

Dermatology Coding Alert

READER QUESTIONS: Cut the Complication of Modifier 51

Question: A surgeon excised 10 inclusion cysts of scalp, all between 1.1 to 2.0 cm. The pathology reports pilar cysts. How should I bill the procedure?

Kentucky Subscriber

Answer: You will have to list 11422 on 10 lines with modifiers 59 (Distinct procedural service) and 51 (Multiple procedures) on all but the first line. Make sure there are separate incisions for each cyst if you do this.

Think it over: Modifier 51 indicates that you did more than one procedure at the same session. As much as possible, attach it to the lesser-valued service because most payers typically reduce the fee for the code with modifier 51 attached by about 50 percent. This way you are sure to get paid in full for the more expensive procedure.

Warning: Don't preempt the payer by not billing the full fee for each procedure.

Let them make the reduction consistent with their own payment policy.

-- Technical and coding advice for You Be the Coder and Reader Questions provided by **Pamela Biffle, CPC, CPC-I, CCS-P, CHCC, CHCO**, owner of PB Healthcare Consulting and Education Inc. in Watauga, Texas.