

Dermatology Coding Alert

Coding Quiz Answers: Keep Your Scratch and Patch Test Coding Irritation-Free

Hint: Remember to code per allergen, not per scratch.

How did you do on this quiz? Read on to scratch your itch for the answers to these dermatitis test coding questions.

Answer 1: D. You report 95004 (Percutaneous tests [scratch, puncture, prick] with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests) x 4 units for the ragweed, oak, maple, and dust mites; 95017 (Allergy testing, any combination of percutaneous [scratch, puncture, prick] and intracutaneous [intradermal], sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests) x 1 unit for the bee sting; and 95018 (Allergy testing, any combination of percutaneous [scratch, puncture, prick] and intracutaneous [intradermal], sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests) x 1 unit for the penicillin.

Key: In percutaneous tests, also known as scratch tests, prick tests, puncture tests or the Multi-Test, the dermatologist applies test solutions of possible allergens to scratches or shallow punctures of the skin. The code you report will depend on the type of solutions applied □ allergenic extracts, such as dust, cat dander, and molds (95004), or antibiotics, biologicals, stinging insects, and local anesthetic agents (95010).

Dermatologists usually want to test several substances at once (often in blocks of eight), and each substance counts as a separate test. Be sure to code for each allergen administered by putting the number in the "units" field of your claim form.

Hidden trap: Code each allergen, not each scratch.

Even if the dermatologist has to perform multiple scratches for one allergen, that allergen counts as one unit of service.

Question 2: C. For a patch (or application or T.R.U.E.) test, the CPT® code is 95044 (Patch or application test[s] [specify number of tests]). You would report the units for the patch test in box 24g according to the number of allergens tested. Be sure the dermatologist has documented the number of patch tests he administered.

Also, code for the E/M services the dermatologist provides to the patient based on the scope of the examination and the key components the dermatologist covers with the patient.

Append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to your E/M code to notify the payer that the dermatologist performed an initial evaluation that led him to complete patch testing on this patient.

Link the visit to ICD-9 code 692.9 (Contact dermatitis and other eczema; unspecified cause).

Question 3: A. The patch test is not an "immediate type reaction" test like the percutaneous test. After the dermatologist applies the patch containing samples of allergens to the patient's back, the patient must come back in 48 hours (and, in some cases, once more after 72 and/or 96 hours) so the dermatologist can see the patient's reaction to the allergens.

For the follow-up visits to read the results of the patch test, report the appropriate E/M code. Often, once the test has narrowed down the offending allergens, the dermatologist will spend time with the patient discussing the diagnosis and counseling him on treatment options. If the dermatologist spends more than half of the total length of the visit

counseling the patient, you can use time to determine the level of E/M code to report.

Question 4: D. Under the ICD-10 diagnosis coding system, in effect Oct. 1, 2015, you would report L23.9 (Allergic contact dermatitis, unspecified cause).

Reminder: "Once the allergen has been identified, say during that 72 hour visit, you code the correct allergen (s)," says **Pamela Biffle, CPC, CPC-P, CPC-I, CPCO**, owner of PB Healthcare Consulting and Education Inc. in Austin, Texas.

For a complete analysis of how ICD-10 will affect contact dermatitis codes, see "Look for New Contact Dermatitis Codes in 2015" in Vol. 10, No. 7 of Dermatology Coding Alert.