

# Dermatology Coding Alert

## Justify Additional Biopsies or Excisions

### Avoid pitfalls when reporting new or established patient consults

If your dermatologist needed to biopsy a patient or excise a lesion in addition to the consultation, look to CPT and the Medicare Carriers Manual to confirm that you can justify the additional procedure initiated by your dermatologist.

The Medicare Carrier Manual states the following:

1. **Consultation followed by treatment.** Pay for an initial consultation if you've satisfied all the criteria for a consultation.

**Hidden trap:** You may get paid regardless of treatment initiation unless a transfer of care occurs. A transfer of care occurs when the referring physician transfers the responsibility for the patient's complete care to the receiving physician at the time of referral, and the receiving physician documents approval of care in advance.

The receiving physician reports a new or established patient visit depending on the situation and setting (e.g., office or inpatient). (**CPT definition:** A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.)

2. A physician consultant may initiate diagnostic and/or therapeutic services at an initial or subsequent visit. You should report subsequent visits (not performed to complete the initial consultation) to manage a portion or all of the patient's condition as an established patient office visit or subsequent hospital care, depending on the setting. When you report subsequent visits, use codes 99211-99215 or 99231-99233.