Briefings on APCs

CPT coding for skin biopsies

by Terry Tropin, MSHAI, RHIA, CCS-P

When is a procedure coded as a biopsy and when is it coded as something else? The right code depends on the purpose of the procedure. Use a biopsy CPT code (11102-11107) when the goal of the procedure is to obtain only a sample of tissue for diagnosis through a histopathologic exam. However, if the goal is to remove all of a lesion as treatment, it is not a biopsy. Use a code for an excision, shaving, or destruction instead. The distinction between a biopsy and another procedure is not always clear. This article will describe the differences.

Definitions

The correct biopsy code depends on the level of the excision made to obtain the tissue sample.

A partial thickness procedure obtains a sample of the skin or mucous membrane but does not penetrate below the dermis or lamina propria, which is connective tissue that is part of the mucosa. This describes most tangential biopsies.

A full thickness procedure obtains a sample of the deep tissue, into the dermis or lamina propria, or into subcutaneous or submucosal space. This describes a punch biopsy or an incisional biopsy.

A sampling of the stratum corneum (the outermost layer) only, using any modality, such as scraping or tape stripping, is not considered a skin biopsy and not reported separately.

Types of biopsies

Biopsy codes are selected according to the method used, the number of samples taken, and the depth of the incision. There are three different types of biopsy, each with its own set of codes. Biopsy codes in the integumentary system chapter of CPT indicate only the type of biopsy, not the site. Each type has a biopsy code for the first or only sampling, with add-on codes for each additional lesion sampled.

A tangential biopsy uses a sharp blade. The procedure may include taking a superficial tissue sample without removing deeper layers of the lesion. This technique is often used to sample a seborrheic keratosis or small, raised benign growths. It may be described as one of the following:

- A shave biopsy, which uses a scalpel or surgical razor to scrape off the top layer of the skin
- A scoop biopsy, which uses a curved blade to scoop out a bowl-shaped sample. The sample includes the epidermis and dermis
- A saucerization biopsy, which uses a curved blade to remove a thick, disk-shaped tissue sample, typically reaching mid-dermis or subcutaneous fat
- A curette biopsy, which uses a loop, basket, or spoon-shaped tip to remove the superficial dermis

Codes for tangential biopsies are selected by the number of lesions. CPT code 11102 is used for a single lesion. Add-on code +11103 is used for each additional lesion.

A punch biopsy uses a special punch tool to remove a full-thickness cylindrical sample of skin. This technique is often used to sample suspected skin cancers or skin infections. Simple closure of the wound is included in these codes. CPT code 11104 is used for a single lesion. Add-on code +11105 is used for each additional lesion.

An incisional biopsy uses a sharp blade to remove a full-thickness tissue sample. A vertical incision or wedge is used to penetrate deep into the dermis and into subcutaneous space, possibly into the subcutaneous fat. This technique is used for procedures such as evaluation of panniculitis (nodules under the skin, caused by infection, trauma, autoimmune disease, or pancreatic disease). Simple closure of the wound is included in these codes. CPT code 11106 is used for a single lesion. Add-on code +11107 is used for each additional lesion.

In addition to the codes listed above, other skin biopsy codes are found outside the biopsy subsection but within the integumentary system section of CPT. Additionally, other biopsies of skin and mucosa are found in different body systems, such as:

- In the integumentary system:
  - Nail unit (11755) in the nails subsection

    - Breast (19081-19101) in the breast subsection
- In the digestive system:
    - Lip (40490)
    - Vestibule of mouth (40808)
    - Tongue (41100 and 41105)
    - Floor of mouth (41108)
- In the eye and ocular adnexa system:
    - Skin of eyelid (67810)
    - Conjunctiva (68100)

Biopsy codes in other sections include:

- Intranasal (30100) in the respiratory system section
- Penis (54100) in the male genital system section
- Vulva or perineum (56605, 56606) in the female genital system section
- External ear (69100) in the auditory system section

Multiple procedures

Sometimes the same type of biopsy is performed on separate lesions during the same surgical session. In this case, use a main code and then add-on codes for each additional biopsy. For example, if three punch biopsies were performed—two on the skin of the lower left leg and one on the skin of the left foot—report code 11104 for the first lesion, and then +11105 x2 for the additional two lesions.

In other cases, multiple biopsies are performed during the same surgical session using different techniques. Report one main code for the first technique and then the add-on code associated with the other technique. A chart in the CPT book indicates the order to list the codes: incisional biopsy, then punch, then tangential biopsy codes.

The highest valued procedure code is listed first. The 2026 national non-facility payment amounts for these codes are:

- Incisional biopsy (11106) – $152.06
- Punch biopsy (11104) – $121.85
- Tangential biopsy (11102) – $96.00

Here are some examples of which codes to report when multiple biopsies are performed during the same surgical session:

- An incisional biopsy was taken of the skin of the right arm and a tangential biopsy of the skin of the left hand. List code 11106 (incisional biopsy) first and then +11103 (tangential biopsy) since the incisional biopsy has a higher value.
- A punch biopsy was taken of the skin of the chest and then two tangential biopsies were taken of the skin of the left thigh. List code 11104 (punch biopsy) first and then +11103 x2 (tangential biopsy).

When a biopsy and another procedure are performed during the same session, coding depends on the circumstances.

Sometimes tissue is obtained as a routine part of a procedure and sent for a pathology examination. The tissue in this case is not coded as a separate biopsy procedure. Code only for the procedure. For example, a lymphadenectomy is performed on the right axilla. The tissue is sent to pathology, which indicates it is benign. Report only the lymphadenectomy procedure.

Other times tissue is obtained separately and independently of another procedure. In this case, report a code for the biopsy in addition to the code for the procedure. For example, an excision of a lesion on the right arm is performed during the same surgical session as a biopsy of the left arm. Both procedures can be reported.

When a biopsy and another procedure are performed during the same surgical session and both are reportable, list both procedures with the highest valued code first. For example, if destruction using chemosurgery of three keratoses of the skin of the face and punch biopsy of a lesion on the chest are performed, first list code 11104 (punch biopsy), then 17000-51 x2 (destruction). Code 11104 is listed first since the national non-facility payment for this code is $121.85 while the payment for code 17000 is $66.80.

Other procedures

Biopsies remove only a sampling of tissue. Other codes are used for procedures if all of a lesion is removed or destroyed. For example:

- Paring or cutting (11055-11057) removes thickened, dead skin, such as corns or calluses. The code is selected by the number of lesions.
- Shaving of epidermal or dermal lesions (11300-11313) removes raised spots, such as moles, using a horizontal slicing technique. The code is selected by the site and size of the lesion.
- Excision of benign lesions (11400-11471) removes benign tissue such as scar tissue and inflammatory cysts. The code is selected by site and size.
- Excision of malignant lesions (11600-11646) removes tissue such as squamous cell carcinoma or melanoma. The code is selected by site and size.
- Destruction of benign lesions (17000-17250) removes tissue diagnosed as premalignant, a cutaneous vascular proliferative lesion, benign or granulation tissue. Tissue may be destroyed using laser surgery, electrosurgery cryosurgery, chemosurgery, or surgical curettement techniques. The code is selected by the number of lesions.
- Destruction of malignant lesions (17260-17286) removes tissue with a malignancy diagnosis. These codes use the same techniques as listed for destruction of benign lesions. The code is selected by the site of the lesion and size.

Sometimes a procedure may be documented as an “excisional biopsy.” The procedure removes all the tissue to diagnose and treat conditions such as skin cancer or other suspicious lesions. If all of the lesion is removed, this is not a true biopsy, but treatment related to a specific diagnosis. Use an excision code in these cases.

Editor’s Note: Terry Tropin, MSHAI, RHIA, CCS-P*, AHIMA-approved ICD-10-CM/PCS trainer. She taught medical terminology and medical coding at Montgomery College in Maryland for more than two decades. She is the author of the* Coding Made Easy *book series, and creator of the YouTube channel “Tropin’s Medical Coding Made Easy.” Opinions expressed do not necessarily reflect those of HCPro, ACDIS, or any of its subsidiaries.*

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