

Internal Medicine Coding Alert

You Be the Coder: Include Documentation Supporting Medical Necessity of Callus Removal

Question: Our internal medicine specialist recently excised a callous on a patient's foot with a scalpel. What CPT® code would be appropriate to report the procedure? No anesthesia was used. There was no open wound and did not involve a burn.

Illinois Subscriber

Answer: When the physician performs an excision of callous, corn or any other benign hyperkeratotic lesions, you will have to report the procedure from the following CPT® codes depending on the number of lesions that your clinician excised:

- 11055 (Paring or cutting of benign hyperkeratotic lesion [e.g., corn or callus]; single lesion)
- 11056 (...2 to 4 lesions)
- 11057 (...more than 4 lesions)

So, you will have to report 11055 if your internist removes a single lesion, 11056 if the number of lesions is between two to four or 11057 when more than four lesions are removed. But, remember, that CPT® codes 11055-11057 will be reimbursed by Medicare only if the treatment is proved to be medically necessary. So, you will need to support the decision for removal by providing proper documentation that supports the necessity of removal and also by reporting the appropriate ICD-9 codes.

When your clinician removes a callus, you should report the ICD-9 code, 700 (Corns and callosities). As necessary, you should also report a second ICD-9 code such as 686.9 (Unspecified local infection of skin and subcutaneous tissue) or 729.5 (Pain in limb) or any other appropriate code depending on the reason that prompted your clinician to undertake the removal of the lesion.

ICD-10: When you begin using ICD-10 codes, you will need to use appropriate crosswalk codes to the above mentioned ICD-9 codes:

- L84 (Corns and callosities) instead of 700
- L08.9 (Local infection of the skin and subcutaneous tissue, unspecified) in place of 686.9
- M79.67- (Pain in foot and toes) instead of 729.5. Use appropriate expansion to M79.67- depending on the location from which your clinician removed the callus.