

 *American Academy of Dermatology*
Excellence In Dermatology™

Comprehensive Dermatology Coding at Your Fingertips



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 *American Academy of Dermatology*
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AAPC Regional Conference

Chicago, IL

October 25, 2012

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Presenters:

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American Academy of Dermatology
Schaumburg, Illinois

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Session Objective

- Overview how and when code use is appropriate
- Understand code descriptions and guidelines
- Discuss different types of surgical repair and replacement procedures
- Review 2012 CPT changes to skin repair and replacement surgical codes

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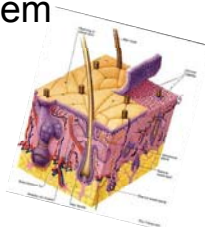


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Overview

- Significant proportion of invasive procedures involve Integumentary system
- Due to sophistication, Integumentary procedures often performed in staged fashion
- Due to changes in technology, medical care should be accurately reflected when choosing appropriate CPT code
- Ensure diagnosis code(s) reflects accurate reason for care/procedure performed

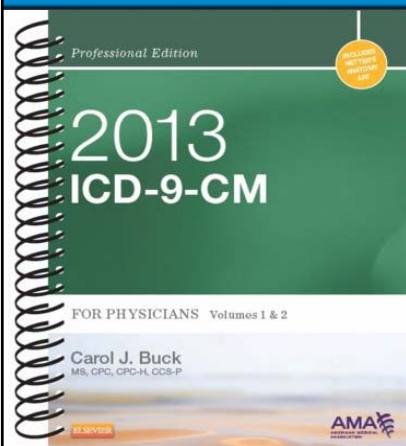


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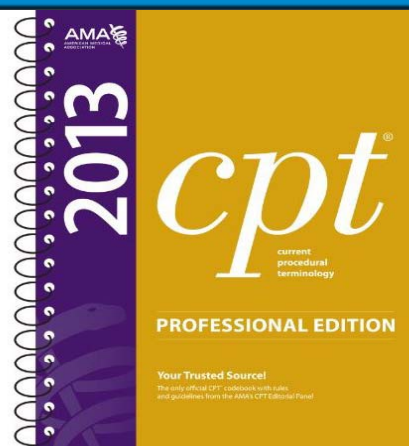


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Effective Oct 1
each year



Effective Jan 1 each year

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OIG 2012 Work Plan



➤ Continued from 2011

- ✓ E/M Services: Trends in Coding of Claims
- ✓ E/M Services During Global Surgery Periods
- ✓ E/M Services: Potentially Inappropriate Payments

➤ New for 2012

- ✓ E/M Services: Use of Modifiers During the Global Surgery Periods

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Audits

fcm3

- OIG – 40% error rate
- RAC – New pt w/o modifier 25
- CERT National – 10.5%
- CERT – Trailblazer error rate at 97% but average is 30%

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Slide 8

fcm3 Peggy, can you also provide some talking points in the note section below so I can understand what exactly this slide refers to.

fmcnicholas, 8/9/2012

Lets talk about dermatological surgical coding!



"You're the first person to ever get a face-lift for a driver's license photo."

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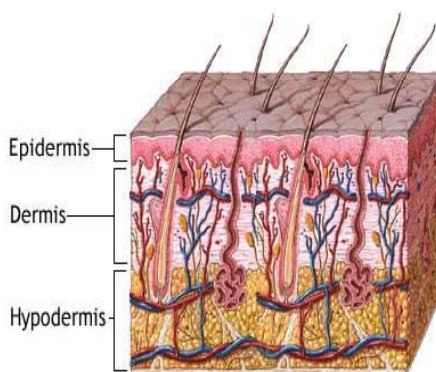


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Anatomy

- Two layers that make up human skin
 - ✓ **Epidermis** – most superficial layer
 - Composed of four to five layers called stratum
 - Thickness varies based on location of layer



ADAM
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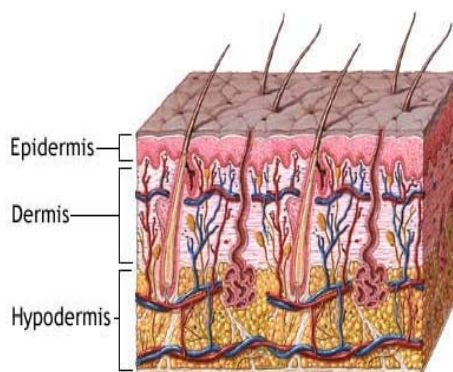


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Anatomy, cont'd

- ✓ **Dermis** – located under epidermis
 - Average thickness is 1mm – 2mm
 - Three types of tissues found
 - Contains structures often referred to as skin appendages



ADAM
11

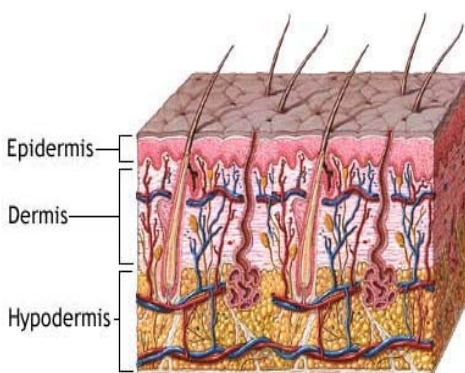


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Anatomy, cont'd

- ✓ **Hypodermis** – used synonymously with subcutaneous and not considered a layer of skin



ADAM
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Documentation

➤ ICD-9-CM Codes

- ✓ Submit codes with **highest degree** of accuracy and specificity

➤ CPT Codes

- ✓ Review codes to ensure diagnosis **supports** medical necessity for the procedure performed



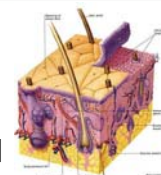
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Documentation, cont'd

➤ Lesions

- ✓ Documentation must include
 - ✓ **Size, location, number of lesions removed**



- If pathology report states lesion of uncertain morphology

- ❖ Choose accurate CPT code that **relates to final diagnosis in pathology report**

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Documentation, cont'd

Guidelines

- Review Local Coverage Determination (LCD's) and/or Medical Policy Guidelines to ensure diagnoses codes support medical necessity for reported procedure
- Review documentation carefully to differentiate between types of repairs and how they can be reported

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Acne Surgery

10040 Acne surgery
(e.g. marsupialization, opening or removal of multiple milia, comedones, cysts...)

- ✓ Maybe considered cosmetic
- ✓ Check payer policy
- ✓ Pre-authorize procedure
- ✓ Obtain patient financial consent



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Acne Surgery

17340 Cryotherapy (CO² slush, liquid N₂) for acne

17360 Chemical exfoliation for acne (e.g. acne paste, acid)

- ✓ Maybe considered cosmetic
- ✓ Check payer policy
- ✓ Pre-authorize procedure
- ✓ Obtain patient financial consent



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Incision & Drainage

10060 Incision and drainage of abscess (e.g. carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle or paronychia); simple or single

10061 complicated or multiple

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Incision & Removal

10120 Incision & removal of foreign body, subcutaneous tissues; simple

10121 Complicated

December 2006 AMA Comment

"The choice of code is at the physician's discretion, based on the level of difficulty involved in the incision and drainage procedure"



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Debridement

- Removal of loose devitalized, necrotic and/or contaminated tissue, foreign bodies and other debris on the wound using mechanical or sharp technique

11042 Subcutaneous
first 20 cm

+11045 Add'l 20 cm
or part thereof



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Skin Tags 11200; 11201

11200 Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions

+ 11201 each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure (list separately)

Guideline: *Removal with scissors or any other method including electrosurgical destruction or combination, including chemical or electrocauterization, with or without local anesthetic.*

Check with your payers for coverage



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Intralesional Injection Codes 11900; 11901

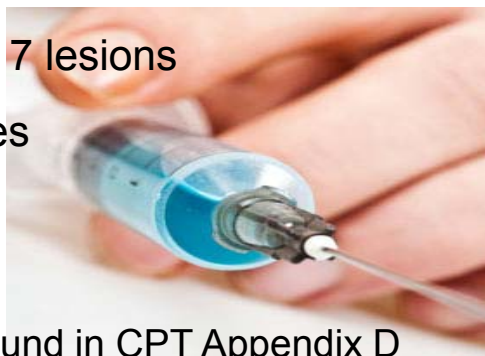
11900 Injection, intralesional; up to and including 7 lesions

11901 more than 7 lesions

✓ Stand alone codes

✓ Add-on codes

- When used
- Complete list found in CPT Appendix D



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Intralesional Injection Codes cont'd

- ✓ Not used for local anesthetic
- ✓ 11900-11901 - Non chemo agents
- ✓ 96405-96406 – Chemo agents
 - Not reportable separately unless:
Different agents
- ✓ Report both Procedure & Drug

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Biopsy Codes 11100 ; 11101

- 11100** Biopsy of skin, subcutaneous tissue and/or mucous membrane
(including simple closure)
unless otherwise listed; single lesion
- + 11101** each separate/additional lesion
(List separately in addition to
code for procedure)



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Biopsy Codes cont'd

Techniques:

- ✓ Shave Technique
- ✓ Punch Technique
- ✓ No global days
- ✓ Not bundled with E/M; **modifier 25** may be required on E/M when service performed

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Shave Codes 11300 - 11313

Shaving of epidermal or dermal lesion, single lesion, (*location & size*)

- ✓ Sharp removal by transverse incision or horizontal slicing
- ✓ Without full thickness, dermal excision
- ✓ No sutures required
- ✓ Codes based on anatomic location & size



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Other malignant neoplasm of skin **173.xx**



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Excision Codes **114xx; 116xx**

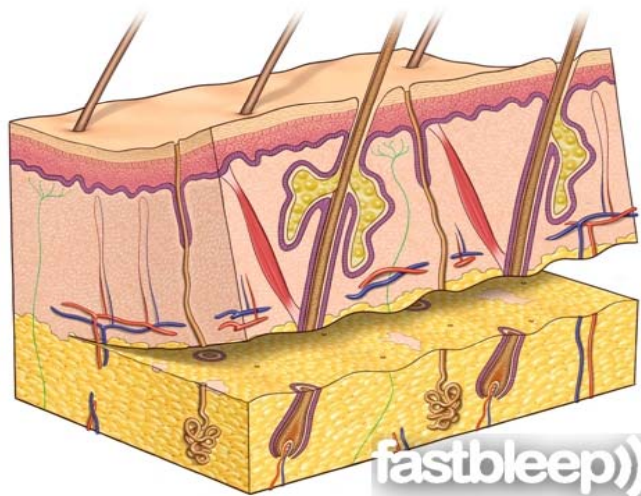
- Full thickness, through dermis removal of lesion
- Includes simple (non-layered) closure
- Reported based on
 - ✓ anatomic area
 - ✓ size of excised diameter
- If more than one lesion is excised, **each** lesion should be reported separately
- 114xx** - benign
- 116xx** - malignant
- ✓ 216.x, 238.2, 239.2 – Benign Dx codes
- ✓ 172.x, 173.xx - Malignant Dx codes



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Example Full thickness removal



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Lesion Removal

- One removal code per lesion
- Procedure converted to another
 - ✓ report only successful procedure
- Multiple lesions included in a single removal excision
- Multiple lesions removed separately on same day
 - ✓ use of 59 or quantity billed?

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Neoplasm – Uncertain/Unspecified

➤ **238.2** - Neoplasm uncertain behavior

- ✓ Dysplastic nevus
- ✓ Keratoacanthoma
- ✓ Lesion pending more work-up (histopathology)



➤ **239.2** - Neoplasm unspecified behavior

- ✓ Based on documentation in the medical record



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Signs & Symptoms

- 782.0 Disturbance of skin sensation
- 782.1 Rash, other nonspecific skin eruption
- 782.3 Edema
- 782.8 Changes in skin texture
- 782.9 Other symptoms, skin



Signs and symptoms codes acceptable when no definitive diagnosis available to code from



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Site specific ICD-9-CM

- | | |
|-------------------------------|--------------------|
| ✓ 172.x – Malignant Melanoma | .0 lip |
| Melanoma In-situ | .1 eyelid.... |
| | .2 ear..... |
| ✓ 173.xx – Malignant Neoplasm | .3 face (other)... |
| | .4 scalp, neck... |
| ✓ 216.x – Benign Neoplasm | .5 trunk.... |
| | .6 upper limb... |
| ✓ 232.x – Ca. In Situ | .7 lower limb... |
| | .8 other sites... |



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ICD9 Neoplasm Instructions

- **Chapter 2 Guidelines:** Neoplasm (140-239) code a neoplasm as benign, in-situ, malignant or uncertain histologic behavior
 - **Section d - Important caveat:** Primary malignancy previously excised - once a malignant lesion has been removed with no evidence or further treatment, the patient's condition **will be considered** a personal history of a neoplasm or V10.8x

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V codes (supporting ICD-9-CM codes)

- V10.82** - Personal Hx of Melanoma of skin
- V10.83** - Personal Hx of other malignant neoplasm of skin
- V58.61** - Anticoagulants
- V58.62** - Use of antibiotics
- V58.66** - Use of aspirin
- V58.69** - Use of high risk medication

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Site specific biopsy codes

You need to know:

- 11755** - Nail unit (plate, bed, matrix, etc)
- 40490** - Lip (vermillion border/mucosal lip)
- 54100** - Penis
- 56605** - Vulva
- 67810** - Eyelid (lid margin, tarsal plate, palpebral conjunctiva)
- 69100** - Ear, external

Review guidelines on use of these codes



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How to code and report the Integumentary system

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Destructions

1700x – Premalignant

1711x – Benign

✓ any method

✓ number treated

1726x – Malignant

✓ based on anatomic
location and excised
diameter



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Actinic Keratosis: 702.0



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Destruction

Benign Lesions

Dx codes: 702.11
078.1x

CPT Codes:

17110 up to 14

17111 15+

Premalignant Lesions

Dx: 702.0 (only)

CPT Codes:

17000 1 lesion

+17003 2nd thru 14th
lesions

17004 15 or more
lesions



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Photodynamic Therapy (PDT)

96567 – External application of light to destroy premalignant and/or malignant lesions

**Reported once per session not per body area treated in a single visit/encounter*



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Malignant lesions destruction

➤ Destruction, malignant lesions (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement of malignant lesions)

✓ **Coded by anatomic location & size**

- **1726x**: Trunk, arms, legs
- **1727x**: Scalp, neck, hands, feet, genitalia
- **1728x**: Face, ears, eyelids, nose, lips, mucous membrane



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Site specific destruction codes

You need to know:

- **46900** - anal (simple)
- **46924** - “ (extensive)
- **54050** - penis (simple)
- **54065** - “ (extensive)
- **57061** - vaginal (simple)
- **57065** - “ (extensive)



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Other destructions

Dx: 757.32 Vascular
hamartomas
(Birthmarks, port-wine
stains, strawberry nevus)

CPT Codes: 17106 – 17108

Destruction vascular
proliferative cutaneous
lesions (eg. Laser
technique)

- ✓ Reported based on sq. cm
- ✓ One code reported for the total sq. cm of area treated
- ✓ Not appropriate to report for the treatment of telangiectasia, cherry angioma, verruca vulgaris, and telangiectasia associated with rosacea or psoriasis



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Measuring Lesions

- 11400 – 11446 Benign lesions
- 11600 – 11646 Malignant lesions
 - ✓ Measure prior to excision
 - ✓ Greatest clinical diameter plus most narrow margin to attain complete excision
 - ✓ Report by size, anatomic location and technique

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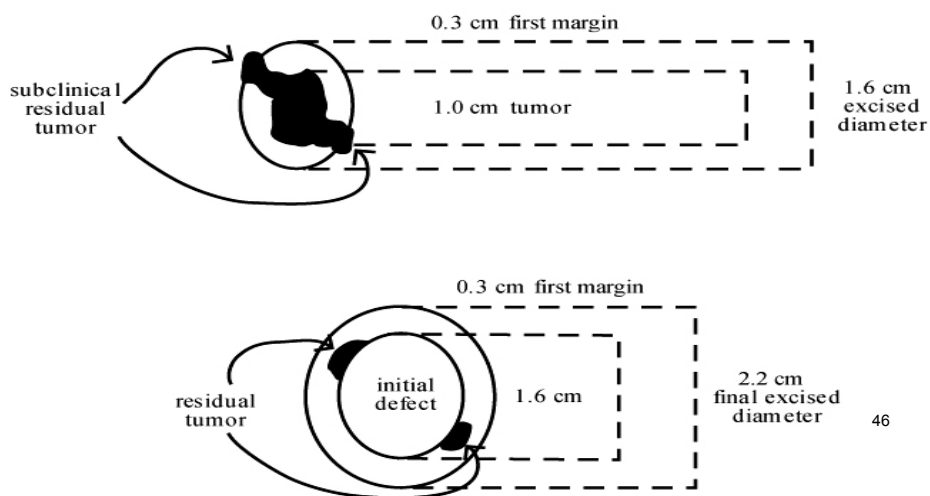


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Same Day Re-excision 1.0 cm lesion

Figure 7



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Different Day Re-excision

- Re-excision of residual tumor on a different day with additional margins

e.g. 0.3 cm + 0.3 cm scar is 0.1 cm

Final measurement: $0.1 + 0.3 + 0.3 = \mathbf{0.7\text{ cm}}$

Final re-excision CPT = **11621**

- Use -58 modifier if procedure performed within global (10) days

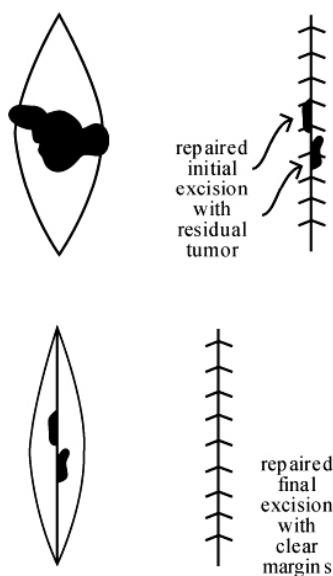
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Figure 8



Different Day Re-excision

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Many ways to close a wound!

- **Simple closure:** 12001 - 12018
- **Layered closure:** 12031 - 12057
- **Complex closure:** 13100 - 13153
- **Adjacent Tissue Transfer or Rearrangement:** 14000 - 14061
- **Grafts**
(split, full, composite): 15100 – 15278

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Coding Wound Repair

- Add all lengths of repairs in the same code classification (anatomic area and technique)
 - Sum of length of repair reported as a single code
 - Can use add on codes for complex closures
 - ❖ Intermediate repair trunk (0.3cm), scalp (0.2cm), axillae (0.5cm)
- You report $0.3 + 0.2 + 0.5 = 1.0 \text{ cm}$

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Coding Wound Repair....

Note: All repairs - except flaps - are coded in addition to the excision

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Simple Repairs

CPT Codes 12001 – 12018

- Usually included in all minor and major surgical procedures
- Cannot be reported separately when performed in conjunction with minor/major procedure
- However, can be reported if that is the only service provided e.g. simple closure of laceration

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Intermediate Repairs (12001 – 12057)

Use for repair of wounds or defects which:

- Require layered closure, one/more deeper layers SC tissue & superficial (non-muscle) fascia
- Need prolonged support to control tension
- Need obliteration of “dead” space

Guidelines:

- Code by site and length (sum of lengths)
- Report in addition to excision code

Note: *Not appropriate to be used with excision of benign lesions 0.5 cm or less (11400, 11420, 11440) for Medicare & Aetna*

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Intermediate Repair 12052

- Intermediate repair, face, 2.6 - 5.0cm
- ✓ Layered
- ✓ Limited undermining/tension



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Difference between Intermediate Vs. Complex

Intermediate

- Require layered closure of one or more of the deeper layers of subcutaneous (incl. skin)
- Single-layer closure of heavily contaminated wounds that require extensive cleaning or removal of particulate matter

Complex

- ✓ Has more than layered closure, e.g. scar revision, debridement (eg, traumatic lacerations or avulsions)
- ✓ Extensive undermining, stents or retention sutures
- ✓ Preparation incl. creation of a defect for repairs (eg, excision of a scar requiring a complex repair) or the debridement of complicated lacerations or avulsions.

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AMA cpt. Asst.® April 2010

“Complex repair: *requires more than layered closure, such as scar revision, debridement (eg, traumatic lacerations or avulsions), extensive undermining, stents or retention sutures. Necessary preparation includes creation of a defect for repairs (eg, excision of a scar requiring a complex repair) or the debridement of complicated lacerations or avulsions.”*

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Complex Repairs 13100 - 13160

For repair of wounds or defects which:

- Require more than layered closure
- Extensive undermining, stents, retention sutures
- Repair of complicated lacerations or avulsions

Guidelines:

- Coded by site and length (sum of lengths)
- Does not include excision of lesion
- Add-on codes for each add'l 5 cm or less

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Complex Repair - 13132

Repair, complex, forehead, cheeks, chin....,
2.6 -7.5 cm

- ✓ Moderate tension/ wide undermining
- ✓ Risk of ectropion, repair extends onto eyelid



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When not to add repairs together

Physician performs a 3.5 cm intermediate repair on the left hand (12042) – *Rep. int., wounds of neck, hands, feet and/or external genitalia...* and a 4.0 cm intermediate repair on the scalp (12032) – *Rep. int. wounds of scalp, axillae, trunk and/or ext...*

Codes are in different code classifications/groupings (by site) report both:

12042 - **59** (in accordance with NCCI edits)
and
12032

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Dermatologists do What?

- Flaps 36-66%
- Very few split grafts, but 28-56% of FTSGs
- Very few cultured grafts, homografts, 5% xenografts
- 17% pedicle flaps, 12% cartilage grafts
- Less than 1% of eyelid repairs, but 98% of Mohs!
- If you perform procedure, document it, bill for it

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15740: Flap

Not this kind, but you get the picture!



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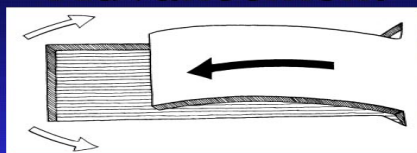
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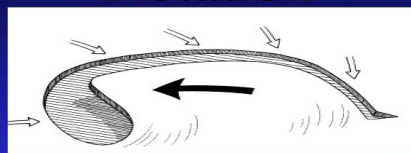
Types

Flaps

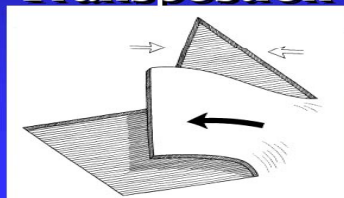
Advancement



Rotation



Transposition



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Flaps Code Selection

➤ Flaps (Skin and/or Deep Tissue) 15570 – 15738

- ✓ Flaps are formed on an area distant from defect area
- ✓ Flaps are often completed in multiple stages
- ✓ Repair of a donor site is considered an additional separate procedure
- ✓ Extensive immobilization is considered additional separate procedure

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Flaps Code Selection cont'd

➤ Other flaps and Grafts – 15740 – 15776

- ✓ Code 15756 requires a team of two
- ✓ Pressure Ulcers 15920 – 15999
- ✓ Ulceration of skin and underlying tissue
- ✓ Usually confined to one area
- ✓ Take note when descriptor contains **“in preparation for muscle or myocutaneous flap”**

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Adjacent Tissue Transfer (ATT) or Rearrangement

14000 - 14302

- Used for excision (incl. lesion) and/or repair by ATT or rearrangement (Z-plasty, W-plasty, V-Y plasty etc.)
- **Includes** excision and repair by adjacent tissue transfer or rearrangement using patients own tissue and skin
- Includes full-thickness **removal** of lesion

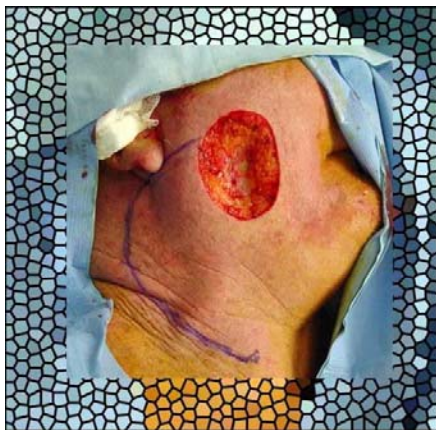
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Rotation Advancement Flap



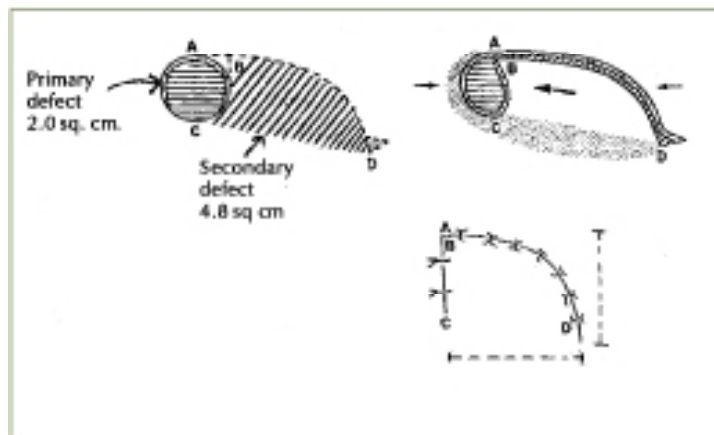
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Rotation Flap



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14060



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Example: 14060

- Measure original defect plus area of flap elevated
- Flap, nose, 10 sq cm or less

$$3.0 \times 1.5\text{cm} = 4.5 \text{ sq cm} + 1.0 \text{ cm} \times 1.2 \text{ cm orig. defect} \\ = \text{total } 5.7\text{cm}^2 \text{ flap}$$

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Adjacent Tissue Transfer, cont'd

- When used to close laceration – surgeon must perform procedure
- Flap coded by site and size (cm²)
- Defects should be measured in **square centimeters (cm²)**
- “Defect” includes primary and secondary defects

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The Bigger ATTs

- ~~14300~~ – deleted
- 14301 – any area; 30.1 – 60.0 cm²
- 14302 - each additional 30 cm² or part thereof (List separately in addition to code for primary procedure)

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Grafts, Oh My!

Why perform

- **Congenital defects**
- **Trauma**
 - ✓ Burns: 2nd degree, 3rd degree
 - ✓ Lacerations, abrasions, full thickness skin loss
 - ✓ Infection – osteomyelitis, postoperative wound infections, pressure ulcers
 - ✓ Cancer – Wide local excision surgery

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Types of Grafts

- Partial thickness – epidermis/dermis
 - ✓ Split thickness
 - ✓ Artificial dressing
- Full thickness
- Composite graft

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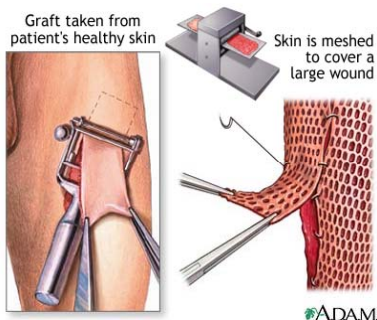
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Graft vs. Flap

Graft

Does not maintain original blood supply.



Flap

Maintains original blood supply.



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Type of Graft	Advantages	Disadvantages
Thin Split Thickness	<ul style="list-style-type: none"> -Best Survival -Heals Rapidly 	<ul style="list-style-type: none"> -Least resembles original skin -Least resistance to trauma -Poor Sensation -Maximal Secondary Contraction
Thick Split Thickness	<ul style="list-style-type: none"> -More qualities of normal skin -Less Contraction -Looks better -Fair Sensation 	<ul style="list-style-type: none"> -Lower graft survival -Slower healing
Full Thickness	<ul style="list-style-type: none"> -Most resembles normal skin -Minimal Secondary contraction -Resistant to trauma -Good Sensation -Aesthetically pleasing 	<ul style="list-style-type: none"> -Poorest survival. -Donor site must be closed surgically -Donor sites are limited

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Requirements for Graft Survival

- Bed must be well vascularized
- The contact between graft and recipient must be fully immobile
- Low bacterial count at the site

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Some Factors that Contribute to Graft Failure

➤ Systemic Factors

- ✓ Malnutrition
- ✓ Sepsis
- ✓ Medical Conditions (Diabetes)

➤ Medications

- Steroids
- Antineoplastic agents
- Vasoconstrictors (e.g. nicotine)

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Unsuitable sites for grafting

- ✓ Tendon
- ✓ Infected Wound
- ✓ Highly irradiated

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Guideline Changes

- No longer able to code 15002 - 15005 for surgical prep of graft site
- Report only if graft site prep is
 - ✓ Incisional release of scar contracture
 - ✓ Burn eschar (not cautery burn)
 - ✓ Decubitus ulcer
 - ✓ Traumatic wound
 - ✓ Necrotizing infection

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Skin Replacement Codes

- 15040 -15261
- Full thickness grafts - includes direct closure of donor site
- Repair of donor site requiring graft or local flap is considered additional procedure (rare for dermatologists)
- Tumor excision coded separately from graft and separately reimbursable

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Autografts/Tissue Cultured

- 15050: Pinch graft(s) (single or multiple)
- 15100 – 15101: Split-thickness Autograft, T/A/L
- 15110 – 15116: Epidermal Autograft
- 15120 – 15121: Split Thickness Autograft, F/S/E
- 15130 – 15136: Dermal Autograft
- 15150 – 15157: Tissue Cultured Skin Autograft

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Use of Full Thickness Graft with Add-on Codes

15200 - 15261

For >20 cm, each additional 20 cm, site specific, not subject to multiple surgery reduction rule

- 15200 – 15201: Trunk
- 15220 – 15221: Scalp, arms, legs
- 15240 – 15241: Forehead, cheeks, chin, mouth, neck, & axillae
- 15260 – 15261: Nose, ears, eyelids, lips
- Occasionally used by dermatologists

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Graft Code selection

➤ Graft requirements

- ✓ **Size** and **location** of recipient site
- ✓ **Type** of graft/skin substitute graft (full, split, xenograft, autograft)
- ✓ **Includes** simple debridement of granulations and recent avulsion
- ✓ Graft/skin substitute **must be affixed** to the skin
- ✓ Do **not** report when skin substitute is **anchored** with dressing

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Autograft/Tissue Cultured Graft

- Application of skin replacements and substitutes
–15100 – 15136
- Rules to follow when calculating size of defect
 - ✓ Adults and children over age 10 – 100 sq cm
 - ✓ Adults and children over age 10 – 25 sq cm for tissue culture allogeneic skin substitutes
 - ✓ Infants and children under the age of 10 – 1% of body surface area
 - ✓ Rule of 9s for children

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Code Selection

- Tissue cultured epidermal autograft – 15150 - 15157
 - ✓ Used for treatment of **deep dermal or full thickness burns** comprising a total body surface area of \geq to 30%
 - ✓ A form of **permanent skin replacement**, just like a meshed skin
 - ✓ Procedure can be done on physician's office

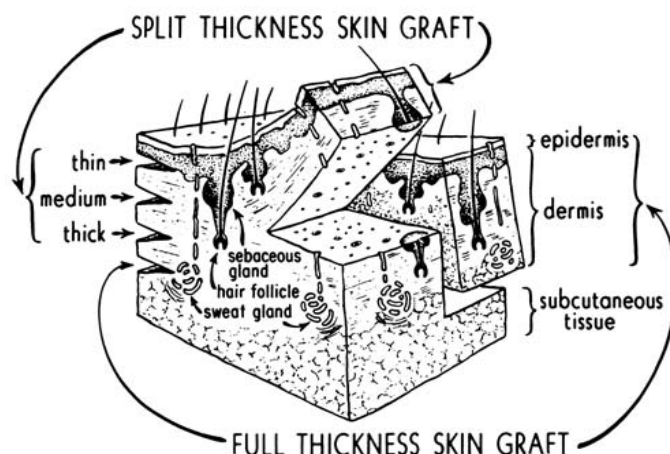
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Full or Split Thickness Skin Grafts



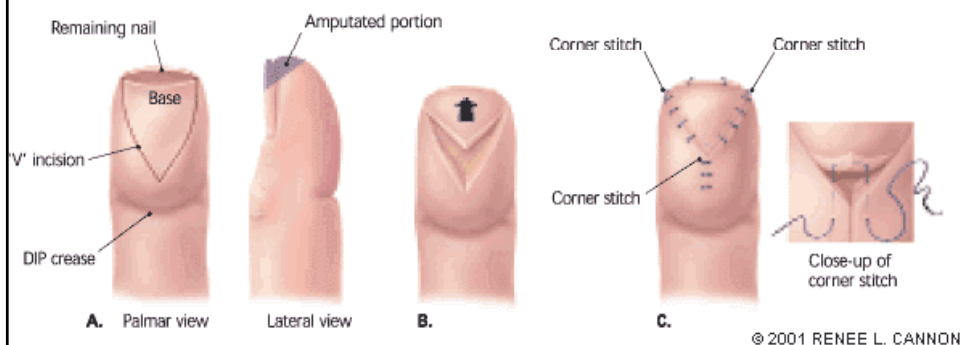
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Types cont'd - Plasty's



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CMS - Global Day Surgery

According to CMS surgery rules:

An **element of** E/M is included:

- ✓ in minor global day surgeries **with** '0' and '10' day
- ✓ unless a separate, significant identifiable service **is** provided

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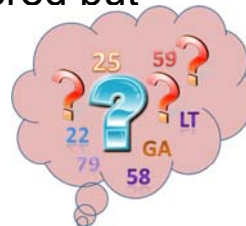


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What is a Modifier?

- ✓ Effective claim communication between provider and payer
- ✓ States the service has been altered but not the definition
- ✓ Special explanation of patient's condition(s) or care
- ✓ Indicate repeat or multiple procedures



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Evaluation & Management (E/M)

Modifier 25 - Significant, separately identifiable evaluation & management service by the **same physician** on **the same day** of the procedure

- ✓ Apply to codes with '0' or '10' day global period
- ✓ Usually to established patient encounters
- ✓ Can be a new illness/problem or follow up visit with multiple complaints
- ✓ Append to E/M codes only

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CMS' Program Memorandum

4. Since payment for taking the patient's blood pressure, temperature, asking the patient how he/she feels, and obtaining written consent is included in the payment for the diagnostic and/or therapeutic procedure, **it is not appropriate to report a separate E/M code for these types of service.**

Transmittal A-00-40, 7/20/00

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When to use modifier -25?

Common Procedural Terminology (CPT) modifier -25 identifies a significant, separately identifiable evaluation and management (E/M) service. It should be used when the E/M service is above and beyond the usual pre- and post-operative work on a procedure with a global period performed on the same day as the E/M service

http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7387&p_created=1149190762

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AMA CPT – Modifier 25

- ✓ Patient conditions required significant separately identifiable E/M
- ✓ Above and beyond usual pre- and post-operative procedure care
- ✓ May be prompted by the symptom or condition
- ✓ No need for different diagnosis code

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E/M during a global period

Modifier 24

- **Unrelated** Evaluation and Management Service by the Same Physician During Postoperative Period
 - ✓ Minor surgery **with** '0' or '10' day global period
 - ✓ Major surgery **with** '90' days global period
 - ✓ Append to E/M codes only

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Modifier 24

- Post-op E/M are not covered unless the service is unrelated to the surgery
- Different diagnosis code may be sufficient
- Documentation is usually required by the payer
- Modifier 24 is **sequentially** reported prior Modifier 25

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Medical Necessity

Medicare defines "medical necessity"
*as services or items reasonable and
necessary for the diagnosis or
treatment of illness or injury or to
improve the functioning of a
malformed body member*

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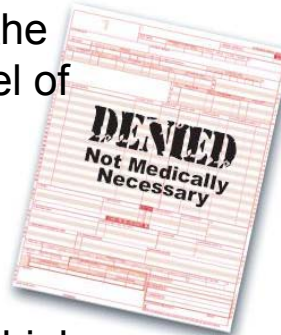


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E/M Documentation

- Documentation must support the medical necessity and the level of service billed
- More documentation doesn't make it a high level of service
- It's not appropriate to report a higher E/M level service when a lower level of service is warranted



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What to ask...?

If I can find a clear notation of history, exam and medical decision-making in the record, does that support use of -25?

- ✓ If so, I've got a separately billable service" with modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.)

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Mohs CPT Descriptor

Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue); – up to 5 tissue blocks



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Mohs Micrographic Surgery

17311...; head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle

- +17312** ...; Second stage up to 5 blocks
- 17313** ...; **Trunk, arms or legs**, up to 5 blocks
- +17314** ...; Second stage up to 5 blocks
- +17315** ...; Each additional block after 5 blocks



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Anything else?

- ✓ Mohs codes are chosen by location
- ✓ High complexity CLIA certificate
- ✓ '0' Global Surgery period
- ✓ Specimens - tissue blocks
- ✓ Tissue placed upon a single frozen section specimen disk
- ✓ Embedded in a mounting medium for sectioning



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Mohs Reporting

BCC Lesion on nose requires Mohs surgery:

1st stage = 4 tissue blocks,
2nd stage = 6 tissue blocks

Report: 17311 x 1
 +17312 x 1
 +17315 x 1



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Mohs: 17311 & 17313

- ✓ Include **pre-service** work of explaining the procedure, obtaining informed consent, and preparing the patient for surgery
- ✓ Include **intra-service** work includes final evaluation of the tumor-free wound to determine wound management
- ✓ Include **post-service** work includes a discussion of postoperative wound management

AMA CPT Assistant®
November 2006

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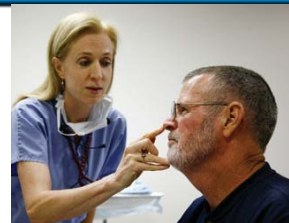


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Mohs Pre-surgical

- ✓ Patient prepped
- ✓ Benefits & risks explained
- ✓ Post-op restrictions reviewed
- ✓ Fresh history of medications
- ✓ **Interval review of pertinent problems from last visit**



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AMA CPT® Assistant, November 2006

“If an E/M service is performed with Mohs Micrographic Surgery alone, or when a **repair code with a global period less than 90 days** is performed, the E/M service should be reported with **modifier 25 appended**”.

AMA CPT® Assistant,
November 2006

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Myths about Modifier -25

- **E/M with Modifier 25 should be used every time a patient comes to the office and has a procedure**
- ✓ **FALSE** - Every procedure has some elements of E/M included. Taking vitals and a brief history is part of the procedure. The E/M service must be **significant, above and beyond the care that is normally associated with the procedure.**

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Use of Modifier 25 on an E/M requires a different diagnosis

- ✓ **FALSE** – Both CMS and AMA CPT® definition clearly state that a different diagnoses is **not** required for reporting modifier 25 on an E/M service on the same day as another procedure. The **qualifier is that the E/M** service must be **above and beyond** what is *usually* required for the procedure.

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Modifier 25 can only be used for new patients

- ✓ **FALSE** - The scenario can also be applied to established patients. If the patient has already been worked up at a previous visit and is returning for a scheduled procedure, It may not be necessary to perform another E/M service above and beyond the normal care associated with the procedure. If the procedure was not planned ahead of time and it is medically necessary to perform an E/M service, it may be reported separately with modifier -25.

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AMA CPT Assistant®, November 2006

“A **separate diagnosis** for the E/M service and another for Mohs micrographic surgery is **not required** per CPT coding guidelines.”



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Questions to ask...

- ✓ Was **problem-oriented E/M** service for the complaint or problem done & documented
- ✓ Could the complaint or problem **stand alone**
- ✓ **Different diagnosis**
- ✓ If the diagnosis is same, was there physician work - **above and beyond** the typical pre- or post-operative work associated with the procedure code



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Question #1

Q1) I have been told that I do not need to place modifier 25 on a new patient claim with a procedure for the same day. Is that correct?

True or False?

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Answer # 1

A1) True - Per CMS' Internet Only Manual (CMS/IOM), it is not necessary to bill a **New** patient E/M and a procedure with a global period of '0' days or '10' days with Modifier 25.

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Question #2

Q2) Family physician diagnoses a biopsy as BCC on nose and sends patient to Mohs Surgeon. Mohs Surgeon evaluates new patient, advises Mohs and proceeds with Mohs on same day. Repairs defect with CLC 2.9 cm. Is it appropriate to report:

9920X - 25 with 17311, 13152

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Answer # 2

Q2) Yes – According to AMA CPT Assistant November 2006:

A separately identifiable service may include an **initial evaluation of a new patient**, an initial consultation, or other E/M service, or it may include the decision to perform surgery.

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Question # 3

Q3) Established Mohs patient is referred for second time in 2 years with a new BCC on nose, **diagnosed by a dermatologist**. Surgeon evaluates and proceeds with Mohs and CLC 2.9 cm

Is it appropriate to report:

9920X - 25 with 17311, 13152

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Answer # 3

A3) **Maybe**, if there **is** significant (above and beyond) documentation that supports the initial evaluation of the new lesion.

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Question # 4

Q4) The patient presents with a skin lesion on the forehead that requires biopsy and the provider notices a minor discoloration of the skin on the nose, he advises the patient to avoid sun exposure and performs the biopsy.

Does this support E/M & the biopsy?

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Answer # 4

A4) No – Per past CMS Contractor Medical Director, the “by the way items are not considered:

“... **a significant** E&M and should be denied.”

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Question #7

Q5) Patient returns for scheduled injection for a keloid scar.

Is it appropriate to report:

99212 - 25

11900 & J3301

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Answer # 7

A5) No

There is nothing significant or above and beyond the drug injection procedure to support an E/M

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Summary

- **ICD-9-CM**
 - ✓ Report appropriate diagnosis codes to reflect medical necessity for procedure performed
- **Current Procedural Terminology**
 - ✓ Report appropriate procedural code that reflects accurately procedure performed
- **HCPCS**
 - ✓ Report supplies provided by dermatologists to perform procedure

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Resources

www.aad.org

www.aad.org/members/publications/essentials.html

www.dermnetnz.org

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American Health Information & Management Association
(AHIMA)

American Academy of Professional Coders
(AAPC)

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Website info

AAD Principals of Modifier 25:

http://www.aad.org/pm/billing/managedcare/models_codes.html

Centers for Medicare & Medicaid Services (CMS):

<https://www.cms.gov/transmittals/downloads/R731CP.pdf>

CMS FAQs:

https://questions.cms.hhs.gov/app/answers/detail/a_id/7387/~when-should-cpt-modifier--25-be-used%3F

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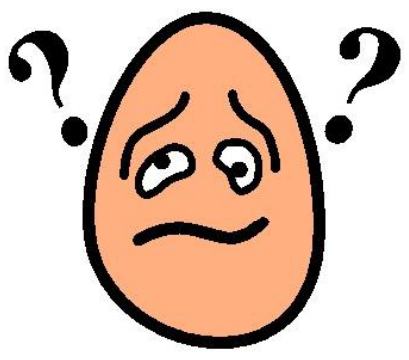
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Thank you!

We will now answer your questions....

A cartoon illustration of an orange egg-shaped character with a worried or confused expression. It has large, wide eyes and a slightly downturned mouth. Two question marks float above its head, one on each side.

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