can I use both modifier 59 and 51 on the same code?

New York Subscriber

**Answer:** Yes. You may encounter scenarios, such as the one you describe, that warrant both modifier 51 (Multiple procedures) and modifier 59 (Distinct procedural service).

First, you should code the excision and layered closure. Because the excision includes only simple (non-layered) closure, you should separately report the layered or intermediate closure.

Report the excision as 11406 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter over 4.0 cm).

To indicate the closure is a multiple procedure, append modifier 51 to 12032 (Layer closure of wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 2.6 cm to 7.5 cm).

Because insurers may reduce payment for codes appended with modifier 51, you should attach modifier 51 to the lesser-valued procedure -- the closure. This will allow full payment for the more expensive procedure. Important: Bill the full fee for each procedure and let the payer apply the reduction.

You should also code the second procedure -- the skin biopsy. Attach both modifiers 51 and 59 to the biopsy code (11100, Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion). Modifier 51 indicates that the biopsy is a multiple procedure, and modifier 59 identifies the biopsy as a distinct procedural service from the excision.

Normally, excision includes biopsy. But in your case, the biopsy deserves separate payment because the physician biopsies a separate lesion from the excision.

**Summary:** The claim should include these skin procedures:

- 11406
- 12032-51
- 11100-51-59.

List the payment modifier (51) before the informational modifier (59). Insurers set up systems to read modifiers that signal payment changes first and modifiers that add specificity second.