

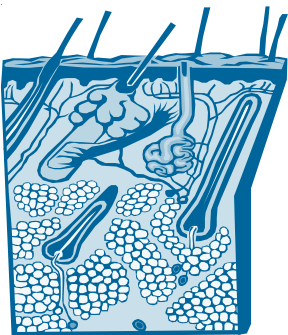
DERMATOLOGY DIALOGUE

Retraction of Article in October, 2008 Issue of Dermatology Dialogue

There was an error in an article that appeared in the October 2008 issue of Dermatology Dialogue that incorrectly excluded path as a billable service when done in conjunction with biopsies and excisions. The article is corrected below and other parts of the article have been enhanced to clarify the difference between coding for a shave removal as opposed to a shave biopsy. We apologize for any confusion this may have caused. For any coders out there who have added this article to their “notes” please replace with the below. Thank you!!!

WHEN IS A BIOPSY NOT A BIOPSY?

When it's a REMOVAL !



In the coding world, there is often confusion about how to code biopsies, particularly when a shave technique is used. The two code series that come into play are:

- 11100-11101 - Biopsy of skin, subcutaneous tissue and/or mucous membrane
- 11300-11313 - Shaving of epidermal or dermal lesion, single lesion

Part of the confusion lies in the terminology used when documenting the service. A “shave biopsy” can be misinterpreted as a biopsy (11100) when it is often a “shave removal” (11300 series). **Shave removals are generally done for warts or symptomatic skin lesions and tend to be therapeutic in nature, whereas shave biopsies are generally done to rule out atypia or malignancy and are diagnostic in intent. The path service in conjunction with each of the above scenarios is also billable.**

Another difference between the two sets of codes is that the 11100's can be done on the epidermis, dermis or subcutaneous tissue, whereas the 11300's are performed on the epidermis or dermis only.

Of course once the lesion has been identified by a prior biopsy, coding for the excision would be specific—11400 series for benign and 11600 series for malignant. **The path service in conjunction with the benign or malignant excision procedure is also billable.**

—Sharon Donelli, CPC
Administrative Officer