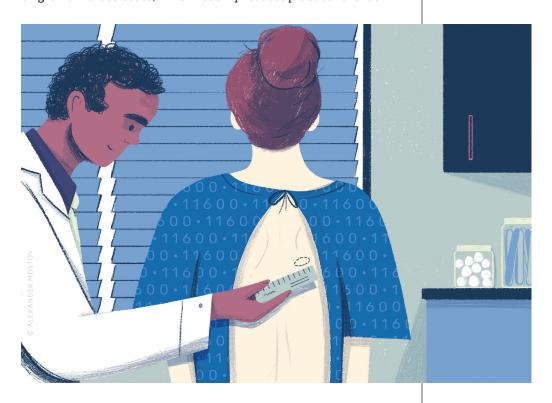
Skin Deep: How to Properly Code for Biopsies and Lesion Removal

Learn about the new skin biopsy codes, and follow these tips to make sure you get full credit for the skin procedures you perform.

t is often easier for family physicians to perform skin procedures than it is to correctly code for them. The codes are complicated, and many electronic health record systems and even the CPT manual use different terms than physicians use to describe these services. Incomplete or unclear documentation can lead to submitting lower-valued codes, which not only reduces practice revenue



but also lowers physicians' work relative value units (wRVUs), affecting their productivity-based compensation.

Correct coding for skin procedures is not impossible. This article will detail how to code for two types of common skin procedures — biopsies and destruction of lesions — as well as how to code when multiple skin procedures are performed on the same day. The "Skin

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care encounter form" (page 17) features codes for the skin procedures most commonly performed by family physicians.

PERFORMING BIOPSIES USING THE 2019 CODES

CPT deleted skin biopsy code 11100 and add-on code 11101 this year and introduced three base codes and three add-on codes that are defined by the method of biopsy — tangential, punch, or incisional — rather than size or anatomic location. (See "New biopsy codes," page 18.) Simple closure, when needed, is included in the payment for all three biopsy types and should not be billed separately. If you need to manipulate the wound to get the edges to align, that is also not separately billable.

Tangential biopsies (codes 11102-11103), which include shave, scoop, saucerization, or curette techniques, are performed with a sharp blade and remove a sample of epidermal tissue, with or without a portion of the underlying dermis. These are not considered excisional biopsies, which remove the entire lesion with margins.

Punch biopsies (codes 11104-11105) use a punch tool to remove a full-thickness cylindrical sample of the skin.

Incisional biopsies (codes 11106-11107) use a sharp blade to remove a full-thickness sample of tissue via a vertical incision or wedge, penetrating deep to the dermis and into the subcutaneous space. This method may sample subcutaneous fat.

When multiple biopsies are performed for the same patient on the same date, only one primary biopsy code may be reported, depending on the following:

• If multiple biopsies are performed using the same technique, report the primary code with the highest RVUs, then use the corresponding add-on code for the other biopsies.

KEY POINTS

- CPT created new codes in 2019 for tangential, punch, and incisional biopsies and deleted two old biopsy codes.
- Codes for shave and excisional biopsies, as well as destruction of benign, premalignant, and malignant lesions and skin tags, have not changed.
- When performing multiple skin procedures for the same patient on the same day, report the highest-valued code first, without a modifier.

• If multiple biopsies are performed using different techniques, report the primary code with the highest RVUs, then use the add-on code that is specific to the other biopsies performed.

When billing for these services, record the method and the number of units in your documentation. Although the location of the biopsy is not required to select a code, you should document it as well. An example of coding for multiple biopsies is on page 19.

CPT left unchanged the codes for shave biopsies and excisional biopsies of benign or malignant lesions. Here are some reminders for those codes.

Shave biopsies (codes 11300-11313) use a sharp instrument to remove epidermal or dermal lesions without a full-thickness excision. They are used for therapeutic removal when the lesion is symptomatic, such as rubbing on a waist band or bra line. Shave biopsy codes are selected based on the location and size of the lesion. Simple closure, if needed, is included in the procedure and is not separately billable. Be sure to document the location and size of each lesion.

Excisional biopsies include two sets of codes, for excision of benign lesions (codes 11400-11471) or malignant lesions (codes 11600-11646). These codes are for full-thickness removal and should be selected based on the lesion type, the location, and the size of the excision, not the size of the lesion itself. The excision size is the largest diameter of the lesion plus twice the narrowest margin required to remove the lesion. Because excision code selection depends in part on lesion type, you must wait to submit the claim until after you receive the pathology report. For all other biopsies, you may submit the claim at the time of service. Excision codes include simple wound repair, so this should not be reported separately. Layered closures may be billed separately, although the Centers for Medicare & Medicaid Services (CMS) does not pay for it in these cases. Again, be sure to document the size and location of each lesion, as well as the type.

DESTRUCTION OF BENIGN, PREMALIGNANT, AND MALIGNANT LESIONS

There are three sets of CPT codes for destruction of benign and premalignant

SKIN CARE ENCOUNTER FORM

Patient Name _____ Patient ID # _____ D.O.B. ____ Date ____

CPT	DESCRIPTION	СРТ	П	DESCRIPTION				≤ 0.5 cm	0.6-1.0	1.1-2.0	2.1-3.0	3.1-4.0	> 4.0
	OFFICE VISITS		OFF	ICE PROCEDURES (CONT.)	Destruction	ma	lignant lesion	(curettage	e, ED&C, c	ryotherap	y)		
	Established patient	10061		I & D abscess, complex or multiple	Trunk arms	logo		17260	17261	17262	17263	17264	17266
99212	Problem focused	11900	T	Intralesional injection, ≤ 7 lesions	Trunk, arms,	iegs	•						
99213	Expanded problem focused	11901		Intralesional injection, > 7 lesions	Scalp, neck, h	nanc	ds, feet,	17270	17271	17272	17273	17274	17276
99214	Detailed	95044	T	Patch tests# of tests	genitals	on It al	I E	17200	17201	17202	17202	17204	1720/
99215	Comprehensive Procedure only	11102	1	Tangential skin biopsy, single	Face, ears, ey mucous mem			17280	17281	17282	17283	17284	17286
99024	Post-op care	+11103		Tangential biopsy, each add'l (#)	Excision ben				l ——	l ——			
	New patient	11104		Punch skin biopsy, single				11400	11401	11402	11403	11404	11406
99201	Problem focused	+11105	\top	Punch biopsy, each add'l (#)	Trunk, arms,	legs	•						
99202	Expanded problem focused	11106		Incisional skin biopsy, single	Scalp, neck, h	nanc	ds, feet,	11420	11421	11422	11423	11424	11426
99203	Detailed	+11107	\dashv	Incisional biopsy, each add'l (#)	genitals								
99204	Comprehensive (moderate MDM)	11200		Skin tags, up to 15	Face, ears, ey			11440	11441	11442	11443	11444	11446
99205	Comprehensive (high MDM)	+11201	-	Skin tags, each additional 10 lesions	mucous mem			l	l ———				
	CONSULTATIONS	Destructi	ion į	premalignant lesions – AKs	Excision mal	ign	ant lesion						
	Requesting Dr.	17000		First lesion	Trunk, arms,	legs		11600	11601	11602	11603	11604	11606
99241	Problem focused	+17003	\top	2-14 lesions each Total: 1+	Scalp, neck, h	200	ds foot	11620	11621	11622	11623	11624	11626
99242	Expanded problem focused	17004	\rightarrow	15 or more lesions	genitals	iaiic	13, Teet,	11020	11021	11022	11023	11024	11020
99243	Detailed	-	_	ign lesions		on It of	I I:	11640	11641	11642	11643	11644	11646
99244	Comprehensive (moderate MDM)			cum/milia	Face, ears, ey	/elia	is, nose, lips						
	OFFICE PROCEDURES	17110	Т	Up to 14 lesions	Shave lesion			≤ 0.5 cm	0.6-1.0	1.1-2.0	>2.000		
10040	Acne surgery	17111	\rightarrow	15 or more lesions	Trunk, arms,	امما		11300	11301	11302	11303		
11000	Debridement	87177	\rightarrow	Smear for ova and parasites									
10060	I & D abscess, single	87220	-	KOH prep	Scalp, neck, h	nanc	ds, feet,	11305	11306	11307	11308		
10000	T d D abscess, single	07220	_		genitals	15.1	1 15	44240	44244	44242	44242		
ICD-10	DESCRIPTION	ICD-10		DESCRIPTION	Face, ears, ey mucous mem			11310	11311	11312	11313		
L83	Acanthosis nigricans	D18.01		Hemangioma/cherry angioma	Simple closu	_							
L70.0	Acne vulgaris	B00.9		Herpes simplex, NOS	* For each sit		ach type of	2.5 cm	24 5	F1 7F	2.6 - 7.5	7 6 13 5	12.6-
L70.9	Acne, unspecified	L73.2		Hidradenitis suppurativa	closure, repoi	rt th	ne sum as	or <	2.6 - 5	5.1 - 7.5	2.6 - 7.5	7.6 -12.5	20.0
L56.8	Actinic cheilitis (sun)	L74.511		Hyperhidrosis, face	one code								
L57.0	Actinic keratosis	L85.9		Hyperkeratosis	Scalp, neck, a genitalia, tru			12001			12002	12004	12005
T50.905A	Adverse effect of drug, unspec, initial encounter	L01.00		Impetigo, unspec	(including fee	et ar	nd hands)						
L63.9	Alopecia areata, unspec	L30.4		Erythema intertrigo	Face, ears, ey and/or muco			12011	12013	12014		12015	
L63.8	Alopecia areata, other	L91.0		Hypertrophic scar, keloid	Complex clo					Each			
K13.0	Diseases of lips	L85.1	+	Keratoderma, acquired	* For lengths			1.1 -	2.6 - 7.5	add'l 5			
L20.89	Atopic dermatitis, other	L85.8	+	Keratosis pilaris	those listed,			2.5 cm		cm or <			
	Benign neoplasm skin, other,		+		Trunk			13100	13101	+ 13102			
D23	site:	L81.4		Lentigo/Lentigo maligna	Scalp, arms, a	and,	or legs	13120	13121	+ 13122			
L13.9	Bullous disorder, unspec	L43.9		Lichen planus			, chin, mouth,						
L03.90	Cellulitis, unspec	L90.0		Lichen sclerosus et atrophicus	neck, axillae, and/or feet	gen	iitalia, hands	13131	13132	+ 13133			
H61.00	Chondrodermatitis nodularis helicis	L28.0		Lichen simplex chronicus		001	rs, and/or lips	13151	13152	+ 13153			
L23.5	Contact dermetitie chemicals	D17		Lipomatous neoplasm, benign,			wo layer) closu		13132	T 13133	≤2.5 cm		2.6-7.5
L23.5	Contact dermatitis, chemicals	D17		site:		_			hand and f	in a tr	12031		12032
L23.0	Contact dermatitis, metals	L93.0		Lupus erythematous, discoid	Neck, hand, f		nk, extremities	excluding	ilaliu aliu i	001			
L23.7	Contact dermatitis, plants/	C43		Malignant melanoma of skin, site:	Neck, Hallu, I	σοι	, genitais				12041	27.50	12042
	poison ivy	0.0	_	r rangitation metalliona or skint, siece.	32.3 CH 2.0 3.0 3.				5.1-7.5				
L23.81	Contact dermatitis, animal	C44		Malignant neoplasm, skin, site/	Face, ear, eyelid, nose, lip, mucous membrane 12051 12052				12053				
L23.89	Contact dermatitis, other		+	type:	ICD-10		DESCRIPTION	1					
L23.9	Contact dermatitis, other cause	B08.1	1	Molluscum contagiosum	L57.8		Solar dermati	tis					
L84	Corns and callosities	L60.9	1	Nail disorder, unspecified	187.2		Stasis dermati	tis					
L50.3	Dermatographic urticaria	D48.5		Neoplasm, uncert. behavior of	L90.6		Striae atrophi	cae					
L98.9	Disorder of the skin, unspec	2 /0.5		skin, verify by pathology	T81.89XA		Surgical woun	d, nonheali	ing, active	care episoc	le		
L81.9	Disorder of pigmentation, unspec	B35.1	+	Onychomycosis Photodermatitis	178.1		Telangiectasia	(spider)		-			
1201	<u>'</u>	L56.8	+		B35.0/.4/.6		Tinea capitis/o						
L30.1	Dyshidrotic eczema	L42	+	Pityriasis rosea	B35.3 /.2		Tinea pedis/ti		m				
L30.9	Eczema, NOS	L28.1	-	Prurigo nodularis	B36.0		Tinea versicol						
L72.0	Epidermoid cyst	L29.9	+	Pruritus, unspec	L98. 4		Ulcer, non-pre		nic (specif	y site:		depth:_	
	<u> </u>		1	Psoriasis, unspec	L50.0		Urticaria, aller	-					
L51.9	Erythema multiforme, unspec	L40.9	_				Little and a series						
L51.9 L30.3	Erythema multiforme, unspec Infective dermatitis	L98.0		Pyogenic granuloma	L50.1		Urticaria, idio	pathic					
L51.9 L30.3 B08.4	Erythema multiforme, unspec Infective dermatitis Hand, foot, and mouth disease	L98.0 L71.9		Rosacea, unspec	L50.1 B07.9		Verruca (viral						
L51.9 L30.3 B08.4 L98.1	Erythema multiforme, unspec Infective dermatitis Hand, foot, and mouth disease Factitial dermatitis	L98.0 L71.9 B86		Rosacea, unspec Scabies									
L51.9 L30.3 B08.4 L98.1 K62.0	Erythema multiforme, unspec Infective dermatitis Hand, foot, and mouth disease Factitial dermatitis Fibroepithelial polyp (anal)	L98.0 L71.9 B86 L90.5		Rosacea, unspec Scabies Scar	B07.9		Verruca (viral	wart)	toneal abs	cess			
L51.9 L30.3 B08.4 L98.1 K62.0 L73.9	Erythema multiforme, unspec Infective dermatitis Hand, foot, and mouth disease Factitial dermatitis	L98.0 L71.9 B86		Rosacea, unspec Scabies	B07.9 L80		Verruca (viral Vitiligo	wart)	toneal abs	cess			
L51.9 L30.3 B08.4 L98.1 K62.0	Erythema multiforme, unspec Infective dermatitis Hand, foot, and mouth disease Factitial dermatitis Fibroepithelial polyp (anal)	L98.0 L71.9 B86 L90.5		Rosacea, unspec Scabies Scar	B07.9 L80 K68.11		Verruca (viral Vitiligo Postprocedura	wart) al retroperi		cess			
L51.9 L30.3 B08.4 L98.1 K62.0 L73.9	Erythema multiforme, unspec Infective dermatitis Hand, foot, and mouth disease Factitial dermatitis Fibroepithelial polyp (anal) Folliculitis/follicular disease	L98.0 L71.9 B86 L90.5 L73.8		Rosacea, unspec Scabies Scar Sycosis barbae	B07.9 L80 K68.11 L85.3		Verruca (viral Vitiligo Postprocedura Xerosis cutis	wart) al retroperi of melano	ma noma				



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lesions, as well as a fourth for treating malignant lesions.

Destruction of **premalignant lesions** (actinic keratoses) should be billed based on the number of lesions. The first should be billed with code 17000, and each additional lesion, up to 14, should be billed with

CPT introduced three base codes and three add-on codes this year that are defined by the method of biopsy.

add-on code 17003. The destruction of 15 or more lesions should be billed with a single unit of code 17004.

For the destruction of **benign lesions** (seborrheic keratoses and warts), bill a single unit of code 17110 to treat up to 14 lesions and a single unit of code 17111 for 15 or more.

Removing **skin tags** can be tricky as payers may consider the procedure cosmetic and not cover it. Explain this to the patient, and document whether the skin tags are irritated or bleeding. Use a single unit of code 11200 for removing up to 15 lesions, and use add-on code 11201 for each additional block of up to 10 more.

The coding for destruction of **malignant lesions** is different than for benign lesions. Use a code from the 17260-17286 range for each lesion, and select the code based on the location and size of the lesion, not the defect. These codes include local anesthesia and are used for all destruction methods, including electrosurgery, cryosurgery,

laser treatment, and chemical treatment.

Note that more specific codes exist for destruction of benign and premalignant lesions on the mouth (40820), eyelid (67850), conjunctiva (68135), anus (46900-46924), penis (54050-54060), vulva (56501-56515), and vagina (57061-57065), and these codes should be used instead of codes in the integumentary system section of CPT. Destruction of lesions in the genital area may be coded according to whether it is considered simple or extensive, although CPT does not define these terms. Destruction of some genital lesions also are coded based on the method used.

PERFORMING MULTIPLE PROCEDURES ON THE SAME DAY

Multiple skin procedures are often performed at the same patient visit. This leads to questions about bundling and how to use modifiers when billing for more than one procedure on the same day. To bill these correctly and avoid denials, follow three steps:

- Check the total RVUs for each code to determine which is valued highest (CMS provides this information at https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx).
- Check the National Correct Coding Initiative (NCCI) edits (https://go.cms.gov/2yLPjKp).
- Report the highest-valued code on the claim form without a modifier. If the second procedure is the same as the first or is bundled into the first based on NCCI edits, submit that code too, with modifier 59, "Distinct procedural service." If the second

procedure is not bundled into the first, use modifier 51, "Multiple procedures" (although Medicare contractors may not require modifier 51).

Note that payment amounts may vary when multiple procedures are performed on the same calendar day. The highest valued procedure

NEW BIOPSY CODES

CPT code	Description	wRVU	Total nonfacility RVUs	Global days
11102	Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	0.66	2.80	0
+11103	Each additional lesion	0.38	1.51	N/A
11104	Punch biopsy of skin (including simple closure, when performed), single lesion	0.83	3.52	0
+11105	Each additional lesion	0.45	1.73	N/A
11106	Incisional biopsy of skin (e.g., wedge; including simple closure, when performed), single lesion	1.01	4.26	0
+11107	Each additional lesion	0.54	2.04	N/A

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may be paid at 100 percent, and procedures two through five may be paid at 50 percent. Billing more than five procedures may trigger a manual review by the payer.

Finally, remember to submit a wound repair code if allowed by CPT and, if you addressed an issue in addition to the skin procedures (hypertension, for example), include the appropriate E/M office visit code with modifier 25, "Significant, separately identifiable evaluation and management service." Most payers will pay for the E/M code, but some have additional edits for skin procedures, making it a challenge to get both the office visit and the skin procedures paid.

Here are some common procedure combinations and how to code for them:

Example 1:

Physician performs a punch biopsy and treats three actinic keratoses.

three detime kerdesses.				
Procedure	CPT code	Total RVUs		
Punch biopsy	11104	3.52		
Destruction of premalignant lesion	17000-59	1.85		
Destruction of premalignant lesions (additional)	17003 17003	0.16 0.16		

The biopsy has the highest RVUs, so it is reported first without a modifier. The first actinic keratosis removal is bundled into 11104, so attach modifier 59. The second two actinic keratosis removals are add-on codes and don't require a modifier.

Example 2:

Physician treats three seborrheic keratoses and one actinic keratosis, and performs an incisional biopsy on a different lesion.

Procedure	CPT code	Total RVUs
Incisional biopsy	11106	4.26
Destruction of benign lesion	17110-59	3.13
Destruction of premalignant lesion	17000-59	1.85

The treatment of all three keratoses is bundled into the incisional biopsy code, which is listed first because it has the highest RVUs. Attach modifier 59 to the lesion destruction codes to indicate the services involved different lesions.

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Example 3:

Physician destroys a malignant lesion and performs a punch biopsy on a different lesion.

Procedure	CPT code	Total RVUs
Destruction of malignant lesion	17261	4.11
Punch biopsy	11104-59	3.52

The punch biopsy is bundled into the destruction of a malignant lesion. Attach modifier 59 to the punch biopsy code to indicate that it was performed on a different lesion. If this had been the same lesion, you would report only the destruction.

Example 4:

Physician treats one wart and one actinic keratosis.

Procedure	CPT code	Total RVUs
Destruction of benign lesion	17110	3.13
Destruction of premalignant lesion	17000-59	1.85

The code with the highest RVUs is reported first. Code 17000 is bundled into 17110, so attach modifier 59 to 17000 to indicate it was a separate lesion.

Example 5:

Physician performs an incisional biopsy and a punch biopsy and destroys a single actinic keratosis. All are different lesions.

Procedure	CPT code	Total RVUs
Incisional biopsy	11106	4.26
Punch biopsy	11105	1.73
Destruction of benign lesion	17110-59	3.13

The procedure with the highest RVUs is reported first without a modifier. When performing two biopsies in the 11102-11107 series with different methods, use the add-on code for the second method — 11105 for the punch biopsy in this example. Add-on codes don't require a modifier. The benign lesion destruction requires modifier 59 to indicate it was done on a separate lesion.

Of course, this is only a handful of the possible procedures that could be done on the same day. Access to up-to-date RVU and NCCI edit information is essential to correctly bill these procedures.

Documenting and coding skin procedures carefully will result in accurate payment and wRVU assignment. FPM

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