

## Dermatology Coding Alert

### Reader Questions: Append 59 to Indicate 2 Surgical Sites

**Question:** Our dermatologist excised two benign lesions ...quot; one on the shoulder and the other on the abdomen. He also removed an actinic keratosis from the patient's face. NCCI bundles 11400 and 17000 as mutually exclusive. Does this mean I can only report 11400 x 2 and not 17000?

Oregon Subscriber

**Answer:** You can report both in this case, since there were two separate surgical sites. Even though 11400 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs ...) and 17000 (Destruction [e.g., laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettage], all benign or premalignant lesions [e.g., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions; first lesion) are in a mutually exclusive bundle, the modifier indicator for the bundle is "1," which means you can report the two codes together by appending an appropriate modifier to one of the codes.

**Key:** You will need to append modifier 59 (Distinct procedural service) to 17000 to show that it is a distinct service from the first lesion excision. You will also need to append 59 to the second lesion excision to show that it, too, is a distinct service, occurring at a separate surgical site. Code the work as follows:

**Line 1:** 11400 linked to ICD-9 code 216.5 (Benign neoplasm of skin; skin of trunk, except scrotum)

**Line 2:** 11400-59 linked to 216.6 (... skin of upper limb, including shoulder)

**Line 3:** 17000-59 linked to 702.0 (Actinic keratosis).