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Possible HCPCS Modifiers and ICD-9 Codes -*2013

CPT CODE		
11200	Removal of Skin Tags (up to & including 15 lesions)	\$89.48
11201	Each add. ten lesions (in add. to 11200 list separately)	\$19.05
ICD-9	701.9, 757.39	

17280	Destruction, malignant lesion, (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement) face, ears, eyelids, nose, lips, mucous membranes: lesion diameter 0.5cm or less	\$144.60
ICD-9	173.3, 216.3, 232.3, 238.2, 239.2	

17000	Destruction (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesion (eg, actinic keratoses); first lesion	\$83.36
17003	2nd-14th lesions; each (list separately in addition to code for first lesion) use in conjunction with 17000	\$6.80
17004	Destruction (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesion (eg, actinic keratoses); 15 or more lesions Do not report 17004 in conjunction with 17000-17003	\$172.84
ICD-9	702.0	

46924	Destruction of lesion(s)anus, (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery)	\$563.76
ICD-9	216.5	

54065	Destruction of lesion(s)penis, (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery)	\$222.51
ICD-9	222.1, 236.6, 239.5	

17110	Destruction (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions	\$114.32
17111	Destruction 15 or more lesions	\$135.41
ICD-9	078.0, 078.10, 078.12, 078.19, 216.8, 706.2	

56501	Destruction of lesion (s), vulva: simple (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery)	\$134.05
56515	Destruction of lesion (s), vulva: extensive (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery)	\$228.63
57061	Destruction of vaginal lesion (s): simple (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery)	\$116.70
ICD-9	184.4, 198.82, 221.2, 233.3, 236.3, 239.5	

17260	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement) trunk, arms, legs; lesion diameter 0.5cm or less (see codes 17261-17266)	\$95.94
17270	Destruction malignant lesion, (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement) scalp, neck, hands, feet, genitalia; lesion diameter 0.5cm or less	\$154.46
ICD-9	173.7, 209.34, 209.75, 232.7, 238.2	

This information is provided to assist you in determining possible codes for procedures performed and are presented as examples only, as allowed charges will vary from state to state and carrier to carrier. Please check your current coding book for a more extensive list and for any coding changes.

Lesions that are not normally approved for reimbursement, may be approved if one or more things are documented in the medical record:

1. The lesion has bleeding, intense itching or pain, inflammation, obstructs an orifice or obstructs vision.
2. If it's in an anatomical region subject to recurrent physical trauma and documentation that such trauma has occurred.
3. Periocular (eye) warts with chronic conjunctivitis secondary to the virus.
4. Warts showing evidence of spread from one body area to another (particularly in immunosuppressed patients).
5. Cervical dysplasia or pregnancy associated with genital warts.

HCPCS MODIFIERS The following is a short list of HCPCS (Level I and II) modifiers that were most used in 2011 by offices filing Medicare Claims.

11200	AS- Physician Assistant, NP or clinical nurse specialist services for assistant at surgery
	KX- Specific required documentation on file
	AQ- Physician providing service in a rural HPSP
	51- Multiple Procedures
	52- Reduced Services
	59- Distinct Procedural Service
	79- Unrelated procedure or service by the same physician during the postoperative period
11201	KX • AQ • 51 • 52 • 59 and 79
17000	KX • 22 • 51 • 52 • 59 and 79
17003	KX • 22 • 51 • 52 • 59 • 79 and 76- Repeat procedure by same physician

* Data derived from the Centers for Medicare and Medicaid Services. * CPT is a trademark of the American Medical Association.
 *2013 national averages/payment amounts were calculated using all modifiers and non-facility prices. Prices reflect data through 3-18-2013
 Please visit: www.cms.gov/apps/physician-fee-schedule to obtain your state's reimbursement fees.