

2019 Biopsy Code Changes and DermTech

An Interview with Dr. Dan Siegel

Q. How did skin biopsy codes change in 2019?

Dr. Dan Siegel: In 2019, the 11100 biopsy code was divided into three modality specific codes: 11102 (tangential biopsy of skin/shave), 11104 (punch biopsy), 11106 (incisional biopsy). The add-on code, 11101 was divided in a similar fashion into 11103 (add-on tangential biopsy of skin/shave), 11105 (add-on punch biopsy), 11107 (incisional biopsy). All are used to obtain tissue for diagnostic histopathologic examination performed independently, or unrelated or distinct from other procedures or services. When a skin lesion is entirely removed, either by excision or shave removal and sent to pathology for examination where intent was removal, not diagnosis, it is not considered a biopsy for coding purposes, but an excision or shave removal, and should be reported with the appropriate codes, not the above noted biopsy codes.

Q. If a physician performs an 11102 shave biopsy procedure on a patient during a skin check visit that they would have otherwise coded as an E/M level 4, is 99214 reduced or eliminated?

Dr. Dan Siegel: Maybe. The procedure (11102 CPT code) takes “bullet points” away from 99214 and the loss of said “bullet points” may result in loss or reduction of the service code level. To understand this concept, take your office visit note, cross out all elements of history and physical related to the biopsy and see if the remaining documentation stands on its own to support a separate billable service. This will likely only be possible if there is another lesion on a different anatomic site. In that case you could also be performing a DermTech test and a surgical biopsy on the same day.

Q. When a physician does the DermTech test on a patient, who is not there for a full body skin check, does the use of the DermTech test validate the billing of 99214 E/M?

Dr. Dan Siegel: Yes, in this case the level would be based on medically necessary documentation of the history, physical and decision making alone for an established patient. In the video at <https://dermtech.com/provider-billing/> one can see this demonstrated graphically. There are many ways that a physician can arrive at 99214 where any two of three parts of the note (history, physical and decision making) meet the criteria for reporting this code. Physicians should be paid for the medically necessary work they perform. The golden rule for reporting any CPT code is document what you did, do what you documented and report that which is medically necessary.

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Q. When a physician performs the DermTech test, does this facilitate a higher E/M level of service office visit? Why?

Dr. Dan Siegel: Yes, it can. For example, if a patient comes in with an unusual mole and undergoes a surgical biopsy, only the biopsy would be billed unless there is a separately identifiable service justifying an E&M service. When performing a DermTech test in this same scenario where there is no reportable biopsy procedure code, the E&M service relates to the possible melanoma diagnosis and the DermTech test only supports 99214 coding as shown in the educational video.

About Daniel Siegel, M.D.

Daniel M. Siegel, MD, is a Clinical Professor of Dermatology and former Director of the Procedural Dermatology Fellowship at SUNY Downstate. He has served as president of the AAD (2012) and is a past member of both the Academy's board of directors and Coding and Reimbursement Task Force. He is a diplomate of the American Board of Dermatology and the American Board of Laser Surgery and is a fellow of the American Society for Dermatologic Surgery (ASDS), the American Academy of Dermatology (AAD), the American College of Mohs Surgery and the American Society of Mohs Surgery. Dr. Siegel earned his medical degree from Albany Medical College in Albany, N.Y. He completed his residency in dermatology at the University of Texas Health Sciences Center at Dallas and his fellowship at the Baylor College of Medicine in Houston. Dr. Siegel also earned a Master of Science degree in management and policy from Stony Brook University, Stony Brook, N.Y.