



## Family Practice Coding Alert

### Reader Questions: Reporting Multiple Paring Codes? Think Again

**Question:** Our FP recently removed some hyperkeratotic lesions that a patient had on his left and right foot. The patient had two lesions on the right foot and five lesions on the left foot. So, am I allowed to report 11056 and 11057 together for the same patient on the same calendar date of service? If so, should I report the codes using any modifiers like RT and LT?

Michigan Subscriber

**Answer:** When your clinician removes a hyperkeratotic lesion such as corn, callous, or any other benign hyperkeratotic lesions through paring or cutting, you have the following codes to choose from:

- 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).

As you can see from the descriptors to the above mentioned codes, the choice of code depends on the number of lesions that your clinician removed. So, if your clinician removed a single lesion, you choose 11055; you choose 11056 if the number of lesions is between two to four, or you choose 11057 when more than four lesions are removed.

Irrespective of the number of sites from which the lesions were removed, you will have to add up the total number of lesions that your clinician removed and report one appropriate removal code for the patient on one calendar date of service.

So, even though your clinician removed lesions from the right and left foot, you should not use any modifiers (such as RT and LT) to differentiate the site and report 11056 and 11057. Also, Correct Coding Initiative (CCI) edits are in place that will not allow you to report these two codes together on the same calendar date of service for the same patient, and you cannot use a modifier to overcome the edit.

So, instead of reporting both 11056 and 11057 for the lesion removal, you will just have to add up the total number of lesions and report one code. Since your clinician removed seven lesions, you will report only 11057 for the procedure performed.

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