

A Closer Look at the New Biopsy Codes

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Effective January 1, 2019, the 2 long-standing *Current Procedural Terminology (CPT)* biopsy codes 11100 (first lesion) and 11101 (each additional lesion biopsied on the same date of service) were replaced by a series of new biopsy codes that are specific to the method of removal, including tangential (11102, +11103), punch (11104, +11105), and incisional biopsies (11106, +11107) (Table).^{1,2} If a biopsy is performed using multiple techniques, only a single primary code of the highest value would be reported (ie, incisional>punch>tangential). The add-on codes are to be used for each additional lesion biopsied using the same or a different technique on the same day.

Tangential biopsies, performed with a sharp blade to remove epidermal tissue, include scoop, shave, and curette biopsies. Punch biopsies are performed using a punch tool, while incisional biopsies involve the use of a sharp blade to remove a full-thickness tissue sample.

Using Biopsy Codes Correctly

Only one primary biopsy code is to be reported on a given date. If 2 or more biopsies are performed using 2 or more techniques, then additional biopsies are to be reported using the relevant add-on codes. It is important to note that codes 11104 to 11107 include simple closures, which should not be coded separately.

In all cases, appropriate documentation is essential to support proper biopsy coding. Prior to any biopsy, patients should be educated on the associated risks, including bleeding, infection, and scarring, and patient consent should be obtained and documented in the medical record.

It bears noting the distinction between biopsies and excisions and their associated codes. Biopsies are performed for diagnostic purposes, with samples sent for histopathologic evaluation. Excisions are performed to entirely remove a lesion; it makes no difference whether or not the excised tissue is sent for histopathologic evaluation.

Reimbursement for biopsies has changed in 2019, with the rates for tangential biopsies decreasing relative to 2018 (−10.6%), while the rates for punch (+12.5%) and incisional (+35.5%) biopsies will be increasing.³

New Codes in Action

The following examples demonstrate how to use the new biopsy codes correctly in clinical practice.

A patient presents for evaluation of 3 lesions that he deems suspicious: 1 on the neck, 1 on the left upper arm, and 1 on the right lower arm. The dermatologist diagnoses the lesion on the neck as a seborrheic keratosis, a benign lesion, and the patient declines treatment. The lesions on each arm are suspicious for basal cell carcinoma, and the dermatologist performs shave biopsies at both sites to determine an accurate diagnosis. In this case, you would use *CPT* code 11102 (tangential biopsy of skin) for the first lesion and 11103 (tangential biopsy of skin, each additional lesion) for the second lesion.

Old vs New Biopsy Codes

Type of Code	Primary	Add-on
Old ^a	11100	11101
New ^b		
Tangential (ie, scoop, shave, curette biopsies)	11102	11103
Punch (ie, biopsy using punch tool)	11104	11105
Incisional (ie, biopsy using sharp blade to remove full-thickness tissue sample)	11106	11107

^aOld codes expired December 31, 2018.

^bNew codes effective January 1, 2019.

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A patient presents for evaluation of an itchy rash on both hands. On physical examination you observe small, firm, slightly erythematous papules in a ring formation on both hands. The patient says similar lesions have appeared and resolved in the past. She says she has sensitive skin and assumes the rash may have been caused by exposure to an irritating soap. The patient also points out a suspicious lesion on the right side of the upper back that seems to have grown in size over the last year. Based on the recurrence of the lesions on the hands and the characteristic formation of the papules, the dermatologist suspects granuloma annulare and performs a punch biopsy to confirm the diagnosis via histopathology. The lesion on the back is suspicious for melanoma, so the dermatologist performs an incisional biopsy of the lesion. For this patient, you would use CPT code 11106 (incisional biopsy) for the lesion on the back and 11105 (punch biopsy, each additional lesion) for the biopsy of the hand.

REFERENCES

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