

Major Changes to Biopsy CPT Codes In 2019

Make sure that you use the correct codes.

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There are significant changes to the CPT codes that we use for multiple biopsy techniques in store for 2019. These changes go into effect January 1, 2019. These are changes not from any specific payer, but rather from CPT which means these apply to all entities that recognize CPT coding. This article covers changes that podiatrists need to be aware of and must have fully implemented in their offices for a start date of the first of the year.

The first major change involves the deletion of CPT 11100 and CPT 11101 (strikethroughs show original language).

~~CPT 11100—Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion~~

~~CPT 11101—Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure) (add-on code)~~

With the deletion of these codes, there will be all new skin biopsy codes to replace them that go into effect January 1, 2019. These codes are listed below. At the time of writing, the “X” characters have not been finalized yet. The complete codes with the “X” replaced by a number will be announced before the end of 2018.

New codes:

CPT 11X02 (Tangential biopsy of skin, (eg, shave, scoop, saucerize, curette), single lesion)

CPT 11X03 (Tangential biopsy of

skin, (eg, shave, scoop, saucerize, curette), each separate/additional lesion)

Of the examples given in the above two codes, podiatrists commonly perform “shave” biopsies and should be using these codes for that procedure effective January 1, 2019. Prior to this implementation date, we should have been using CPT 1130X (Shaving of epidermal or dermal lesion, single lesion) (with the “X” completed based on the diameter and location of the lesion) for shave biopsies.

punch biopsy. “Simple closure” is included in the code descriptions to indicate that simple closure should not be separately coded when performed with these procedures. It is not necessary to have closure performed to warrant use of these codes.

11X06 (Incisional biopsy of skin (e.g., wedge), (including simple closure when performed), single lesion)

11X07 (Incisional biopsy of skin (e.g., wedge), (including simple clo-

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Interestingly, there will be no changes to the CPT 1130X codes. We are now instructed to use the CPT 1130X codes if a shave is performed for the purpose of excision and to use the new CPT 11X02/11X03 codes if shave(s) is performed for the purpose of biopsy. Another important change to shave biopsies with these new codes is that the diameter of the lesion no longer plays a role in code selection when performing shave biopsies.

CPT 11X04 (Punch biopsy of skin, (including simple closure when performed), single lesion)

CPT 11X05 (Punch biopsy of skin, (including simple closure when performed), each separate/additional lesion)

These are the codes we will now use when performing our typical

sure when performed), each separate/additional lesion)

An “incisional” biopsy is one where a portion of the lesion is removed, but the entire lesion is not excised. The inclusion of “simple closure” in these descriptions carries the same instructions as listed above with the new punch biopsy codes.

The other significant CPT changes that are pertinent to biopsies that podiatrists perform deal with fine needle aspiration.

The descriptor for CPT 10021 will change from “Fine needle aspiration; without imaging guidance” to “Fine needle aspiration biopsy, without imaging guidance; first lesion” on January 1, 2019. With the new specification that this code is only to be used for the first lesion, a new add-

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CODING CORNER

Biopsy (from page 61)

on code is being added for each additional lesion aspirated and it is:

CPT 10X11—each additional lesion
As this is an add-on code, it should only be listed on a claim form

directly under CPT 10021 and, because it is an add-on code, it should never be modified with a 51 or 59 or Medicare “X” modifier.

CPT 10022 (with imaging guidance) will be deleted effective January 1, 2019.

~~CPT 10022—Fine needle aspiration; with imaging guidance~~

Whereas CPT 10022 did not specify the type of imaging guidance, the new codes listed below differ based on the type of imaging guidance used when performing fine needle aspiration.

New Codes:

CPT 10X12—Fine needle aspiration biopsy, including ultrasound guidance; first lesion

10X13—each additional lesion (List separately in addition to code for primary procedure)

10X14—Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion

10X15—each additional lesion (List separately in addition to code for primary procedure)

10X16—Fine needle aspiration biopsy, including CT guidance; first lesion

10X17—each additional lesion (List separately in addition to code for primary procedure)

10X18—Fine needle aspiration biopsy, including MR guidance; first lesion

10X19—each additional lesion (List separately in addition to code for primary procedure)

All of the above changes are finalized and go into effect January 1, 2019. Be on the lookout for CPT to announce the numerical replacements for the “X”s listed in the CPT codes above and make the changes in your practice now that will be necessary to be fully operational with these code changes on January 1, 2019. **PM**

Resources:

Payment for Evaluation and Management Services Provided During Global Period of Surgery. Medicare Learning Network MLN Matters Number: MM5025 Related CR Release Date: May 19, 2006.



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