

## Oral Surgery Coding & Reimbursement Alert

### Reader Questions: Don't Report Laser Destruction of Lip Lesions With 40810

**Question:** Recently, our surgeon performed laser destruction of multiple mucosal lip lesions. Is the code 40810 apt for this procedure that our clinician performed? Also, let me know if I have to only use one unit of the code or should I report one unit of the code for each lesion that was destroyed.

New York Subscriber

**Answer:** You should reserve the use of 40810 (Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair) when your clinician performs surgical excision, without closure, of a lesion of the mucosal or submucosal lip or cheek area.

But, here in this case, since your surgeon performed destruction of the lesions using a laser, you will have to report it with 40820 (Destruction of lesion or scar of vestibule of mouth by physical methods [e.g., laser, thermal, cryo, chemical]) instead of using 40810.

**Coding tip:** Report only completely distinct additional lesions your surgeon destroyed. If the lesions share borders or are adjacent, do not report them as separate destructions.

Wait to file the claim until you have the pathology report. The diagnoses may help you to substantiate coding an additional 40820. For instance, if the lip lesions come back as cancerous, and documentation shows they are on the upper and lower lip, you would report on separate lines:

- 40820 linked to 140.3 (Malignant neoplasm of lip; upper lip, inner aspect)

- 40820-59 linked to 140.4 (...lower lip, inner aspect).

When you have the same diagnosis, for instance, two separate-location upper lip mucosal lesions (140.3), you may be able to report the destruction with 40820 x 2.

**Note:** To avoid the carrier considering the second 40820 duplicate, you may need to append modifier 59 (Distinct procedural service) to the second unit of 40820 that you are reporting.