

Dermatology Coding Alert

CCI Update: Watch for New Confocal Microscopy Bundles

New Correct Coding Initiative edits also touch on adjacent tissue transfers.

Dermatology practices using reflectance confocal microscopy (RCM) to detect lesions or scar formation, take note: The latest set of Correct Coding Initiative (CCI) edits have bundled those procedures into 25 other integumentary procedures.

The latest set of coding edits, version 22.1, became effective April 1, 2016.

The RCM codes affected, all of which were introduced in CPT® 2016, are:

- 96931 □ Reflectance confocal microscopy [RCM] for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion
- 96932 □ ... image acquisition only, first lesion
- 96933 □ ... interpretation and report only, first lesion
- 96934 □ ... image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)
- 96935 □ ... image acquisition only, each additional lesion (List separately in addition to code for primary procedure)
- 96936 □ ...interpretation and report only, each additional lesion (List separately in addition to code for primary procedure).

Background: Reflectance confocal microscopy involves focusing near-infrared light on the skin to detect any abnormal lesions or scar formation. The light source connects to a computer that displays the image of the tissue under examination. Use this code when the provider interprets the result and reports the findings for each additional skin lesion, area of diseased or damaged tissue.

The RCM codes have all been bundled as Column 2/Component codes into CPT® 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion), as well as all of the codes in the "Excision □ benign lesions procedures on the skin" (11400-11471) series.

These bundles are all marked with modifier indicator "1," which allows you to report the two codes in the bundle separately with an appropriate modifier (e.g., 59, Distinct procedural service) under appropriate clinical circumstances.

Example: The patient presents with three suspicious lesions: one on the upper right arm, one on the left upper back, and one on the nose. The decision was made to biopsy the lesion on the left upper back and monitor the remaining two lesions for changes by using RCM. You would code the biopsy on the back with CPT® code 11100, the RCM on the arm with 96931-59, and the RCM on the nose with 96934-59, says **Pamela Biffle, CPC, CPC-P, CPC-I, CPCO**, owner of PB Healthcare Consulting and Education Inc. in Austin, Texas.

Check These Adjacent Tissue Transfer Edits

Dermatology coders should take a heads-up on the rules that CCI 22.1 puts in place for adjacent tissue transfer coding □ even though it may not change your work all that much.

The latest set of coding edits, which became effective April 1, 2015, bundles dozens of excision and repair codes into

CPT® code 14302 (Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof [List separately in addition to code for primary procedure]).

That code now includes all of the CPT® codes from the "Excision □ benign lesions procedures on the skin" (11400-11471), "Excision □ malignant lesions procedures on the skin" (11600-11646), "Repair □ simple procedures on the integumentary system" (12001-12021), "Repair □ intermediate procedures on the integumentary system" (12031-12057), and "Repair □ complex procedures on the integumentary system" (13100-13160) series.

However: All of those column 2 codes were already bundled into CPT® code 14301 (Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm). And because 14302 is an add-on code, which you must always report with 14301, you wouldn't have been allowed to report any of those codes with 14302 anyway, even before CCI 22.1.

Dig deeper: For the complete list of CCI edits, visit www.cms.hhs.gov/NationalCorrectCodInitEd.