

General Surgery Coding Alert

Reader Question: Distinguish Additional Lesion Excision Method

Question: The surgeon performed a skin wedge biopsy followed by a punch biopsy for a separate lesion for the same patient on the same date of service. I'm confused about how to use the new add-on codes in this case - please advise.

Ohio Subscriber

Answer: You should bill the wedge biopsy as 11106 (Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion).

You should use one of the new add-on codes for the second biopsy based on the method your surgeon used for that biopsy. In this case, that means you should bill +11105 (Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)), not +11107 (Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)) for the second biopsy.

Coder tip: The add-on codes don't just go with the parent code of the same type of biopsy. Use the method-specific add-on code for each biopsy subsequent to the first.