

# DERMTECH ADHESIVE PATCH BIOPSY REIMBURSEMENT RESOURCE

DermTech, Inc. is pleased to provide this DermTech Adhesive Patch Biopsy Reimbursement Resource for DermTech customers. This resource includes publically-available coding and billing information.

## Q: WHAT IS THE DERMTECH ADHESIVE PATCH BIOPSY?

**A:** The DermTech Adhesive Patch Biopsy is a non-invasive patch biopsy procedure for collecting stratum corneum tissue for molecular pathology analysis. This analysis is conducted at DermTech's CLIA certified and CAP accredited central laboratory in San Diego, CA and may involve macro-dissection, RNA extraction qPCR or other molecular pathology tests.

## Q: CAN I REPORT THE DERMTECH ADHESIVE PATCH BIOPSY PROCEDURE USING CPT® BIOPSY CODE(S)?

**A:** A code that accurately describes the procedure should be selected. Decisions about which CPT® codes to report are the responsibility of the provider. Currently, there is no CPT® code unique to the DermTech Adhesive Patch Biopsy. The CPT® codes listed in the graphic below could be used to describe DermTech Adhesive Patch Biopsy. The provider should review the steps outlined in the CPT® code and those required for the Adhesive Patch biopsy and decide which code is most appropriate. It is critical that each provider consider the time, resource/equipment use, effort, and supplies associated with the Adhesive Patch biopsy procedure when selecting the most appropriate CPT® code(s). The codes listed in the graphic below are provided only for illustrative purposes, and the provider may determine that there is another more appropriate procedure code.

CPT™ Code <sup>i</sup>	11100 <sup>ii</sup> Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue (steps required for Adhesive Patch biopsy)
Procedural Steps <sup>iii</sup>	<ul style="list-style-type: none"> <li>• Obtain pertinent patient history including previous skin cancer, prior treatment history, sun protection history, etc.</li> <li>• Discuss probable diagnoses and indication for the biopsy and risks and benefits of the biopsy</li> <li>• Describe the biopsy procedure method and obtain written informed consent to perform the biopsy</li> <li>• Advise staff on the preparation of patient and necessary anesthetic, supplies and instrument tray preparation</li> <li>• Inspect and palpate lesion to assess depth and to select the most representative lesion or site to obtain the specimen</li> <li>• Scrubbing and gloving by physician</li> <li>• Cleanse the biopsy site with suitable antiseptic</li> <li>• Inject appropriate anesthetic</li> <li>• Apply sterile drapes</li> <li>• Obtain skin specimen with scalpel, skin punch or suitable instrument depending on amount of tissue needed; collect specimen in labeled container</li> <li>• Undermine wound edges as needed to facilitate repair; suture as necessary to approximate wound edges or achieve hemostasis with pressure, chemical or electrocautery or application of topical hemostatic agents</li> <li>• Apply antibiotic ointment and sterile dressing</li> <li>• Instruct the patient and/or caregiver on post-operative wound care, dressing changes and follow-up; advise patient on how to recognize significant complication, e.g., bleeding or allergic reaction to antibiotic ointment and sterile dressing</li> <li>• Advise patient when results will be available and how they will be communicated</li> <li>• Document the procedure and complete medical records</li> <li>• Communicate results to referring physician as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Obtain pertinent patient history including previous skin cancer, prior treatment history, sun protection history, etc.</li> <li>• Discuss probable diagnoses and indication for the biopsy and risks and benefits of the biopsy</li> <li>• Describe the biopsy procedure method and obtain written informed consent to perform the biopsy</li> <li>• Advise staff on the preparation of patient and tray preparation</li> <li>• Gloving by physician</li> <li>• Remove any hairs from the site using small surgical scissors</li> <li>• Cleanse the biopsy site with 70% alcohol prep pad and gently swab lesion with gauze pad to ensure area is dry</li> <li>• Obtain skin specimen with the Adhesive Patch as directed</li> <li>• Place the Sample Collector with the skin tissue sample into original re-sealable plastic bag and return to Kit box with completed Requisition Form</li> <li>• Instruct the patient and/or caregiver on care and follow-up; advise patient when results will be available and how they will be communicated</li> <li>• Document the procedure and complete medical records</li> <li>• Communicate results as appropriate</li> </ul>

**Q: IF I DETERMINE THAT A BIOPSY CODE IS NOT APPROPRIATE, IS THERE ANOTHER WAY TO REPORT THE WORK AND TIME ASSOCIATED WITH THE DERMTECH ADHESIVE PATCH BIOPSY PROCEDURE?**

**A:** If a provider determines that there is no CPT® biopsy code that accurately describes the DermTech Adhesive Patch Biopsy procedure, then he/she could consider whether reporting a higher level of evaluation and management (E/M) service than otherwise would have been reported is appropriate. For example, a patient visit, combined with any additional history, physical examination, and/or medical decision-making associated with the DermTech Adhesive Patch Biopsy procedure could potentially allow the provider to report a higher level of E/M service than otherwise would have been reported for the visit. By way of illustration only, a provider may perform an office visit that meets the requirements for a level 3 established patient visit (i.e., CPT® code 99213), however if the provider's judgment is that an Adhesive Patch biopsy is required and the additional pre-, intra-, and post-procedure work of the biopsy includes sufficient additional history, physical examination, and/or medical decision-making to meet the requirements for a higher level E/M procedure, it is possible that it would be appropriate to report a higher level E/M visit (e.g., 99214).

**Q: IS THERE MEDICARE OR OTHER PAYER COVERAGE FOR THE DERMTECH ADHESIVE PATCH BIOPSY PROCEDURE?**

**A:** The Centers for Medicare & Medicaid Services has not issued a National Coverage Determination (NCD) specific to the DermTech Adhesive Patch Biopsy procedure. In the absence of an NCD, Medicare Administrative Contractors (MACs) establish local coverage determinations (LCDs) that vary by geographic region and MAC jurisdiction. Contact your local MAC for more information about Medicare coverage policies in your area. Coverage standards under other federal health care programs, including Medicaid, and private/commercial plans vary. You should contact each individual payer to verify the existence of coverage for the DermTech Adhesive Patch Biopsy Procedure.

**DISCLAIMER**

This resource is provided for informational purposes only and is not legal advice or official coding or reimbursement guidance from any payer, including both government and commercial payers. DermTech does not warrant, promise, guarantee or make any statement that the CPT® codes included in this document are appropriate, or that the use of this information will result in coverage or payment for the DermTech Adhesive Patch Biopsy. Providers are responsible for compliance with Medicare and other payer rules and requirements and for the information submitted with all claims and appeals. Before any claims or appeals are submitted, providers should review official payer instructions and requirements and should use independent judgment when selecting codes that most appropriately describe the services or supplies provided.

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- i The American Academy of Dermatology has not endorsed the use of CPT® code 11100 to report the DermTech Adhesive Patch Biopsy.
  - ii If you make the determination that CPT® code 11100 is appropriate, consider applying Modifier 52 (used to signify that the service or procedure was partially reduced or eliminated at the discretion of the qualified health care professional). Providers should contact the relevant payer for more information about use of Modifier 52.
  - iii Source for CPT® code 11100 procedural steps: 2017 American Medical Association/Specialty Society Relative Value Update Committee database, Version 2.1.
  - iv CPT® code 99213 requires at least two of the following three components: (1) an expanded problem focused history; (2) an expanded problem focused examination; (3) medical decision making of low complexity.
  - v CPT® code 99214 requires at least two of the following three components: (1) a detailed history; (2) a detailed examination; (3) medical decision making of moderate complexity.