

Dermatology Coding Alert

You Be the Coder: Counting Corns and Coding Cutting

Question: A new patient presents to the dermatologist with a chief complaint of corns and calluses on the bottom of her right feet and several toes. After performing a level-two evaluation and management (E/M) service, the physician diagnoses simple corns. Then, she pares the corns. Tissue was benign. How should I report this encounter?

Maine Subscriber

Answer: Your exact coding will depend on how many corns the dermatologist pared during the encounter. Go back and check the encounter notes to see how many calluses she treated. Then, report the following:

- 11055 (Paring or cutting of benign hyperkeratotic lesion [e.g., corn or callus]; single lesion), 11056 (... 2 to 4 lesions), or 11057 (... more than 4 lesions) for the parings, depending on how many corns the dermatologist pared.
- 99202 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history;
- an expanded problem focused examination; straightforward medical decision making...) for the E/M service.
- modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) appended to 99202 to show that the E/M was significant and separately identifiable from the parings.
- L84 (Corns and callosities) appended to the paring code and 99202 to represent the patient's corns.

Remember: Medicare has specific medical necessity guidelines for corns and callus care; if you are unsure of your Medicare Administrative Contractor's (MAC's) corn/callus guidelines, contact a rep before filing your claim.