

2019 Coding Changes-Skin Biopsies

December 26, 2018

For many years we have used two codes to report skin biopsies. CPT 11100 for the first lesion and 11101 for each additional lesion biopsied after the first lesion on the same date of service. These codes included all methods of removal and have now been deleted.

The new code ranges are CPT 11102-11107 and are reported based on method of removal which allows for greater specificity. New guidelines were created to help with coding and reporting of these codes. The new CPT codes are as follows:

- ⇒ **11102-Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette) single lesion**
- ⇒ **11103-each separate/additional lesion (List separately in addition to code for primary procedure**
- ⇒ **11104-Punch biopsy of skin (including simple closure, when performed) single lesion**
- ⇒ **11105-each separate/additional lesion (List separately in addition to code for primary procedure**
- ⇒ **11106-incisional biopsy of skin (e.g., wedge) (including simple closure, when performed) single lesion**
- ⇒ **11107-each separate/additional lesion (List separately in addition to code for primary procedure**

Prior to the new CPT codes for 2019, biopsies were reported with CPT code 11100 for the first lesion and 11101 for each additional lesion biopsied regardless of method of removal.

The new biopsy codes are reported based on method of removal including:

- ⇒ **Tangential biopsy (11102 and 11103)**
- ⇒ **Punch biopsy (11104 and 11105)**
- ⇒ **Incisional biopsy (11106 and 11107)**

2019 Coding Changes-Skin Biopsies

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Multiple Biopsies

Biopsies are selected by method of removal. If more than one biopsy is performed on the same date, only one primary biopsy code is reported. When more than one biopsy is performed using the same technique, the appropriate primary biopsy code is reported for the first biopsy and the add-on code is reported for each additional lesion.

Example #1: A physician performed biopsies on a patient with two suspicious lesions, one on the left arm and one on the left leg via shave technique. The encounter is coded as:

CPT coding:

1. 11102 (tangential biopsy of skin) 1st lesion
2. 11103 (tangential biopsy of skin, each additional lesion) 2nd lesion

When two biopsies are performed using two different techniques, report the primary code and the-add on code based on type of biopsy performed.

Example #2: A physician performed a punch biopsy of the chest and an incisional biopsy of the left arm.

CPT coding:

1. 11106 (incisional) 1st lesion
2. 11105 (punch biopsy each additional lesion) 2nd lesion

Example #3: A physician performed a shave biopsy on the left arm and leg and a punch biopsy on the chest.

CPT coding:

1. 11104 (punch biopsy) 1st procedure,
2. 11103 (shave biopsy, each additional lesion, leg) 2nd procedure
3. 11103 (punch biopsy, each additional lesion chest) 3rd procedure

2019 Coding Changes-Skin Biopsies

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Conclusion

Make sure you document method of removal and anatomic site. Remember all excision codes include a biopsy so a separately biopsy code on the same structure is not appropriate. If an excision is performed even if the specimen is sent to pathology report an excision code. Report one code per lesion biopsied. When multiple biopsies are performed via different methods, report one primary code and use an-add on based on biopsy method for each additional biopsy on the same date.