**Biopsy and Injection Coding**

May 25, 2017

**Question:**
If my physician reports a biopsy on the same date as an intralesional injection (different sites) can I report both codes? Should I use Modifier 59?

**Answer:**
You can report a biopsy (11100) for the first lesion and 11101 for each additional lesion biopsied. You may also report an intralesional injection (11900) on the same date of service if performed on a different lesion.

Modifier 59 should not be reported as it is not bundled under the National Correct Coding Initiative (NCCI). You should only use Modifier 59 if the two codes are bundled under NCCI and both procedure are distinct and separate. In this case since the two codes are not bundled, you should append Modifier 51 (multiple procedures) to CPT 11900 if your payor accepts the use of this modifier. Since 11900 has a lower RVU, Modifier 51 supports this as a secondary procedure. Expect payment to be reduced by 50% for the second procedure.

*This response is based on the best information available as of 05/25/17.*

**“Shave Technique”**

May 11, 2017
Question:
My physician documents a biopsy via “shave technique”. Is this the correct way to document a biopsy and report the procedure with 11100?

Answer:
Payors discourage physicians from documenting in the record a “shave biopsy” or “shave technique” which is many time confused with a shave excision. When reporting and documenting a biopsy it is important to document the site of the biopsy and avoid the term “shave”.

CPT 11100 is reported for the first biopsy and 11101 is reported for each additional lesion biopsied.

When the term shave biopsy or shave technique is documented is should be reported as a shave excision using CPT category 11300-11313. Code selection is dependent on the location (site) and size of the lesion shaved.

*This response is based on the best information available as of 05/11/17.

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**Nail Biopsy**

April 27, 2017

**Question:**
When performing a nail biopsy do we use CPT 11100?

**Answer:**
For a nail biopsy the correct CPT code is 11755-Biopsy of nail unit (e.g., plate, bed, matrix, hyponychium, proximal and
lateral nail folds). You would not report 11100 as this is a biopsy of the skin.

*This response is based on the best information available as of 04/27/17.

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### Nail Trimming or Clippings

April 13, 2017

**Question:**
We perform a great deal of nail clippings for patients with fungus in our office. At present we have not been charging for this. Is there a CPT code for this service?

**Answer:**
For nail trimming or clippings, the CPT code is 11719 – Trimming of nondystrophic nails, any number. However most insurance companies don’t’ reimburse for this CPT code. However, if you are evaluating the patient or seeing the patient in follow up, you might want to bill an evaluation and management service instead of 11719.

*This response is based on the best information available as of 04/13/17.*
**Milia Destruction**

March 30, 2017

**Question:**
We are confused on which code to use for a milia destruction, Is it 10040 or 17110?

**Answer:**
For a **milia** destruction you would use 17110: CPT 17110 is specific to benign lesions other than skin tags or cutaneous vascular proliferative lesions. They include treatment of proliferative cutaneous vascular lesions, flat warts, molluscum contagiosum, or milia. Local anesthesia is included in these services.

*This response is based on the best information available as of 03/30/17.*

**Advancement Flap**

March 16, 2017

**Question:**
My physician excised a malignant skin lesion from the left cheek measuring 2.0 cm. The defect was repaired with a rotational advancement flap with total primary and secondary defect area of 4.75 sq cm. I submitted my claim with CPT 14040 (advancement flap), 12052-51 (repair), and 11642-51 (malignant lesion excision). My claim was denied. Did I code this correctly?
Answer:
You should have reported one CPT code 14040 for the advancement flap which includes the lesion excision and repair. You should resubmit the claim with CPT 14040 and you should get paid.

*This response is based on the best information available as of 03/16/17.

Lesion Excision

March 2, 2017

Question:
My physician removed a malignant lesion 1.0 cm of the scalp three days ago. I billed that procedure with CPT code 11621. Today we received a pathology report which indicated there were still positive margins. Should I use Modifier 59 when report the second lesion excision.

Answer:
When the margins are still positive and you re-excise the lesion within the 10-day global period you would report Modifier 58 (staged or related procedure or service during the postoperative period. If the physician waits until after the 10-day global period a modifier would not be appended to the excision code.

*This response is based on the best information available as of 03/02/17.
Lesion Excision

February 16, 2017

**Question:**
How do I code a malignant lesion 1.5 cm on the nose and a 1.5cm malignant lesion on the chest measuring 2.1cm? Do I need a modifier?

**Answer:**
You would report 11642 for the 1.5 cm malignant lesion on the nose and 11603 for the 2.1 cm excision of the chest. You will need to append Modifier 51 to CPT 11642 which is the lower valued procedure (RVU). Do not use Modifier 59 (modifier of last resort) as these two codes are not bundled under the National Correct Coding Initiative (NCCI).

*This response is based on the best information available as of 02/16/17.*

Irrigation and Drainage

February 2, 2017

**Question:**
There is some confusion in my office as what is the difference between a simple and complication irrigation and drainage (I&D) of an abscess. Can you help?
Answer:
A simple I&D includes drainage of the pus or purulence from the cyst or abscess and is reported with CPT 10060. The physician leaves the incision open to drain on its own, allowing for healing with normal wound care. A complex I&D includes placement of a drainage tube to allow for continuous drainage or packing to facilitate healing and reported with CPT 10061. In certain cases, tissue excision, primary closure, and/or Z-plasty may be required. Incision and drainage of a blister requires of a “super infection” with pus and abscess formation. CPT 10061 often involves larger abscesses requiring probing to break up loculations and packing to promote ongoing drainage. A loculate region in an organ or tissue, or a loculate structure formed between surfaces of organs or mucous or serous membranes.

*This response is based on the best information available as of 02/02/17.

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**Excisional Biopsy**

January 19, 2017

Question:
My doctor’s documentation for a biopsy indicates he performed an “excisional biopsy of the skin”. Is this correct?

Answer:
No, CPT does not have a code for excisional biopsy. It is either a biopsy (11100 or 11101) or a benign or malignant excision code. (114xx, 116xx). It is important to use the appropriate terminology in the documentation to make it clear
what type of procedure is performed. It is important to remember that all excision codes include a biopsy.

*This response is based on the best information available as of 01/19/17.