

Optimizing Procedural Coding for Dermatologists

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Disclosures

- No relevant conflicts of interest

Procedural Coding Keys for Success

 Know your modifiers

 Know your coding language updates

 Know your new codes

 Know your insurer and policy trends

The Top 6 Modifiers in Dermatology

Modifier 59

Distinct procedural service—to indicate that a procedure or service was distinct or separate from other procedures performed on the same day by the same physician

Modifier 79

Unrelated procedure or service by the same physician during the global period

Modifier 50

Bilateral procedures performed on both sides of the body during the same patient visit

Modifier 58

Staged or related procedure or service by the same physician during the global period

Modifier 25

Significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service

Modifier 24

Unrelated evaluation and management service by the same physician during a global period

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What is included in a procedure code?

- Pertinent history
- Pertinent physical exam
- Discussion of treatment options
- Informed consent
- Anesthesia
- **Procedure**
- Follow-up care and instructions

60 y/o M presents for follow up of worsening actinic keratoses present for greater than 1 year. You note multiple spots consistent with actinic keratoses on the forehead, ears and scalp. You elect to proceed with cryotherapy of 3 spots on the ears, forehead and scalp.

What would be the best way to code this scenario?

1. 99214, 17000, -25
2. 99214, 17000, 17003, -25
3. 99214, 17000, 17003x2, -25
4. 99214, 17000, 17003x2, -24
5. 17000, 17003x2

60 y/o M presents for follow up of ~~worsening actinic keratoses present for greater than 1 year. You note multiple spots consistent with actinic keratoses on the forehead, ears and scalp.~~ You elect to proceed with cryotherapy of 3 spots on the ears, forehead and scalp.

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5. **17000, 17003x2**

60 y/o M presents for follow up of worsening actinic keratoses present for greater than 1 year. You note multiple spots consistent with actinic keratoses on the forehead, ears and scalp. You elect to proceed with cryotherapy of 3 spots on the ears and start efudex twice a day as field treatment for the forehead and scalp.

What would be the best way to code this scenario?

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2. 99214, 17000, 17003, -25
3. 99214, 17000, 17003x2, -25
4. 99214, 17000, 17003x2, -24
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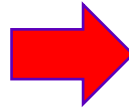
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What would be the best way to code this scenario?

1. 99214, 17000, -25
2. 99214, 17000, 17003, -25
3. **99214, 17000, 17003x2, -25**
4. 99214, 17000, 17003x2, -24
5. 17000, 17003x2

Modifier 25: Under Scrutiny

- Modifier 25 is being watched carefully.
 - Insurers
 - Office of Inspector General
 - CMS
- Multiple proposals for 50% reduction of E/M when -25 is used.



"office of inspector general" modifier 25

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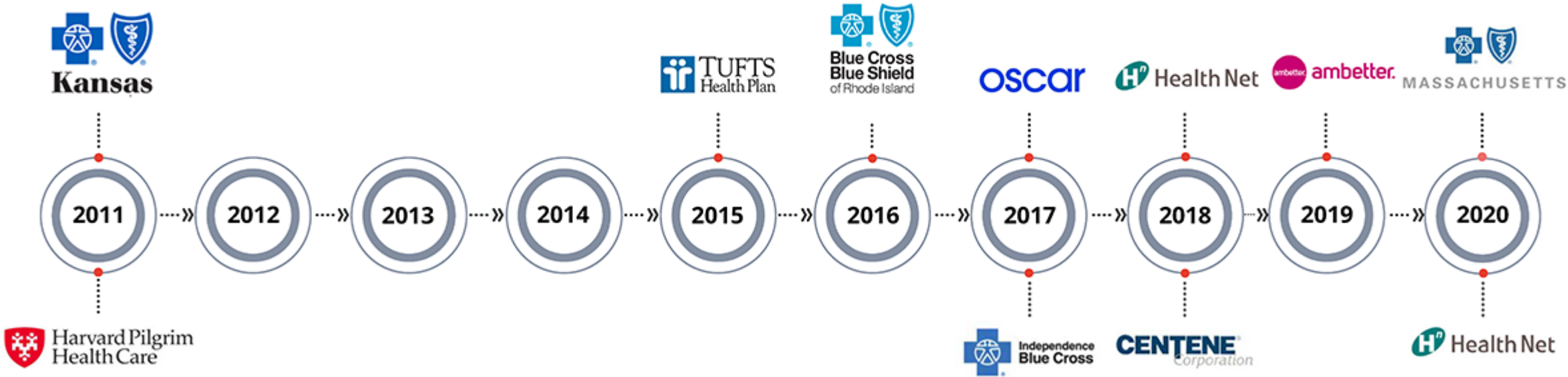
Infamous payment modifier

Modifier -25 is an **infamous payment modifier**. A recent OIG enforcement on February 4, 2020, involved a retina surgery physician group in Tennessee that unfortunately abused its use of modifier -25 on its billing of evaluation and management (E/M) services. [4]

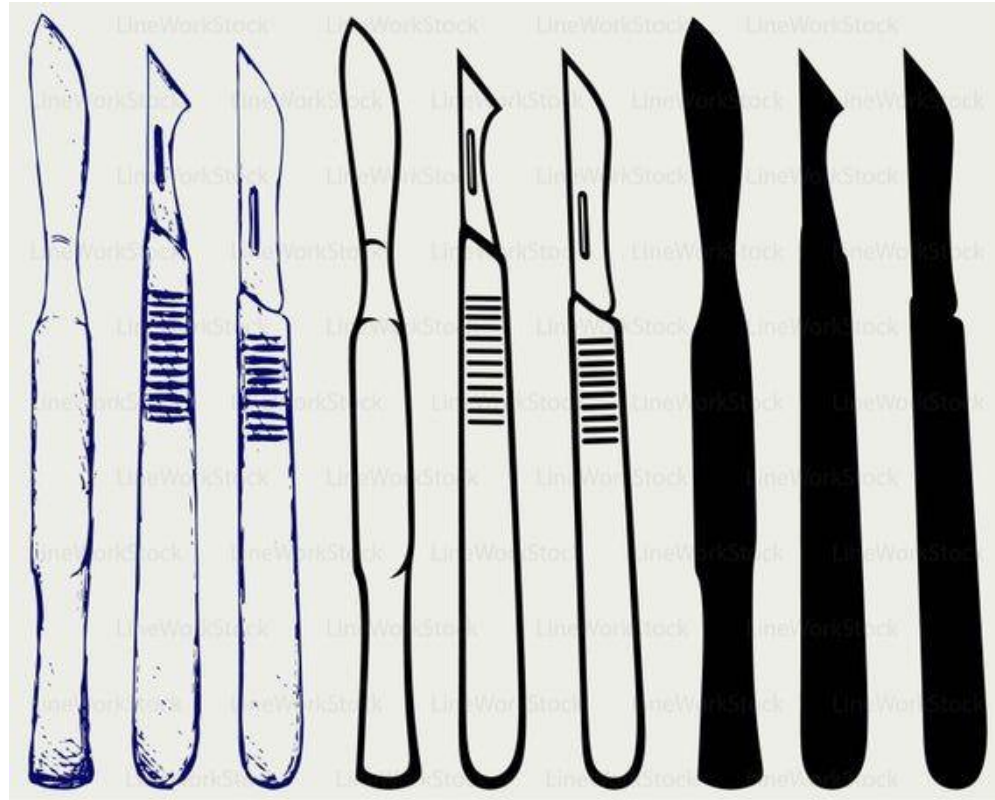
2020: Abuse, misuse, and misunderstandings of modifiers -25, -59...
compliancecosmos.org/2020-abuse-misuse-and-misunderstandings-modifiers-...

Was this helpful? 👍 🗑️

Modifier 25 Reimbursement Reduction Expansion





Source: American Academy of Dermatology | Association



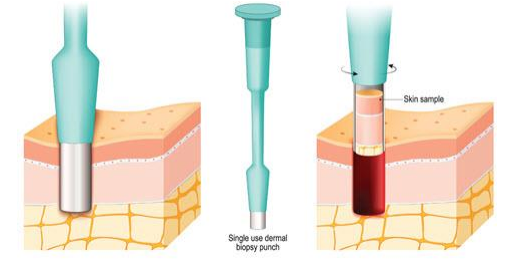
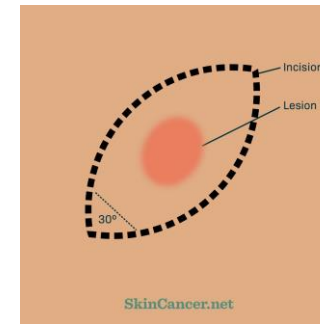
Procedural Language Updates

Elements of Medical Decision Making

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; <u>or</u> • 1 stable chronic illness; <u>or</u> • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* <u>or</u> Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <u>or</u> • 2 or more stable chronic illnesses; <u>or</u> • 1 undiagnosed new problem with uncertain prognosis; <u>or</u> • 1 acute illness with systemic symptoms; <u>or</u> • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <u>or</u> Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <u>or</u> Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <u>or</u> • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <u>or</u> Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <u>or</u> Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
Straightforward	Minimal <ul style="list-style-type: none"> • 1 self-limited or minor problem 	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
Low 	Low <ul style="list-style-type: none"> • 2 or more self-limited or minor problems; or <ul style="list-style-type: none"> • 1 stable chronic illness; or <ul style="list-style-type: none"> • 1 acute, uncomplicated illness or injury • 1 stable, acute illness; or <ul style="list-style-type: none"> • 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care 	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents Any combination of 2 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
Moderate	Moderate <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or <ul style="list-style-type: none"> • 2 or more stable chronic illnesses; or <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis; or <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms; or <ul style="list-style-type: none"> • 1 acute complicated injury 	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
High	High <ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or <ul style="list-style-type: none"> • 1 acute or chronic illness or injury that poses a threat to life or bodily function 	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	High risk of morbidity from additional diagnostic testing or treatment Examples only: <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances 

MDM Surgery (Procedure) Definitions

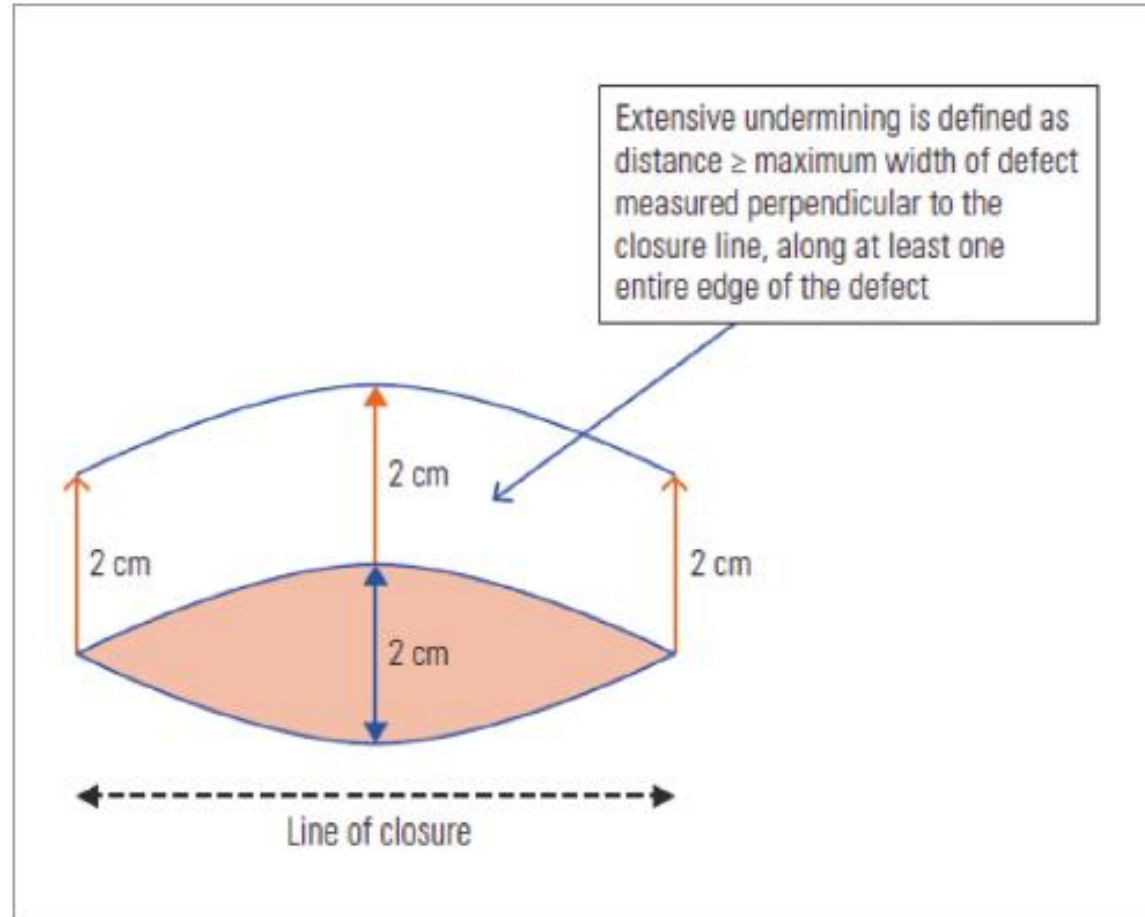


- Minor vs Major
 - Based on the common meaning when used by trained clinicians, similar to “risk.”
 - Not defined by a surgical package classification
- Elective vs Emergency: Timing of a procedure as related to the patient’s condition.
 - An elective procedure is typically planned in advance
 - An emergent procedure is typically performed immediately or with minimal delay to allow for patient stabilization
 - Both elective and emergent procedures may be minor or major procedures
- Risk Factors: Those that are relevant to the patient and procedure.
 - Evidence-based risk calculators may be used

Complex Linear Closure

Must meet the requirements for an intermediate repair and include at least one of the following:

1. Extensive undermining: undermining to a distance = or > the maximum width of the defect
 - Measured perpendicular to the closure line along at least one entire edge of the defect
2. Exposure of bone, cartilage, tendon, or named neurovascular structure
3. Involvement of free margin of the helical rim vermilion border or nostril rim
4. Placement of retention sutures
5. Debridement of wound edges (e.g., traumatic lacerations, avulsions)



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Laser treatment for psoriasis

- 96920-96922
- These were updated via CPT to include the term 'excimer' and remove the term 'inflammatory disease'
- 96920: Excimer laser treatment for psoriasis; total area less than 250 sq cm
- 96921: Excimer laser treatment for psoriasis; total area 250 sq cm to 500 sq cm
- 96922: Excimer laser treatment for psoriasis; total area over 500 sq cm

New Procedural Codes: 15853 and 15854

- 15853: Removal of sutures or staples not requiring anesthesia
- 15854: Removal of sutures AND staples not requiring anesthesia

- Add on code for E/M visits

- Can be reported when sutures or staples are moved after a procedure with a 0-day global period and an E/M is performed

0 Day	10 Day	90 Day
Biopsy (11102-07)	Destruction (17000-17286)	Flaps (14000-14301; 15570-15760)
Shave Removal (11300-11313)	Excision (11400-11646)	Grafts (15050-15260;15760)
Debridement (11000-11043)	Repairs (12001-13153)	Excision, soft tissue tumor (21xxx)
Mohs Surgery (17311-15)		

New Diagnostic Code: Z08

- Encounter for follow-up examination after completed treatment for malignant neoplasm, medical or surgery
- Became effective October 1, 2023
- Can be used when patient does not present with any other problem other than the history of malignant neoplasm
- Can be utilized as a primary code, followed by a diagnosis which gives more detail regarding which neoplasm was treated

Conclusions

- ✦ Understanding procedural coding is a core component of practice management within dermatology.
- ✦ Procedural coding includes both procedural codes and modifiers.
- ✦ Key components of effective coding include understanding correct modifier use, procedural language updates and new procedural codes.
- ✦ Insurer trends and stipulations can also effect how to approach effective procedural coding and it is important to be aware of these updates.



Thank you

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Dermatology

