

Dermatology Coding Alert

READER QUESTIONS: Detail the Number of Excisions to Avoid Missing Out

Question: A dermatologist excised several lipomas on a patient's single forearm in a single session. How should I report this?

Hawaii Subscriber

Answer: First ask: (1) How many excisions were done? (2) Were they all removed in one swoop? Most important of all is the question, "Does the dermatologist document all separate excisions and separate closures?"

If the dermatologist did actually document separate excisions and closures, you should bill 25075 (Excision, tumor, soft tissue of forearm and/or waist area, subfascial [e.g., intramuscular]; less than 3 cm). List each separate incision out as separate line items, appending modifier 59 (Distinct procedural service) on each, after the first.

Why: You can only use units with specific codes that indicate quantity (e.g., 11101 (Biopsy of skin...each separate/additional lesion [List separately in addition to code for primary procedure])). Some carriers conveniently miss the quantity in the units box if you use 25075 x [the number of excisions], so you better "rub it in" by detailing the items.