

Outpatient Facility Coding Alert

Reader Question: Shave Denials with Modifiers for Multiple Sites

Question: The physician shaved three epidermal lesions that the patient chose not to have submitted to pathology. The physician shaved a 0.4 cm lesion from the patient's chest, a 0.3 lesion from the patient's back, and a 0.2 lesion from the patient's stomach. Will I need modifiers to report the shaves?

Florida Subscriber

Answer: Because CPT® classifies the shaves with the same anatomic area and size code, you will need a modifier on the second and third excision codes. Without the modifiers, the insurer's software system may throw out the additional shaves as duplicates.

You should technically use modifier 51 (Multiple procedures) on the second shave (11300, Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less). Then separate the third excision from the second with modifier 59 (Distinct procedural service) or one of the new X{EPSU} modifiers. The claim would contain: 11300, 11300-51, and 11300-59.

If you are reporting the claim to a Medicare carrier or are coding for the non-facility setting, omit modifier 51. Medicare's computer editing system automatically considers eligible additional procedures multiple without requiring modifier 51.