

Dermatology Coding Alert

Note 'Site' Specifics to Avoid Common Biopsy Pitfalls

Look to modifier -59 to specify multiple biopsies

If your dermatologist specifies the biopsy site, you could be forfeiting deserved pay if you automatically assign 11100 for the procedure.

Site-specific codes not only increase coding accuracy but pay more than the most widely used code, 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion), says **Jeffrey Weinberg, MD,** director of the Clinical Research Center, Department of Dermatology at St. Luke\'s-Roosevelt Hospital Center in New York City.

(For an easy-to-use table of the site-specific codes and payment for each code, see \"Keep This Handy Table to Report Specific Biopsy Codes Every Time\" later in this issue.)

Report Multiple Biopsies With -59

In many instances, your dermatologist may perform multiple biopsies. In such cases, you should consider modifiers to clarify the circumstances to the payers.

Example: The dermatologist performs a biopsy of a lesion on a patient\'s arm and performs another biopsy on a different lesion on the patient\'s eyelid during the same visit.

Solution: Because your dermatologist specifies the site in the documentation, you can see that the documentation justifies reporting 11100 for the biopsy on the patient\'s arm and 67810 (Biopsy of eyelid) for the second biopsy, says **April Potter**, **CPC**, **CDC**, coding analyst and auditor with FHN in Freeport, III.

Explanation: In the instance above, you would attach modifier -59 (Distinct procedural service) to 11100 because the dermatologist performed the arm lesion biopsy as a distinct procedure from the eyelid biopsy and 11100 is the lower paying procedure, says **Anne Dacko, MD**, a Mohs micrographics surgeon in New York City.

More Work Also Justifies More Pay

In many cases, when you report a site-specific biopsy code, you not only tell the payer that the dermatologist performed a biopsy at a specific site but also inform the payer that that site required the dermatologist to perform a more complicated procedure.

Result: The dermatologist deserves more pay for the higher level of complexity of these site-specific procedures.

Example: A patient presents to your practice with a papular lesion of the lip. After the dermatologist examines the patient, he determines that he must perform a biopsy.

In this scenario, you should report 40490 (Biopsy of lip) instead of 11100. As long as the dermatologist notes the site-specific biopsy in the documentation, you should receive \$40 more for the procedure on the patient\'s lip than if you had reported 11100 because this biopsy required more work from the dermatologist.

Often, dermatologists take extra steps in a biopsy of the lip, including the use of a chalazion clamp to control bleeding, Weinberg says.



Another example: A patient with a pigmented lesion of the nail bed presents to your practice. The dermatologist suspects trauma but feels he should perform a nail bed biopsy to rule out melanoma.

Your first thought in coding this scenario might be to bill 11100. But you should instead bill 11755 (Biopsy of nail unit [e.g., plate, bed, matrix, hyponychium, proximal and lateral nail folds] [separate procedure]), Weinberg says.

Code 11755 is more accurate and also pays almost \$15 more than code 11100. When a dermatologist performs a nail bed biopsy, he cuts through the plate, biopsies the nail bed, and then sutures the wound. This process is much more complicated than a typical skin biopsy, Weinberg says.

Bottom line: Dermatologists are losing income if they overlook these codes, which is easy to do because dermatology practices rely on the integumentary section of the CPT manual.

Tip: If the dermatologists in your practice often forget that there are site-specific biopsy codes, you can help them remember by including a list of the site-specific biopsies on your encounter form to jog their memory, says **Christine Liles, CPC**, insurance supervisor at the Knoxville Dermatology Group in Knoxville, Tenn.