

Dermatology Coding Alert

READER QUESTIONS: Separate Repeat Procedures with Modifier 59

Question: Our dermatologist performs three biopsies in the same area of a patient's outer ear doing 11100, +11101, and 69100 x 3. I put modifier 76 on the last two units of 69100, and Medicare rejected one. Should I have used a different modifier?

Arizona Subscriber

Answer: When your dermatologist performs more than one procedure on the same body area during the same session, you should use modifier 59 (Distinct procedural service). In other words, you would bill the biopsy 69100, 69100-59, 69100-59 to indicate that they were three separate procedures and not a repeat or duplicate.

The only time you would use modifier 76 (Repeat procedure by same physician) is when the physician indicates that a procedure is "subsequent" to the original procedure but did not occur at the same session.

Info: Code 69100 (Biopsy external ear) does include the ear's helix. When searching in the index of the CPT manual, you'll see that the correct sequence is "Biopsy, Ear," which leads you to 69100. The helix is the long edge of the outer ear (where you sometimes see piercings above the earlobe) and is considered to be the outer ear.