

Dermatology Coding Alert

READER QUESTIONS: Place Modifier 59 on Bundled Code

Question: How do I determine which code to append modifier 59 to?

New Jersey Subscriber

Answer: You should always use modifier 59 (Distinct procedural service) on the code that is bundled. In other words, append modifier 59 to the component or lesser-valued code. The procedures' order doesn't matter.

Example: A patient comes to your dermatology clinic for a suspicious lesion on her face. Under examination, the dermatologist decides to perform a biopsy. While examining the patient, the dermatologist also discovers 17 actinic keratoses (AK). With proper consent from the patient, the dermatologist uses cryosurgery to freeze and remove the AKs.

You should report 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion) with modifier 59 and 17004 (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, 15 or more lesions).

Code 17004 is the comprehensive procedure in this bundle and is worth 5.22 nonfacility unadjusted RVUs; code 11100 is the component procedure and is worth 2.10 nonfacility unadjusted RVUs.