

Dermatology Coding Alert

Patch Tests: Include These Critical Elements in Your Next Dermatitis Exam

Don't bypass modifier 25 or else forfeit pay for patch tests.

If you've missed out on patch test reimbursement, look to the documentation for specifics on how many units the dermatologist administered during the test and any E/M services he provided.

Use the following steps to walk yourself through all the proper stages of reporting 95044 (Patch or application test[s] [specify number of tests]).

Step 1: Make Sure You Bill for Office Visits

Before you can submit a complete claim for patch tests, you must look at the documentation to make sure the dermatologist included details on the office visit he provided after applying the patch tests, coding experts say.

For example: A new patient comes to your practice with a red, itchy rash on her arm. The dermatologist makes an initial diagnosis of nonspecified contact dermatitis (692.9, Contact dermatitis and other eczema; unspecified cause).

Next step: After thorough examination, the dermatologist applies the patch tests the same day and asks the patient to return in 48, 72, and 96 hours for readings.

You should report 95044 because the dermatologist applied the patch tests. You should also bill for the E/M services the dermatologist provides to the patient. You should determine the most appropriate E/M code (99201-99215) to report based on the scope of the examination and the key components the dermatologist covers with the patient.

Don't forget: You have to 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. You can only consider reporting modifier 25 when coding an E/M service, says **Janet Palazzo, CPC**, coder for a practice in Cherry Hill, N.J. (See "Separate Your Documentation To Ease Modifier 25 Claims" for a modifier 25 checklist.)

Exception: When the dermatologist administers multiple patch tests, he will usually apply the patches to the patient's back for more surface area. Once the dermatologist applies the patch tests, the patient cannot take a shower until after the dermatologist reads the results.

But let's say the patient has a date that evening and asks to have the dermatologist administer the patch test on a different day because she has to take a shower before her date. So she arranges to come back in two days for the dermatologist to apply the patch tests.

When the patient returns to your practice, the nurse applies the patch tests. You shouldn't report an E/M service because the dermatologist did not provide any advice to the patient. You should only report 95044 for the patch test application.

Step 2: Each Unit Matters, So Bill for Every Unit

When the dermatologist administers patch tests, he applies several patches on the patient to test for his reaction to various allergens. Therefore, think of each test as an individual procedure because carriers do, and you should bill accordingly.

Red flag: If the dermatologist places 24 patches on a patient, carriers will reimburse your practice for 24 tests, but you

have to include this information on your claim because carriers will always underestimate the number of tests.

Hint: Bill your units in block 24G on your CMS-1500 form according to the number of allergens tested, says **Lori Lemond, CPC**, coding supervisor for Arizona Medical Clinic, a multispecialty practice with three dermatologists in Peoria, Ariz. **Extra:** You can also take a few precautions, to avoid overlooking billing the units in the future:

- Educate staff to double-check charge tickets for units.
- Educate the dermatologist to document the number of correct units.
- Teach front-desk staff to ask the dermatologist how many patch tests he administered.
- Since most offices use patch tests kits that include a set number of tests per kit, add a place on your forms that automatically has the number of tests already on the sheet, according to how many tests are in the kit.

Step 3: Don't Miss Additional E/M Services for Readings

When the patient returns to your office for the dermatologist to read the patch tests, you should bill an E/M code (99211-99215) for each additional reading.

Explanation: If a nurse or physician assistant reads the patch tests, you should report 99211, as long as the dermatologist is on-site when the staff member reads the results. Based on these readings, the dermatologist is able to make a more definitive diagnosis, so you should report the cause of the dermatitis. For instance, you may report one of the following ICD-9 codes to describe the specific type of dermatitis:

- 692.4 -- Contact dermatitis and other eczema; due to other chemical products
- 692.81 -- ...due to cosmetics
- 692.0 -- ...due to detergents
- 692.3 -- ... due to drugs and medicines in contact with skin
- 692.89 -- ... other.

Bottom line: You should report a diagnosis claim on your bill in addition to 95044, an E/M code, and modifier 25 if your documentation can back it up.