## Internal Medicine Coding Alert

## You Be the Coder: Hyperkeratotic Lesion Removal Depends on Number

Question: If our physician removed a callus from one foot and four more such lesions from another foot, should I combine the number of lesions and report only one code or should I report them separately and assign them RT and LT modifiers. Also, let me know what diagnosis codes should I assign for the callus of the foot?

## New York Subscriber

Answer: When your clinician removes hyperkeratotic lesions such as a corn or a callus, you will have to report from one of the following codes depending on the number of lesions removed:

- 11055 (Paring or cutting of benign hyperkeratotic lesion [e.g., corn or callus]; single lesion)
- 11056 (...two to four lesions)
- 11057 (... more than four lesions)

Even though the descriptors for these codes mention the examples as corn or callus, you can report these codes for the removal of any type of benign hyperkeratotic lesions.

When you are reporting from the CPT® code range, 11055-11057, you'll have to count the total number of lesions removed and report only one code for the entire session. $\mathrm{CPT} ®$ codes $11055-11057$ will only be reimbursed by Medicare if the treatment is considered medically necessary.

Irrespective of the foot from which the callus was removed, you will have to add up the number of lesions and just report one code. You should not report them individually for each foot and assign them with RT and LT modifiers.

Since in your case scenario, one lesion was removed from one foot and four from another foot, you will add them up and just report 11057 as this code is used to report removal of more than four hyperkeratotic lesions.

If you are looking at diagnosis codes which you have to assign for callus of the foot, you will have to report the ICD-9 code 700 (Corns and callosities). However, when you begin using ICD-10 codes, you will have to report L84 (Corns and callosities) in lieu of the ICD-9 code 700.

