Coding Wars: The Coding and Documentation Weapons to Win the Battle

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Do We Still Need to Learn Coding?

My EHR does my coding for me
EMRs Coding Only As Good As the Programmer

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HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 08/13

1. MEDICARE [ ] 2. MEDICAID [ ] 3. TRICARE [ ] 4. NDYMPA [ ] 5. OTHER [ ]
   OTHER INSURANCE PLAN (Name) [ ]

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [ ]
   TEST, FEMALE
   10 25 84 M ☑

3. PATIENT'S ADDRESS (No, Street) [ ]
   5800 W 30TH ST

4. INSURED'S NAME (Last Name, First Name, Middle Initial) [ ]
   5800 W 30TH ST

5. AP CODE [ ] TELEPHONE (Include Area Code) [ ]
   ( )

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7. OTHER INSURED'S POLICY OR GROUP NUMBER [ ]
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15. PAYEE TO [ ]
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100. PROVIDER NUMBER [ ]
     5800 W 30TH ST
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Chart Review Observations

- Triggers that draw chart reviews. (Outliers; High ticket items, Multiple procedures performed in one visit; Recurring procedure on one patient; High percentage use of one procedure code, therapeutic intervention, or diagnosis; Patients who feel their service was not properly coded.)

- Reviews are becoming more and more common. (Insurer pre and post payment reviews, Modifier and E/M use reviews, Medicare Advantage “Care Coordination Reviews”) With EMR, reviews may be done in real time.

- Remember that your one best chance to be paid for what you do is to bill it right the first time (clean claim)
Documentation Basics

- Remember not good enough anymore just to indicate what you did. You also have to document why it was medically necessary even if it is obvious to you.
- Documentation must be clear and precise.
- Insurance reviewers are generally not dermatologists and will not give you the benefit of the doubt.
Cyst Excision in a Medicare Patient

- An elderly Medicare patient complains of an “ugly” non-inflamed cyst on back of neck.
- The cyst is excised with a simple linear epidermal closure.
- The procedure code 11424 with diagnosis code L72.9 is rejected as not medically necessary.
- EMR’s perfectly happy to
- generate this bill.
Do Understand Medicare Benign Lesion Treatment Guidelines

- Removal of benign skin lesions that do not pose a threat to health or function are considered cosmetic (not medically necessary) and are not covered. These cosmetic reasons include emotional distress, makeup trapping, and non-problematic lesions in any anatomic location.

- Codes that will be denied without diagnostic coding to indicate medical necessity include 11200 (skin tag removal), 113XX (Shave removal series), 114XX (Benign excision series), 17110 (Benign destruction codes)

Primary Benign Diagnoses that will be covered as medically necessary

- A63.0 Anogenital (venereal) warts
- B08.1 Molluscum contagiosum
- D37.01 Neoplasm of uncertain behavior of lip
- D37.02 Neoplasm of uncertain behavior of tongue
- D37.04 Neoplasm of uncertain behavior of the minor salivary glands
- D37.05 Neoplasm of uncertain behavior of pharynx
- D37.09 Neoplasm of uncertain behavior of other specified sites of the oral cavity
- D39.8 Neoplasm of uncertain behavior of other specified female genital organs
- D39.9 Neoplasm of uncertain behavior of female genital organ, unspecified
- D40.8 Neoplasm of uncertain behavior of other specified male genital organs
- D40.9 Neoplasm of uncertain behavior of male genital organ, unspecified
- D48.5 Neoplasm of uncertain behavior of skin
- D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin
- H02.821 Cysts of right upper eyelid
- H02.822 Cysts of right lower eyelid
- H02.824 Cysts of left upper eyelid
- H02.825 Cysts of left lower eyelid
- L57.0 Actinic keratosis
- L82.0 Inflamed seborrheic keratosis
- L92.8 Other granulomatous disorders of the skin and subcutaneous tissue
- L98.0 Pyogenic granuloma
Benign Diagnoses that will **not** be covered as medically necessary

- Viral Warts (B07.0,8,9)
- Benign Neoplasms of skin or subcutis including nevi, lipomas, scars and cysts (D10.0,30,39; D17.0-.39; D22.XX, D23.XX; D28.0,1; D29.0,4; L91.X, L82.1, L72.X, etc)
There are acceptable reasons for Benign Lesion Removal (Indications (1))

- Bleeding
- Intense Itching
- Pain
- Recent enlargement
- Change in physical appearance (reddenning or pigmentary change)
- Increase in the number of lesions
- Physical evidence of inflammation or infection (purulence, oozing, edema, erythema)
Benign Lesion Removal Indications (2)

- Lesion obstructs an orifice
- Lesion clinically restricts eye function
- Malignancy is a realistic consideration based on clinical appearance
- Prior biopsy suggests lesion malignancy
- Lesion is subject of recurrent physical trauma and such recurrent trauma is documented
- History of rupture or location that subjects patient to risk of cyst rupture
Benign Lesion Removal Indications (3)

Warts treatment is covered under the previous guidelines or if...

- Periocular warts with chronic recurrent conjunctivitis due to viral shedding
- Warts with evidence of spread from one body area to another
- Warts of recent origin in immuno-compromised patients
- Condyloma accuminata or molluscum contagiosum
- Cervical dysplasia or pregnancy associated with genital warts
Secondary Diagnoses that support treatment of benign cutaneous lesions

- Immunodeficiency (acquired or congenital)
- Visual Function Disturbance
- Cellulitis or Abscess or other infection
- Cutaneous Inflammation
- Pain or other disruption of skin sensation
- Personal history of skin cancer

- Don’t forget the documentation of medical necessity
### Secondary Diagnoses that support treatment of benign cutaneous lesions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B78.1</td>
<td>Cutaneous strongyloidiasis</td>
<td>H10.9</td>
<td>Unspecified conjunctivitis</td>
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<tr>
<td>D48.5</td>
<td>Neoplasm of uncertain behavior of skin</td>
<td>H53.40</td>
<td>Unspecified visual field defects</td>
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<tr>
<td>D80.0 - D80.8</td>
<td>Hereditary hypogammaglobulinemia - Other immunodeficiencies with predominantly antibody defects</td>
<td>H53.451 - H53.453</td>
<td>Other localized visual field defect, right eye - Other localized visual field defect, bilateral</td>
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<td>D81.0 - D81.2</td>
<td>Severe combined immunodeficiency [SCID] with reticular dysgenesis - Severe combined immunodeficiency [SCID] with low or normal B-cell numbers</td>
<td>H53.71</td>
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<td>D81.4</td>
<td>Nezelof's syndrome</td>
<td>H53.72</td>
<td>Impaired contrast sensitivity</td>
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<td>D81.6</td>
<td>Major histocompatibility complex class I deficiency</td>
<td>H53.8</td>
<td>Other visual disturbances</td>
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<tr>
<td>D81.7</td>
<td>Major histocompatibility complex class II deficiency</td>
<td>H53.9</td>
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<tr>
<td>D81.89</td>
<td>Other combined immunodeficiencies</td>
<td>H54.61</td>
<td>Unqualified visual loss, right eye, normal vision left eye</td>
</tr>
<tr>
<td>D82.0</td>
<td>Wiskott-Aldrich syndrome</td>
<td>H54.62</td>
<td>Unqualified visual loss, left eye, normal vision right eye</td>
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<td>D82.1</td>
<td>Di George's syndrome</td>
<td></td>
<td>Cellulitis and abscess of mouth</td>
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<tr>
<td>D83.0 - D83.2</td>
<td>Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function - Common variable immunodeficiency with autoantibodies to B- or T-cells</td>
<td>K12.2</td>
<td>Cutaneous abscess of mouth</td>
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<tr>
<td>D83.8</td>
<td>Other common variable immunodeficiencies</td>
<td>L02.01</td>
<td>Cutaneous abscess of face</td>
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<td>D84.8</td>
<td>Other specified immunodeficiencies</td>
<td>L02.11</td>
<td>Cutaneous abscess of neck</td>
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<td>D89.82</td>
<td>Autoimmune lymphoproliferative syndrome [ALPS]</td>
<td>L02.211 - L02.216</td>
<td>Cutaneous abscess of abdominal wall - Cutaneous abscess of umbilicus</td>
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<tr>
<td>D89.89</td>
<td>Other specified disorders involving the immune mechanism, not elsewhere classified</td>
<td>L02.31</td>
<td>Cutaneous abscess of buttock</td>
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<tr>
<td>E83.2</td>
<td>Disorders of zinc metabolism</td>
<td>L02.411 - L02.416</td>
<td>Cutaneous abscess of right axilla - Cutaneous abscess of left lower limb</td>
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<td>H02.89</td>
<td>Other specified disorders of eyelid</td>
<td>L02.511</td>
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<td>H10.401 - H10.403</td>
<td>Unspecified chronic conjunctivitis, right eye - Unspecified chronic conjunctivitis, bilateral</td>
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<td>H10.421 - H10.423</td>
<td>Simple chronic conjunctivitis, right eye - Simple chronic conjunctivitis, bilateral</td>
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<td>H10.431 - H10.433</td>
<td>Chronic follicular conjunctivitis, right eye - Chronic follicular conjunctivitis, bilateral</td>
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<td></td>
<td>L02.811</td>
<td>Cutaneous abscess of head [any part, except face]</td>
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<td></td>
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<td>L02.818</td>
<td>Cutaneous abscess of other sites</td>
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### Secondary Diagnoses that support treatment of benign cutaneous lesions

<table>
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<th>Code</th>
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<td>L03.111 - L03.116</td>
<td>Cellulitis of right axilla - Cellulitis of left lower limb</td>
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<td>Other specified dermatitis</td>
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<td>Urticaria, unspecified</td>
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<td>Other specified erythematous conditions</td>
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<td>L03.121 - L03.126</td>
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<td>L03.212</td>
<td>Acute lymphangitis of face</td>
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<td>Erythema in diseases classified elsewhere</td>
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<td>L03.222</td>
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<td>L03.311 - L03.317</td>
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<td>L98.3</td>
<td>Eosinophilic cellulitis [Wells]</td>
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Secondary Diagnoses that support treatment of benign cutaneous lesions

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<td>Pain in left thigh</td>
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<td>M79.661</td>
<td>Pain in right lower leg</td>
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<td>Pain in left lower leg</td>
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<td>M79.671</td>
<td>Pain in right foot</td>
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<td>M79.672</td>
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<td>M79.674</td>
<td>Pain in right toe(s)</td>
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<td>Z48.817</td>
<td>Encounter for surgical aftercare following surgery on the skin and subcutaneous tissue</td>
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<td>Z85.820</td>
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<td>Z85.828</td>
<td>Personal history of other malignant neoplasm of skin</td>
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</table>
Cyst Excision in a Medicare Patient

- An elderly Medicare patient complains of an non-inflamed cyst on back of neck. She complains of pain in the site especially when she lies on that side to sleep.
- The cyst is excised with a simple linear closure.
- The procedure code 11424 with primary diagnosis code L72.9 and secondary diagnosis code of R20.8. Claim is paid.
Excision of Neoplasm Uncertain Behavior

Biopsy done of ill defined pigmented lesion on the calf.

Pathologic report reveals junctional melanocytic nevus with severe cytologic atypia and some upward scatter of melanocytes. Can’t rule out MMIS. Re-excision recommended.

Biopsy site then re-excised with 5 mm margins incorporating an area of ill defined pigment inferior to the biopsy site.

Procedure Code 11403
Diagnosis D48.5
Or D23.72 with secondary Dx D48.5

Procedure Code 11603
Or D03.72
Excisional Coding of Neoplasm Uncertain Behavior Issues

- D48.5 diagnosis will be rejected if billed as malignant excision 11603 because it is not a malignant diagnosis (depending on editing software).

- If pathology report says can’t rule out MMIS, MMIS favored, or treat as MMIS, D03.72 diagnosis easily justified. Remember to explain in the procedure note that this neoplasm is excised as melanoma in situ (MMIS).

- Consider billing 11403 with D23.72/D48.5. In you patient you may a patient with a melanoma in situ diagnosis without the pathologic data (life insurance).
What is a Flap?

A 1 cm BCC is excised from the right forehead and repaired with an “M-plasty flap”.
Flap area 12.0 cm². Coding 14041.
Don’t Bill Primary Closures as Flaps

- Adjacent tissue transfer/rearrangement (ATT) is defined as the transfer of tissue to repair a defect such as traumatic avulsion, or an area where a large defect exists as the result of lesion excision. This procedure involves moving or lifting a normal, healthy section of skin (that remains connected at one or two of its borders) to an adjacent or nearby defect for the repair of the defect. A flap requires the physician to make additional incisions in the skin to develop a flap after excising a lesion.
- Proper coding in this example would be a linear closure measuring the suture line the closure and each limb of the M-plasty
- Alterations of standing cone placement do not a flap make! (curvilinear closures, M-plasties)
Additional incisions need to be made to create a flap
Understand How to Calculate and Document Flap Size

- Based on major changes in the 2004 AMA CPT book, adjacent tissue transfer codes (14000 to 14300) are selected based on the size of the primary as well as the secondary defect. CPT states, “For the purposes of code selection, the term ‘defect’ includes the primary and secondary defects. The primary defect resulting from the excision and the secondary defect resulting from flap design to perform the construction are measured together to determine the code.”
Flap Documentation

ROTATION FLAP REPAIR OF MOHS SURGICAL DEFECT

Reason for procedure: Surgical defect secondary to Mohs micrographic surgery.
Medical Necessity: Lack of locally redundant tissue, High risk of wound dehiscence, Presence of local free margin to avoid distortion of the nose, eyelid, lip, ear.
Size of primary defect: cm x cm
Perioperative Medications: None.
Anesthesia: 1% Lidocaine with epinephrine 1:100,000 infiltrated locally as needed.
Sutures: Dermal closure with buried 5-0 PDS sutures. Epidermal approximation with running and simple interrupted 5-0 Surgipro sutures.
Estimated blood loss: Minimal.
Final Primary and Secondary Defect Dimension: cm x cm.
Final Flap Area: square cm.
Surgeon: Howard W. Rogers M.D. Ph.D.

Comment: After Mohs micrographic surgery, the area of the surgical defect was prepped with betadine and draped with sterile surgical drape. The area was infiltrated with anesthetic as above. The beveled edges of the surgical defect were debrided perpendicular to the skin surface using a #15 scalpel blade. Hemostasis was achieved with electrohyfrecation. Given the lack of locally redundant skin and geometric and cosmetic considerations, a rotation flap from the was selected for repair. The flap design was incised using a #15 scalpel blade and the flap and surrounding area was subsequently undermined. The secondary defect of the flap was first closed using suture technique as above, and the tissue of the flap was subsequently rotated into the primary surgical defect and closed with suture and technique as noted above. There were no complications. Wound care instructions were provided for the patient in written and verbal form including a 24-hour number in case of emergency. The patient will return in one week for suture removal.
Billing a Flap and Excision

- A 1.9 cm BCC is excised from the cheek with 4 mm margins and repaired with rotation flap. Excisional size is 2.3 cm, and flap area is 12.0 cm².

- Procedure codes: 14041 and 11643 – 59 modifier.
Flap Code Includes Excision

- The excisional procedure is included in the description and payment of the flap code. So in this example, only the flap code 14041 is billed.

- Billing 14041 and 11643 – 59 modifier indicates that an excision was performed that was separate from the one that resulted in the flap.

- Excision is not included in full or split thickness skin graft codes.

- Mohs micrographic surgical excision codes are not included in flap codes.
2 Flaps One defect –
Still just one flap

Even though you feel it it a lot of work
It’s still just one flap - Code 14021
2 Flaps 2 Defects

This is two flaps
14060 x 2 or 14060 and 14061-59
Two Flaps One Graft - One Defect

14301, 15220  No modifier required
Using NCCI Edits to Determine Placement of 59 Modifier

- NCCI Edits - Physicians
- CPT Codes 10000-19999 - Column1/Column2
- Column 1 is the payable code
- Column 2 is the bundled code that will not be payable unless is has an appropriate modifier
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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Oh what a difference a few words make!

- Shave biopsy done – code 11100 **Denied!!!**
- Skin biopsy done by shave technique – Code 11100 **Paid!!!**
Biopsy of Eyelid

- Eyelid biopsy code 67810 has been revised to clarify that eyelid biopsy must include lid margin, tarsal plate or palpebral conjunctiva. Again, typical eyelid skin biopsies would fall under the 11100 skin biopsy code.
Biopsy of Lip

A similar scenario occurs with a biopsy of the cutaneous portion of the lip and the lip biopsy code 40490.
Biopsy of Lip

Cutaneous lip biopsies would be better coded 11100.

The 40490 code is designated for lip biopsies done from the vermillion border to the dry-wet junction of the lip.
Remember Your Site Specific Biopsy Codes

- 69100 – Biopsy of external ear
- 40490 – Biopsy of lip
- 54100 – Biopsy of penis
- 56605 and 56606 add on – Biopsy of vulva
- 40808 – Biopsy of vestibule of mouth
- 30100 – Biopsy intranasal
- 11755 – Nail unit biopsy
Do Site Specific Biopsy Codes Make a Difference to Reimbursement?

- 11100 - $104.98
- 69100 - $102.47
- 40490 - $132.20
- 67810 - $174.48
- 54100 - $203.14
- 11101 - $33.32  70% Discount
Does It Make a Difference to Reimbursement? Do the math!!!

- 11100 - $104.98
- 69100 - $102.47
- 40490 - $132.20
- 67810 - $174.48
- 54100 - $203.14
- 11101 - $33.32

- 11100 + 11101 = $138.30
- 40490 + 11100 = $184.69
Excision SubQ Soft Tissue Tumors

- Symptomatic lipoma excision
- Code as excision cutaneous lesion 114XX series?
- My EMR allows
Excision Sub Q Soft Tissue Tumors

- Excision of subcutaneous soft tissue tumors involves simple or marginal resection of tumors that are confined to the subcutaneous tissue below the skin but above the deep fascia (not intra-muscular).

- These tumors are generally resected without removing a significant amount of surrounding normal tissue.
Other Soft Tissue Excision Codes

- Musculo-skeletal excision codes are used for lesions that occur in the subfascial or fascial tissue, muscles or joints.

- Radical resection of soft CT tumors involves the resection of the tumor with wide margins of normal tissue. Although these tumors may be confined to a specific layer (Sub Q or sub fascial), radical resection may involve removal of tissue from one or more layers.

- Typically use this radical resection codes for malignant CT tumors or very aggressive benign CT tumors.
Excision Sub Q Soft Tissue Tumors

- Code selection for excision of ST tumors is based on the location and size of the tumor.
- Size = clinical tumor size plus margin
- Excision of soft CT tumors includes simple and intermediate closure (complex closure documented separately)
- Wide undermining just to remove the tumor doesn’t meet criteria for complex closure
Excision Soft Tissue Tumors, Sub Q

- 21011/21012 - Face and Scalp <2 cm/>=2cm
- 21555/21552 - Neck and Anterior Thorax <3 cm/>=3cm
- 21930/21931- Back and Flank <3 cm/>=3cm
- 23075/23071 - Shoulder area <3 cm/>=3cm
- 24075/24071 - Upper arm and elbow <3 cm/>=3cm

- Site and size breakdown not as simple as integumentary excisions
Excision Soft Tissue Tumors, Sub Q

- 25075/25071 - Forearm/wrist <3 cm/>=3cm
- 26115/26111 - Hand and finger <1.5 cm/>=1.5cm
- 27047/27043 - Pelvis/hip area <3 cm/>=3cm
- 27327/27337 - Thigh and knee <3cm/>=3cm
- 27618/27632 - Leg and ankle <3cm/>=3cm
- 28043/28039 - Foot and toe <1.5cm/>=1.5cm
Excision Soft Tissue Tumors SubQ

- Documentation – Remember to indicate medical necessity of excision and that the lesion removed meets SubQ soft tissue criteria.
- Cysts may push into the subQ fatty tissue but are skin lesions and excisions should be coded with the 114XX integumentary lesion excision codes.
Photodynamic Therapy Coding

Medication code J7308 – aminolevulinic acid 20% (1 unit)

Treatment Code 96567 – Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa by activation of photosensitive drug(s), each exposure session. This CPT code is billed once per exposure to an area regardless of how many lesions are treated or how long the light exposure lasts.

0 day global period

FDA approved for treatment on head and neck

There is no provider time in this code
Phototherapy

- Should be relatively simple

- **96900** Actinotherapy (ultraviolet light)
- **96910** Photochemotherapy; tar and ultraviolet (Goekerman)
- **96912** Photochemotherapy; psoralens and ultraviolet A (PUVA)
- **96913** Photochemotherapy (Goekerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes applications of medication and dressings)
Phototherapy Medicare Utilization

- **96900** Actinotherapy: 108,314 - $20.78
- **96910** Photochemotherapy: 390,737 - $72.37
- **96912** Photochemotherapy: 26,702
- **96913** Photochemotherapy: 39
Eximer Laser Psoriasis Treatment

- **96920** Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
- **96921** Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
- **96922** Laser treatment for inflammatory skin disease (psoriasis); greater than 500 sq cm
Laser for Vitiligo

- AMA - Although both vitiligo and focal atopic dermatitis have literature based support for successful outcomes with laser treatments, the 96920-96922 CPT codes are specifically indicated for psoriasis treatments.

- Consequently, one would describe each of the vitiligo laser light treatments with the 96900 Actinotherapy (ultraviolet light) CPT code. One may also choose CPT 96999, Unlisted special dermatological service or procedure.
Drug rep came to my office indicating that code 96401 was proper injection code for biologics.
Biologic Injection

- 96401 - Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
- 96372 - Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
- J2357 - Injection, omalizumab, 5 mg – will need 30 units for 150 mg dose