

## Dermatology Coding Alert

### Reader Questions: Modifier -51 Breaks the Bonds With Excision Denials

**Question:** We're seeing an increase in Medicare denials for choroids plexus tumor (cpt) excisions. The denials occur when the dermatologist excises the lesions from the same anatomic area (the face). For example, a patient came to our practice with a 0.4-cm lesion on his left forehead, a 0.2-lesion on his left cheek, a 0.6-cm on his right scalp area, and a 2-cm lesion on his chin.

Should I code each lesion excision separately or sum up the sizes? We've tried to sum up the lesions as a total, but have gotten denials asking for a "breakdown of charge." When we code individually, Medicare denies as duplicates. Would you tell me how we can collect for these procedures?

Virginia Subscriber

**Answer:** When you report destruction codes, you should bill according to the number and sizes of the lesions, not body area.

For benign or premalignant lesions, you should report 17000 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], all benign or premalignant lesions [e.g., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions; first lesion). You should then report +17003 (... second through 14th lesions, each [list separately in addition to code for first lesion]) x 3 for the cheek, scalp and chin lesions.

If the lesions are malignant, you should report 17260 (Destruction, malignant lesion [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], trunk, arms or legs; lesion diameter 0.5 cm or less) x 2 for the forehead and left cheek lesions. You should then bill 17261 (... lesion diameter 0.6 cm to 1.0 cm) for the right scalp lesion, and 17262 (... lesion diameter 1.1 to 2.0 cm) for the chin lesion. Don't forget to append modifier -51 (Multiple procedures) to tell your carrier that the physician performed several procedures.

You should only sum up the sizes of the lesions if the physician completes an intermediate (12032, Layer closure of wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 2.6 cm to 7.5 cm) or complex repair (13101, Repair, complex, trunk; 2.6 cm to 7.5 cm) after he removes the lesions, in which case you should report the lesion removal AND the repair codes.