

There have been changes this year in CPT codes for skin biopsies.

1. First some definitions: a biopsy is a removal of a sample of a larger lesion it can be done tangentially -not full thickness – this can include shave scoop, curette. It can be done by punch – which should be full thickness all the way to subcutaneous tissue. It can be by incision – full thickness using scalpel.
2. Any effort to remove the complete skin lesion whether using a shave, scalpel or punch technique should be billed as a removal and is size and site dependent. If you are removing the whole lesion by whatever mechanism do not call it a biopsy call it skin lesion removal whether you send it for biopsy or not.
3. If you biopsy several areas of a single lesion that is all included in one code- use specific additional code if you biopsy more than one lesion in a single visit.
4. The new codes are:
 - a. 11102 Tangential Biopsy of the skin single lesion
 - b. 11103 Tangential Biopsy of the skin each additional
 - c. 11104 Punch biopsy of the skin single lesion
 - d. 11105 Punch biopsy of the skin each additional
 - e. 11106 incisional biopsy of the skin single lesion
 - f. 11107 incisional biopsy of the skin additional
5. I have set up procedure templates as **biopsy skin-tangential, biopsy skin-tangential additional, biopsy skin punch , biopsy skin punch additional, biopsy skin-incisional, biopsy skin-incisional additional**. If you choose these procedure codes the appropriate biopsy billing code will be linked to it.
6. In addition you can pull up **removal of skin lesion –shave** and use that for all shave procedures where you are removing the entire lesion – code by size and location the choices should be available to you linked to the procedure template.
7. I hope before the end of the week to rename the excision templates- removal of skin lesion –excision and link all the location and size coded to those.

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