

Auditing Common Dermatology Appointments: Lesion Biopsy, Destruction, Removal

Kelley Chappell Larkins, CPC, CPMA, CMPM
Dermatology Associates
kchappell@kingsportderm.com

Objectives

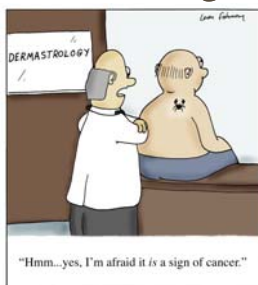
Coding/Auditing common dermatology appointments regarding:

1. The purpose of your coding/auditing
2. Lesion diagnostics and therapies
3. Code selection of Diagnosis and Procedures
4. Documentation to support medical necessity and code selection

Derm Facts:

- According to the American Academy of Dermatology(AAD), a skin condition is the most common reason for a trip to the doctor's office
- The skin is the body's largest and fastest growing organ

Have you seen your "Dermastrologist"?



Your Purpose



What's the point?

- Auditing
 - For a specific carrier?
 - NCD/LCD
- Coding insurance claims
 - Do you know carrier rules?
 - NCD/LCD
- Educating a Provider
 - Local Medicare Carrier

Diagnosis and Therapy



Diagnostics

Determined clinically or with biopsy

- Benign
ICD9: 216.0 – 216.8
702.11, 702.19
078.1x
- Premalignant
ICD9: 702.0
- Malignant
ICD9: 172.0 – 172.8
173.xx (site, type)
232.0 – 232.8

Diagnostics

Biopsy

Taking sample of tissue for examination

CPT 11100 Biopsy of skin, subcutaneous tissue and/or mucous membrane (incl simple closure), unless otherwise listed (separate procedure); single lesion

11101 Each separate/additional lesion

ICD9 238.2 Neoplasm of uncertain behavior
239.2 Neoplasm of unspecified behavior

Diagnosics

Site Specific Biopsy

- 11755 Nail (plate, bed, matrix, etc)
- 40490 Lip
- 54100 Penis
- 56605 Vulva
- 57100 Vaginal Mucosa
- 67810 Eyelid
- 69100 Ear, external

Therapy

Benign

Destruction

17110 incl. laser, electrosurgery, cryosurgery,
chemosurgery, surgical curettement up to 14
17111 for 15+ lesions

Common lesions: Verruca vulgaris, Verruca plantaris, Flat warts,
Molluscum, Symptomatic Seborrheic keratosis

Site and method specific CPT codes for warts of:

- Anus 46900-46924
- Penis 54050-54065
- Vulva 56501, 56515

Vascular lesions use 17106-17108

Therapy

Benign

Shave

11300- 11313 sharp removal by transverse incision or
horizontal slicing; epidermal or dermal not
full-thickness(superficial)

Site and Size specific

Common ICD9 216.0-8

Therapy

Benign

Excision
11400-11446 Full thickness removal including margins and simple closure
Site and Size specific
Common ICD9 216.0-8

Therapy

Premalignant

Destruction
17000 Laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage; first lesion
17003 Lesions 2-14 (add on code; bill units)
17004 for 15+ lesions
96567 Photodynamic Therapy (PDT)
(Don't forget to code for Levulan)
ICD9 702.0 * This is the ONLY diagnosis to use with CPT 17000- the definition of the CPT specifies premalignant lesions

Therapy

Malignant

Destruction
17260-17286 Destruction, malignant lesion
Site and Size specific
Common lesions: malignant melanoma, malignant neoplasm, carcinoma in situ

Therapy

Malignant


Excision
11600-11646 Full thickness removal including margins and simple closure
Site and Size specific
Common lesions: malignant melanoma, malignant neoplasm, carcinoma in situ

Therapy

Malignant

Mohs Surgery
17311-17315 Mohs micrographic technique
Site specific
Must meet specific medical necessity criteria
Common lesions: basal cell carcinoma, squamous cell carcinoma, malignant melanoma

Code Selection



Code Selection

Based on:

- Diagnosis: Benign vs Premalignant vs Malignant
- Technique: Biopsy vs Shave vs Destruction vs Excision
- Size and Location

Diagnosis Selection

<p style="text-align: center;">Benign</p> <ul style="list-style-type: none"> ▪ 216.x (by site) <ul style="list-style-type: none"> ▪ Nevus(moles) ▪ Dermatofibroma ▪ 078.0, 078.1x(by condition) <ul style="list-style-type: none"> ▪ Molluscum ▪ Warts ▪ 702.11, 702.19 <ul style="list-style-type: none"> ▪ Seborrheic Keratosis ▪ Inflamed SK ▪ 701.9 <ul style="list-style-type: none"> ▪ Skin tags 	<p style="text-align: center;">Premalignant</p> <ul style="list-style-type: none"> ▪ 702.0 <ul style="list-style-type: none"> ▪ Actinic Keratosis <p style="text-align: center;">Malignant</p> <ul style="list-style-type: none"> ▪ 172.x (by site) <ul style="list-style-type: none"> ▪ Malignant Melanoma ▪ 173.xx (by site and type) <ul style="list-style-type: none"> ▪ Basal Cell ▪ Squamous Cell ▪ 232.x (by site) <ul style="list-style-type: none"> ▪ Carcinoma in Situ
---	---

CPT Selection

<p style="text-align: center;">Benign</p> <ul style="list-style-type: none"> ▪ Destruction <ul style="list-style-type: none"> ▪ 17110, 17111 ▪ Site/Method Specific ▪ Shave <ul style="list-style-type: none"> ▪ 11300-11313 ▪ Excision <ul style="list-style-type: none"> ▪ 11400-11446 	<p style="text-align: center;">Premalignant</p> <ul style="list-style-type: none"> ▪ Destruction <ul style="list-style-type: none"> ▪ 17000,17003,17004 ▪ Photo Dynamic Therapy <ul style="list-style-type: none"> ▪ 96567 <p style="text-align: center;">Malignant</p> <ul style="list-style-type: none"> ▪ Destruction <ul style="list-style-type: none"> ▪ 17260-17286 ▪ Excision <ul style="list-style-type: none"> ▪ 11600-11646 ▪ Mohs <ul style="list-style-type: none"> ▪ 17311-17315
--	--

CPT and Diagnosis Selection

- Many CPT and ICD9 codes based on location
- Many CPT codes based on size
- For Biopsy use 11100,11101 or the site specific biopsy code if applicable
- Assure that the method of therapy matches the CPT definition
- When billing to insurance, medical necessity must be established and documented
- Don't forget repair codes on excisions if applicable and

Coding Examples

Patient with hx of malignant melanoma(MM) complains of suspicious mole on back. Upon exam, provider determines mole to be benign but due to history, will excise. Excised diameter is 0.9 cm.

DIAGNOSIS:												
1 216.5						2 v10.82						
FROM						TO						
MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	CHARGES	UNITS
5	12	12	5	12	12	11		11401			XXXXXX	1
5	12	12	5	12	12	11		88305			XXXXXX	1

Coding Examples

Patient presents with multiple verruca vulgaris and a few seborrheic keratosis. After exam, 6 VV and 2 symptomatic SK's are treated with liquid nitrogen.

DIAGNOSIS:												
1 078.10						2 702.11						
FROM						TO						
MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	CHARGES	UNITS
5	12	12	5	12	12	11		17210			XXXXXX	6

*Varying opinions on whether to have dx pointer as 1 or 1,2
 • We have success with both

Coding Examples

Patient presents for excision of biopsy proven BCC on leg. The excised diameter is 3.1 cm and the defect is repaired with a complex repair where the length measured 7.2 cm.

DIAGNOSIS:												
11 173.71					21							
FROM					TO							
MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	OP/HPCS	MODIFIER	DIAGNOSIS POINTER	CHARGES	UNITS
5	12	12	5	12	12	11		11604			15XXXX	1
5	12	12	5	12	12	11		13121			15XXXX	1

Coding Examples

Patient presents with a suspicious lesion on hand. Upon exam, the physician determines this is a superficial BCC and decides to destroy the lesion by ED&C. After curettage, the lesion measures 1.0cm. A portion of curretted lesion is sent for pathology.

DIAGNOSIS:												
11 173.61					21							
FROM					TO							
MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	OP/HPCS	MODIFIER	DIAGNOSIS POINTER	CHARGES	UNITS
5	12	12	5	12	12	11		17271			15XXXX	1
5	12	12	5	12	12	11		88305			15XXXX	1

Documentation



Documentation Basics

- Diagnosis should be clearly indicated
- Technique utilized should be described
- Lesion location should be specific
- Measurements should be recorded (know proper measurement as related to procedure)
 - ✓ Shave measurement is lesion at widest diameter
 - ✓ Excised diameter = widest diameter of lesion + most narrow margin
 - ✓ Repairs measurement
 - Straight line or area measurement
 - ✓ Destruction of malignant lesion – use size of lesion after curettage
- Medical Necessity must be established

Medical Necessity

Medicare covers services (like lab tests, surgeries, and doctor visits) and supplies (like wheelchairs and walkers) considered medically necessary to treat a disease or condition.

Medically necessary services: Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice

Medicare coverage is based on 3 main factors

1. Federal and state laws.
2. National coverage decisions made by Medicare about whether something is covered.
3. Local coverage decisions made by companies in each state that process claims for Medicare. These companies decide whether something is medically necessary and should be covered in their area.

• <http://www.medicare.gov/what-medicare-covers/part-b/what-medicare-partb-covers.html> •

Medical Necessity

When treating skin lesions there are several ways to establish medical necessity. Medical records should include:

- Lesion site
 - Diagrams are great!
- Lesion size
- Diagnosis/Path report
- Other measurements as necessary per CPT code
 - Excised diameter
 - Size after curette for ED&C
- Description of technique used
- Indications listed in NCD/LCD
- Type of Repair used if applicable

Medical Necessity

- Use LCD/NCD or Commercial Carriers' Coverage depending on your purpose
 - Are you auditing for a specific carrier?
 - Are you educating a provider?
 - Are you coding claims for insurance?

Let's start with benign lesions and take a look at the LCD for Cahaba GBA for benign skin lesions (policy L30064)

LCD for Cahaba GBA

Benign Skin Lesions (policy L30064)

Indications and Limitations of Coverage and/or Medical Necessity Indications

1. The lesion is bleeding, producing pain, or has excoriations due to intense pruritis
2. The lesion displays physical evidence of inflammation such as purulence, edema, erythema or exudation
3. The lesion obstructs an orifice or restricts vision
4. Diagnostic certainty as to malignant potential is not established
5. A prior biopsy suggests or is indicative of lesion malignancy
6. Evidence of physical trauma based on anatomical location is present
7. Wart or molluscum destruction could be covered when any of the above listed circumstances is present as well as the following:
 - a. Periorcular warts or molluscum may be removed if concerns of viral spreading are present;
 - b. Warts, condyloma or molluscum showing evidence of spread from one body area to another, particularly in immunosuppressed patients

LCD for Cahaba GBA

Benign Skin Lesions (policy L30064)

Indications and Limitations of Coverage and/or Medical Necessity Indications

Limitations

Removal of skin lesions for cosmetic reasons will not be covered. In addition, emotional distress, "make-up trapping", and non-problematic lesions in any anatomic location would not be justification for coverage.

LCD for Cahaba GBA
Benign Skin Lesions (policy L30064)

CPT/HCPCS Codes

- 11300-11313 Shave Codes
- 11400-11446 Excision Codes
- 17110-17110 Destruction Codes

Note 11200-11201 Skin Tags not included in policy

- Previous TN carrier Cigna did include, Cahaba does not

17000-17004 Destruction for AKS not included in policy

- See NCD 250.4

LCD for Cahaba GBA
Benign Skin Lesions (policy L30064)

ICD-9 Codes that support medical necessity

- 078.0, 078.10-078.19 molluscum, warts
- 214.0-214.1 lipoma
- 216.0-216.9 benign neoplasm(tie, moles)
- 228.01 hemangioma
- 238.2 neoplasm of uncertain behavior
- 239.0* (pm lesions of the buccal mucosa) neoplasm unspecified nature of digestive system
- 686.1 pyogenic granuloma of skin and subcu
- 692.75 disseminated superficial actinic porokeratosis(DSAP)
- 701.1 keratoderma acquired
- 701.9 unspecified hypertrophic and atrophic conditions of skin(skin tags)
- 702.0 actinic keratosis
- 702.11 inflamed seborrheic keratosis
- 706.1 other acne
- 706.2 sebaceous cyst
- 709.9 unspecified disorder of skin and subcutaneous tissue
- 782.2 localized superficial swelling mass or lump

Note: The correct use of an ICD-9-CM code listed in the list that supports MN does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

LCD for Cahaba GBA
Benign Skin Lesions (policy L30064)

Documentation Requirements

1. Medical records maintained by the physician must clearly and completely document the medical necessity for lesion removal. Location, description, associated symptoms, and reason for clinical concern leading to decision for removal are all part of complete documentation.
2. The statement "irritated skin lesion" **will not** be sufficient justification for lesion removal when used solely to reference a patient's complaint or a physician's physical findings. Similarly, the sole use of ICD-9 code 702.11 (inflamed seborrheic keratosis) will be insufficient to justify lesion removal without medical record documentation of the patient's symptoms and physical findings.
3. All coverage criteria must be clearly documented in the patients medical record and made available to Medicare upon request.

Commercial Carrier Policies

Benign Skin Lesions

- Vary by payer
- Some do not have a policy
- Many are very similar to Medicare policy
- Some include CPTs or ICD9 that aren't listed on Medicare policy(ie 11200)
- Some consider any treatment to skin tags not a covered service even if symptomatic

NCD for Treatment of Actinic Keratosis

CMS NCD (250.4)

Item/Service Description

Actinic Keratosis(Aks), also known as solar keratoses, are common sun-induced skin lesions that are confined to the epidermis and have the potential to become a skin cancer.

- Clinicians should select treatment based on
 - Patient's medical history
 - Lesion's characteristics
 - Patient's preference for a specific treatment

NCD for Treatment of Actinic Keratosis

CMS NCD (250.4)

Item/Service Description(cont.)

- Commonly performed treatments include
 - Cryosurgery(liquid nitrogen/ "freezing")
 - Topical drug therapy
 - Curettage
- Less Commonly performed
 - Dermabrasion
 - Excision
 - Chemical peel
 - Laser
 - Photodynamic therapy*
- Alternative approach would be to observe lesions over time and remove only if they exhibit features suggesting transformation to invasive squamous cell carcinoma

*Photodynamic Therapy gaining ground as a common therapy the last few years(NCD circa 2001)

NCD for Treatment of Actinic Keratosis
CMS NCD (250.4)

Indications and Limitations of Coverage

Medicare cover the destruction of actinic keratosis without restrictions based on lesion or patient characteristics.

Documentation for Malignant Treatment

For Destructions

- Site
- Size(remember measurement method)
- Path report showing malignant dx
- Method of treatment
- Indications to establish MN of treatment choice

Documentation for Malignant Treatment

For Excisions

- Site
- Size(remember measurement method)
- Path report showing malignant dx
- Indications to establish MN of treatment choice
- Repair method
 - Size of defect
 - Description to establish MN of chosen repair method

Documentation for Malignant Treatment

For Mohs- Ck carrier for policies, otherwise CMS has published guidelines

- Documentation that single physician is surgeon and pathologist
- Site
- Size(remember measurement method)
- Indications to establish MN for Mohs
 - CMS provides specific guidelines for Mohs
- Dermatopathology report showing malignant dx
- Stages
- Number of blocks per stage
- Repair method
 - Size of defect
 - Description to establish MN of chosen repair method

Summary

- Think about your purpose and utilize policies or coverage determinations
- Diagnosis: Benign vs Premalignant vs Malignant
- Technique: Biopsy vs Shave vs Destruction vs Excision
- Size and Location are key
 - Size with appropriate measurement

Thank you!



Questions or Experiences to share??? I love network discussions!
