

Dermatology Coding Alert

Reader Questions: Biopsy by Any Other Name Just Isn't the Same

Question: How should I code for an "excisional biopsy" that our dermatologist performed on a patient with possible melanoma? Is this a biopsy or an excision?

Mississippi Subscriber

Answer: An "excisional biopsy" generally means a complete excision, not just a biopsy. Your confusion is not unusual, however. Many coders and physicians alike will jump to a biopsy code whenever they see a sample sent to pathology. Remember: Your dermatologist may also order a path report on excised tissue.

For coding purposes, a biopsy (for example, 11100, Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion) refers only to removing part of the lesion for testing. In contrast, an excision (for example, 11400-11646) means that the dermatologist removes the entire lesion.

Quick tip: If the terminology in the procedure report leaves you stumped, you can look for coding clues in the procedural notes. For instance, many times a biopsy only involves shaving a lesion and may not require closure. You can therefore get some help in deciding on biopsy or excision codes by examining documentation details like the number and type of sutures.

You can also compare the size and diameter of the lesion to the margins of the incision to see if the whole lesion was removed.

Bottom line: If you have any doubts about what the dermatologist did, don't hesitate to ask. Incorrectly coding for a biopsy when he actually performed an excision will leave deserved reimbursement on the table.