

Dermatology Coding Alert

You Be the Coder: Biopsy With Lesion Excision

Question: The dermatologist excised a lesion and sent a portion of it to the lab for a biopsy. I submitted a claim with 11400 and 11100, but it was denied. What did I do wrong?

Florida Subscriber

Answer: Only report 11400 in this case. CPT rules dictate that you shouldn't report 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion) and +11101 (... each separate/additional lesion [list separately in addition to code for primary procedure]) in addition to excision or other biopsy codes.

For instance, if the dermatologist removes an entire lesion and submits it to pathology, you should use only 11400 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less).

You shouldn't use a biopsy code, because CPT considers the biopsy a component of 11400. **However:** When the dermatologist performs a biopsy on a different site from the excision, you may separately assign 11100 and 11101. For example, the dermatologist removes an entire benign lesion from a patient's arm, and a portion of a lesion on a patient's neck.

For the arm lesion, use 11400, and for the neck biopsy, report 11100-59 (Distinct procedural service). By appending modifier 59 to the second code, you indicate that the biopsy occurred at a separate location from the lesion removal.