Internal Medicine Coding Alert

Reader Question: Modifiers for Lesions

Question: We have a Medicare patient who had multiple procedures (11200, 11201, 11201-59, 17000 and 17003) all in the same day. Should other modifiers be used, or are these procedures bundled?

Maine Subscriber

Answer: According to the national Correct Coding Initiative, 11200 (removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions) and 17000 (destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions [i.e., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; first lesion) are mutually exclusive procedures, with 17000 being the comprehensive code and 11200 bundled as a component code. However, assuming your scenario indicates that these two procedures were performed for different lesions, billing the two sets of procedures together with modifier -59 (distinct procedural service) attached to the lower-valued code is appropriate.

Your scenario also deals with CPT add-on codes. Two of the codes in your scenario, 11201 (each additional 10 lesions [list separately in addition to code for primary procedure]) and 17003 (second through 14 lesions, each [list separately in addition to code for first lesion]), are add-on codes, which are identified in CPT by a + sign in front of the code. According to the instructional notes in CPT, add-on codes describe additional intraservice work associated with the primary procedure [e.g., additional lesion(s)]. Add-on codes can never standalone; they are always secondary procedures and must be billed in addition to the primary procedure code. Because they are always secondary procedures, the multiple-surgery reduction has been calculated into the RVUs assigned; therefore, modifier -51 (multiple procedures) is never used with an add-on code.

There are other important guidelines for the codes in your scenario. Your question does not indicate how many lesions were destroyed or how many skin tags were excised, but the number of lesions is important for coding. To use 11200 and 11201 together, at least 25 skin tags must have been excised. Code 11201 states each additional 10 lesions. If fewer than 10 additional lesions beyond the first 15 are excised, modifier -52 (reduced services) should be used with 11201. For instance, if 22 skin tags were excised, report 11200 for the first 15 skin tags and 11201-52 for the remaining seven skin tags. Modifier -52 indicates that the entire number of lesions, 10, specified in the code description was not excised.

On the other hand, 17003 is reported once for each additional lesion destroyed. Therefore, if three lesions were destroyed, you would report 17000 once and 17003 twice. You would use 17003 in this manner until you reached a total of 15 or more lesions. If 15 or more lesions were destroyed, you would then report 17004 (destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions [e.g., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia, 15 or more lesions) only once. In the scenario above, you would code 11200, 11201, 17000-59-51 and 17003-59. In this coding scenario, 25 skin tags were excised and two skin lesions were destroyed by any method.