

Dermatology Coding Alert

READER QUESTIONS: Avoid V Codes When Coding Primary Diagnosis

Question: A patient with a history of skin cancer presents for a total body skin check. The dermatologist noted no tumor, but one pre-cancer lesion. What code should I report for the visit and diagnosis?

Wyoming Subscriber

Answer: You should code the E/M as follows: 99212 (Office or other outpatient visit for the evaluation and management of an established patient ... Physicians typically spend 10 minutes face-to-face with the patient and/or family), appended with modifier 25 (Significant, separately identifiable evaluation and management service on the same day of a procedure or other service). In addition, use 702.0 (Actinic keratosis) as the primary diagnosis and V10.83 (... other malignant neoplasm of skin) as a secondary diagnosis.

Remember: Many insurance carriers do not like screening V codes, so you should use them as primary diagnoses when your dermatologist finds no other diagnosis. Also, make sure you indicate in your report that the patient has a history of BCC (basal cell carcinoma) or SCC (squamous cell carcinoma).