

Dermatology Coding Alert

READER QUESTIONS: Read Properly Between Biopsy Codes

Question: A patient presented for evaluation of a scaly, red papule on the left nasal sidewall previously removed. The lesion recurred, but a physician scraped it away in 2001. In addition, she had a dark spot on the right upper lip that had continued to enlarge over the years. Consequently, my physician performed a diagnostic shave biopsy for the lesion on the upper nasal sidewall.

Meanwhile, he did a diagnostic 2-mm punch biopsy for the lesion on the right upper lip, closing the defect with one 6-0 nylon cuticular stitch. What codes and modifiers apply for the procedure and the office visit?

Hawaii Subscriber

Answer: You'll need to code for the two biopsies: 40490 (Biopsy of lip) and 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion). Append modifier 59 (Distinct procedural service) to 11100.

Remember: Biopsy of the lip includes just the lip and the mucosa of the lip. Properly declared, 40490 would reimburse about \$104.91. If possible, you should report a site-specific biopsy code other than 11100 to get the most of your reimbursement.

Additionally, you should submit 99202-25 (Office or other outpatient visit for the evaluation and management of a new patient...; Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) for the office visit.

Heads up: You may sometimes find it hard to determine what is usually required for a procedure. The best way to go -- especially if you're a newbie -- is to discuss it with your provider. Have them explain some of the most common procedures to you, so that you'll get a good idea of what is required. You'll see that the whole process becomes easier with experience.