

Internal Medicine Coding Alert

Reader Question: Modifier to Report Destruction and Excision Procedures

Question: One of our physicians destroyed a premalignant lesion on a patient's arm and excised a benign lesion on the patient's other arm. Can I report both the destruction and the excision per CCI?

Vancouver Subscriber

Answer: You'll have to report the destruction of the premalignant lesion with the CPT® code 17000 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], premalignant lesions [e.g., actinic keratoses]; first lesion) and report the excision of the benign lesion using the CPT® code 11400 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less).

However, these two codes are bundled as per Correct Coding Initiative (CCI) edits with the modifier indicator '1.' Since the modifier indicator is one, you can unbundle the codes by appending a modifier. So, you'll have to append the modifier 59 (Distinct procedural service) to the code 11400.

As your physician performed the excision and the destruction on two separate lesions, you should have no trouble getting reimbursed for both the procedural codes if the modifier 59 is appended to inform the payer that two separate and distinct procedures were performed.