

Internal Medicine Coding Alert

CPT 2004 Update: Think You Can Bill 11100 with 11400? Think Again

Use 11100-11101 for specimens

You can avoid denials the next time you report the internist's biopsy services if you follow the new CPT instructions that specify which codes you shouldn't bill with 11100 and 11101.

New Instructions Clarify Bundles

CPT 2004 introduces instructional notes under the Biopsy section that tell you when and how often to use codes 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]), says **Laurie Castillo, MA, CPC, CPC-H, CCS-P**, president of Professional Coding and Compliance Consulting in Manassas, Va., during her presentation on CPT 2004 changes at the Third Annual Coding, Billing, and Compliance Essentials Conference in Orlando, Fla.

Previously, CPT didn't provide instructions, and coders relied on the codes' descriptors and payer guidelines when reporting 11100 and 11101. The new instructional notes clarify that you shouldn't report 11100 and 11101 with other excision and biopsy codes, Castillo tells Internal Medicine Coding Alert.

The Biopsy section's guidelines include the following instructions:

1. **Report 11100 and 11101 only when the physician obtains a specimen, Castillo says.** For example, your internist removes a portion of a patient's skin lesion (709.1, Vascular disorders of skin) and sends the specimen to pathology. In that case, you would use 11100. You should assign add-on code 11101 in addition to 11100 when the physician takes a biopsy of another lesion.
2. You can't report 11100 and 11101 when you bill for another procedure, such as an excision (11400, Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less). For instance, if the physician removes an entire lesion and submits it to pathology, you should use only 11400. You shouldn't use a biopsy code, because CPT considers the biopsy a component of code 11400, according to CPT guidelines.
3. When the physician performs a biopsy on a different site from the excision, you may separately assign 11100 and 11101, Castillo says. For example, your internist 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, use 11100.