

## Dermatology Coding Alert

### You Be The Coder: Reporting Multiple Procedures

**Question:** How do I report modifier -51 correctly when I am reporting multiple procedures provided on the same day?

Michigan Subscriber

**Answer:** If your dermatologist performs multiple procedures on the same day (for example, benign lesion removal on the right arm, and basal cell lesion removed from the face), you report modifier -51 (Multiple procedures) with the second or lower-priced procedure.

**Note:** You should not append modifier -51 to any of the designated "add-on" codes (e.g., +11101, Biopsy of skin ...; each separate/additional lesion; +15201, Full thickness graft ...; each additional 20 sq cm; or +17003, Destruction ...: second through 14 lesions, each).

Payment for codes with modifier -51 (the second through fifth procedures) is reduced 50 percent of the allowed amount. More than five procedures are reviewed for payment determination.

**Caution:** Modifier -51 may not get you all the reimbursement you deserve. In the example above, you should also report Modifier -59 (Distinct procedural service) to 11101 to let the insurance company know that you removed two separate lesions.