

## Dermatology Coding Alert

### READER QUESTIONS: Modifier 59 May Justify Excisions and Destruction

**Question:** Our dermatologist completed two excisions: one on the patient's shoulder and the other on the patient's abdomen. He also excised an actinic keratosis on the patient's face. When I looked in the National Correct Coding Initiative (NCCI) edits, I saw that NCCI designates codes 11400 and 17000 as mutually exclusive. Does this mean that I cannot bill 17000 and only bill 11400 x 2?

Nebraska Subscriber

**Answer:** You should report the following codes for the above scenario:

1. code 11400 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less) with modifier 59 (Distinct procedural service) and diagnosis code 216.5 (Benign neoplasm of skin of trunk, except scrotum)
2. code 11400-59 and diagnosis code 216.6 (Benign neoplasm of skin of upper limb, including shoulder)
3. 17000 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage], all benign or premalignant lesions [e.g., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions; first lesion) with diagnosis code 702.0 (Actinic keratosis).

You can report the two-excision procedure separately because the dermatologist performed two separate excisions on two separate sites and a separate destruction.

By attaching modifier 59, you are notifying the payer that although the NCCI edits bundle these procedures, the dermatologist performed two distinctly separate procedures: excisions and destruction.