

Dermatology Coding Alert

These Clues Help You Tell 3 Integumentary Procedures Apart

Key: Let method drive your biopsy-versus-destruction coding

You can more easily determine whether your dermatologist performed a biopsy or destruction if you follow these three steps:

Step 1: Look at Method

To distinguish between procedure codes 11100-11101, 17000-17004 and 17110-17111, you should first check your dermatologist's notes for the method she used.

Key words: Examine the note to determine whether the physician biopsied or destroyed the lesion. Lesion biopsy indicates the dermatologist performed 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion) or +11101 (... each separate/additional lesion [list separately in addition to code for primary procedure]). If she destroyed the lesion, you should code a destruction, such as 17000-17004 or 17110-17111.

Sometimes, however, dermatologists don't include the procedure information in the chart note. "You may have to let the lesion method drive your biopsy-versus-destruction coding," says **Patricia Davis, CPC**, business office supervisor at Middlesex Health System Primary Care in Middletown, Conn. In this case, knowing which method corresponds to which procedure will clue you in to the proper code.

CPT's destruction notes indicate you may report 17000-17004 and 17110-17111 for any method of destruction, says **Pamela J. Biffle, CPC, CCS-P, ACS-DE**, approved PMCC instructor, product development director of Custom Coding Books in Bellevue, Wash.

Bill a destruction code when the dermatologist destroys an entire lesion using these methods:

- electro-surgery
- cryosurgery
- laser and chemical treatment
- surgical curettement.

Hint: If your dermatologist's notes state "LN2," you should report a destruction code. "The symbol stands for liquid nitrogen, which a physician uses in cryosurgery to freeze a wart," Biffle says.

On the other hand, 11100 refers to obtaining tissue. The dermatologist may biopsy the lesion by:

- shaving
- any sharp instrument, such as a punch tool or knife.

Problem: Notes that include contradictory phrases, such as "destroyed wart and sent for biopsy," may leave you still guessing which code set to choose. "Encourage your physician to reserve the term 'biopsy' to refer to the procedure," Biffle says.

Alternative: If you don't have access to the dermatologist, delve further into the chart note with the next step.

Step 2: Check Procedure's Purpose

If you can figure out why the dermatologist performed the lesion procedure, you'll have a better idea of whether you should code a biopsy (11100) or destruction (17000-17004, 17110-17111). A physician biopsies or destroys a lesion for different reasons.

Biopsy determines diagnosis: In 11100, the dermatologist wants to obtain a diagnosis. "A biopsy involves taking a piece of a neoplasm or abnormality to examine the specimen microscopically," Davis says.

The dermatologist wants to know whether the lesion is cancerous or benign. "Therefore, he will always send the specimen to pathology," Davis says.

Destruction eliminates lesion: The 17000 codes, however, rarely involve sampling. The dermatologist is instead destroying the lesion. "He doesn't care about finding out the lesion's diagnosis," Biffle says.

The physician usually already knows the lesion's type, Davis says. In fact, he may have previously biopsied the lesion (11100).

Step 3: Consider Diagnosis

Although the above two steps should narrow your code selection to biopsy or destruction, you need to know the lesion's type to choose between 17000-17004 and 17110-17111.

CPT differentiates codes 17000-17004 and 17110-17111 based on diagnosis. "They are basically the same procedure," Biffle says.

If the dermatologist destroys a benign or premalignant lesion other than a skin tag, such as actinic keratoses (702.0), you should report 17000 (Destruction [e.g., laser surgery, electrotherapy, cryosurgery, chemosurgery, surgical curettage], all benign or premalignant lesions [e.g., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions; first lesion).

"Use +17003 (... second through 14 lesions, each [list separately in addition to code for first lesion]) as an add-on code to represent each additional lesion destruction up to 14 units," Biffle says. For destroying over 14 such lesions, report only 17004 (Destruction [e.g., laser surgery, electrotherapy, cryosurgery, chemosurgery, surgical curettage], all benign or premalignant lesions [e.g., actinic keratoses] other than skin tags or cutaneous vascular proliferative lesions, 15 or more lesions).

You should use 17110 (Destruction, of flat warts, molluscum contagiosum, or milia; up to 14 lesions) when the dermatologist destroys up to 14 flat warts (078.10, Viral warts, unspecified), molluscum contagiosum (078.0) or milium (white head) (706.2). "Assign 17111 (... 15 or more lesions) for destruction of more than 14 lesions," Biffle says.

Coding tool: Here are some common diagnoses and the corresponding CPT and ICD-9 codes:

