

Part B Insider (Multispecialty) Coding Alert

Lesion Excision: Medicare Gives Providers a Break on Lesion Coding

Malignant lesions will still pay more than benign ones

For now, at least, dermatologists have succeeded in excising a very malignant change to Medicare reimbursement for lesion excision.

For 2004, the Centers for Medicare & Medicaid Services had proposed to pay the same for lesion excisions, whether the lesions were malignant or benign. (See PBI, Vol. 4, No. 19, p. 130.) Providers protested that the stakes (including malpractice costs) were much higher with malignant than benign lesions.

CMS has backed down. In the 2004 [Physician Fee Schedule](#) rule, the agency says it will maintain the 2003 work RVU values for lesion excision for now. CMS says it still believes "the physician work for these services is sufficiently similar not to warrant differences in the work RVUs," but it will allow more time for "the specialty to resurvey these services."

It wouldn't have been "appropriate for them to have done that," says Media, Pa., dermatologist **Arthur Balin**. "The risk of operating on malignant lesions is considerably higher than the risk of operating on benign lesions."