Coding Tips for Common Scenarios in Dermatology

Tips for successfully coding services and earning appropriate reimbursement, based on questions from dermatologists

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Properly coding E/M services can challenge even experienced billers. As we learn through DermResources' Q&A service, practices have numerous questions about proper use of codes—even those for relatively common scenarios. Based on questions from clients, this month we'll look at proper use of codes in situations that might arise with some frequency in dermatology practices.

Complete Skin Exams

As long as all criteria are met, a complete skin exam may be coded as 99214. The physical exam requirement for 99214 is 12 body areas, and it is highly likely that a complete skin exam performed on an established patient will meet this criterion. However, you must also meet either the History or the Medical Decision Making requirement:

History. The history requirement for 99214 is at least four elements of history of present illness, at least two systems reviewed, and one element of past, family, or social history that is pertinent to the problem.

Medical Decision Making. The Medical Decision Making (MDM) requirement is

1.) Multiple diagnoses or management options,

2.) A moderate amount of data to be reviewed, and

3.) Risk the same as or equal to one of the following: (a) one or more chronic illnesses with mild exacerbation, progression, or side effects of treatment, two or more stable chronic illnesses, undiagnosed new problem with uncertain prognosis, acute illness with systemic symptoms; (b) decision to perform deep needle or incisional biopsy; (c) minor surgery with identified risk factors, prescription drug management.

The highest level of risk in any one category determines overall risk. If counting MDM toward your code, you need only two of the three MDM criteria/elements listed above.

New Patient vs. Established Patient Codes

To better understand the difference in requirements between new and established patient codes, consider that, as a general rule, requirements for established patient codes are often similar to those of the new patient code one level below. For example, requirements for 99212 (established patient) are similar to those for 99201 (new patient).

One important difference is that new patient codes require that the documentation meet or exceed the stated requirements for all three of the measurement criteria: History, Exam, and Medical Decision Making. Use of an established patient code requires only two of the three. Consider the requirements for 99214 discussed above; the code can be supported by any two of History, Exam, or Medical Decision Making.

Surgery and E/M Services

Suppose you provide an E/M service on the same day as a surgery, but you only have one diagnosis. Adding the 25 modifier to the E/M service should ensure payment for that service. While some insurance companies still inappropriately deny the E/M service on the same day a surgery is performed, language included in the definition of the 25 modifier makes it crystal clear that this should not be the case:

The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M service.

Billers should always appeal inappropriate denials of this sort.

Biopsy Follow-Ups

There are no post-op days associated with biopsies, whether performed by punch or shave. Therefore, physicians may charge for a follow up E/M service. Consider, for example, a patient who returns six days after a punch biopsy for suture removal and discussion of the path report. You can certainly charge for this visit.

Some follow-up visits for such patients can require a considerable amount of time. If at least 50 percent of the physician-to-patient visit is spent on patient counseling, consider coding based on time.

Keep in mind that there is no code for suture removal except when done under anesthesia (non-local). If the post-biopsy visit is simply for suture removal and there is no E/M service, there should be no charge.