

Clinical-Pathologic Correlation Cases

David M. Rowe, M.D.

Director of Dermatopathology Education, LewisGale Health System,
Dermatology Residency

Assistant Professor of Pathology, UVA Health

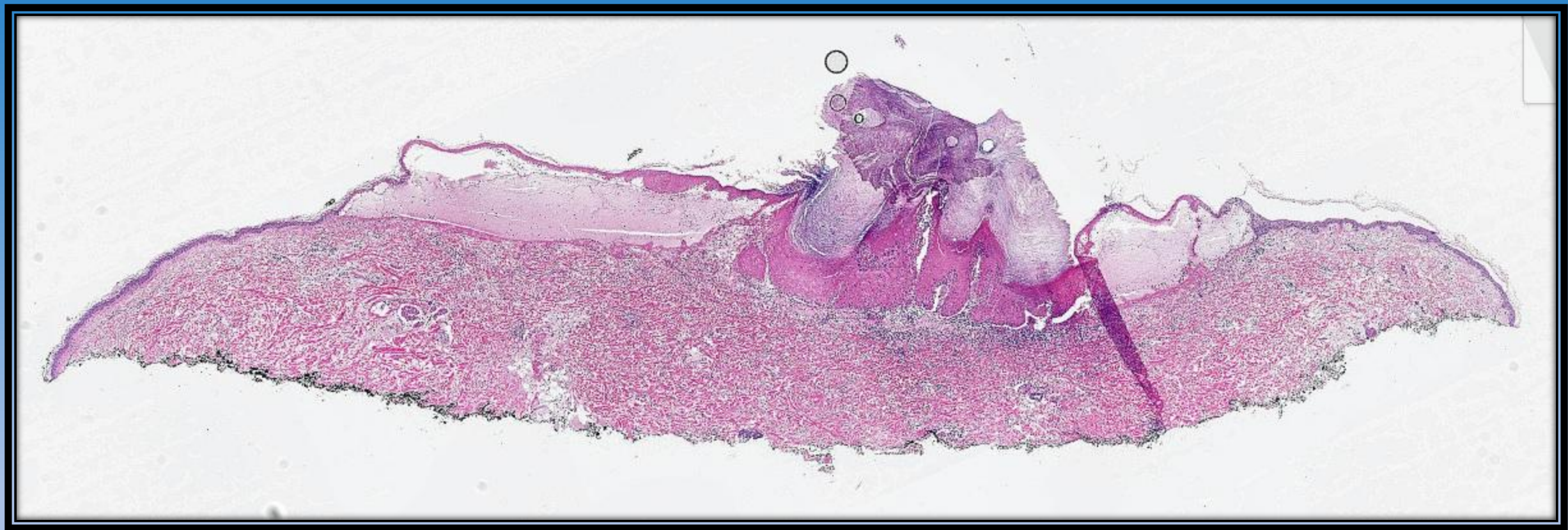
Medical Director, PRW Laboratories

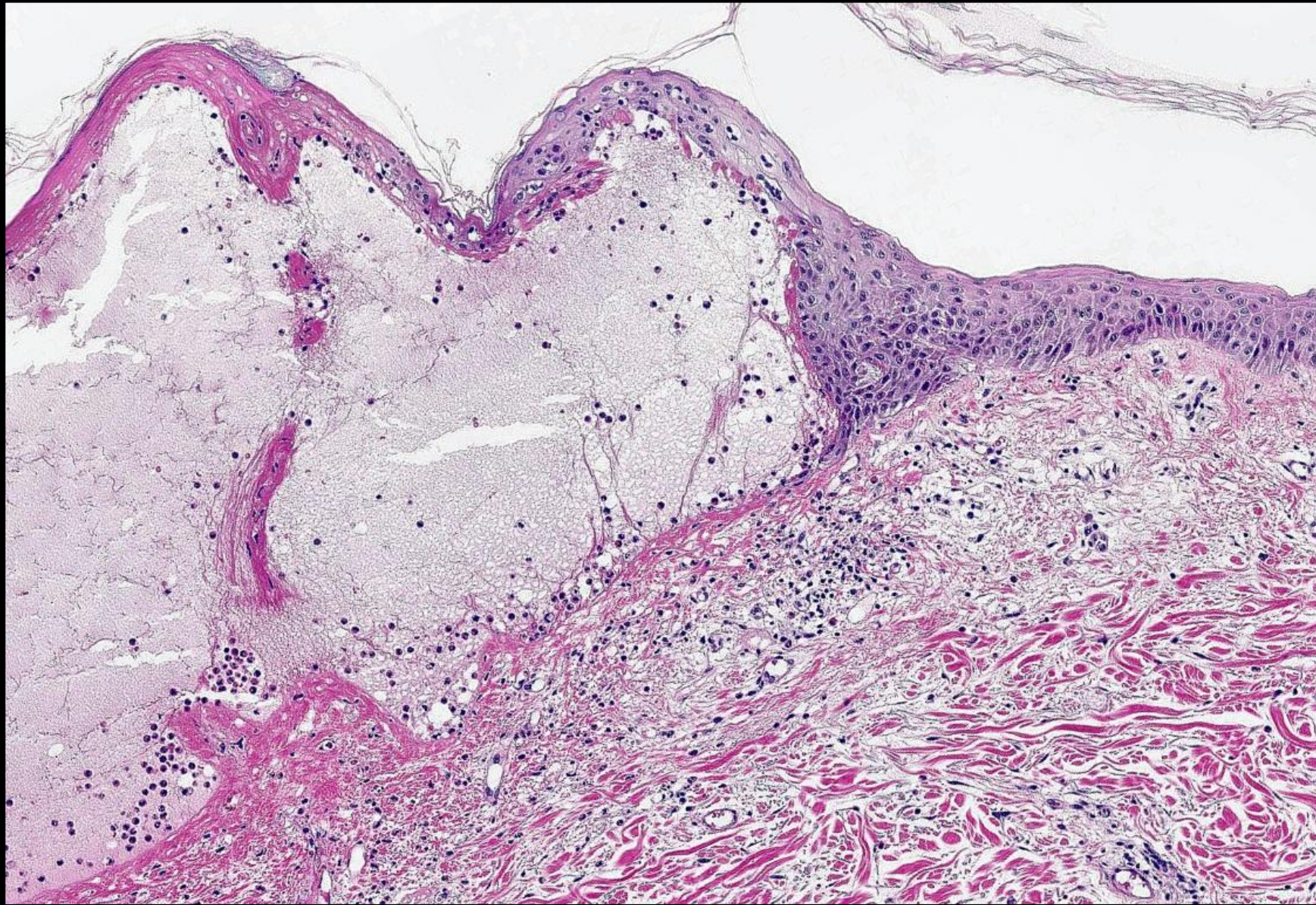
No relevant disclosures.

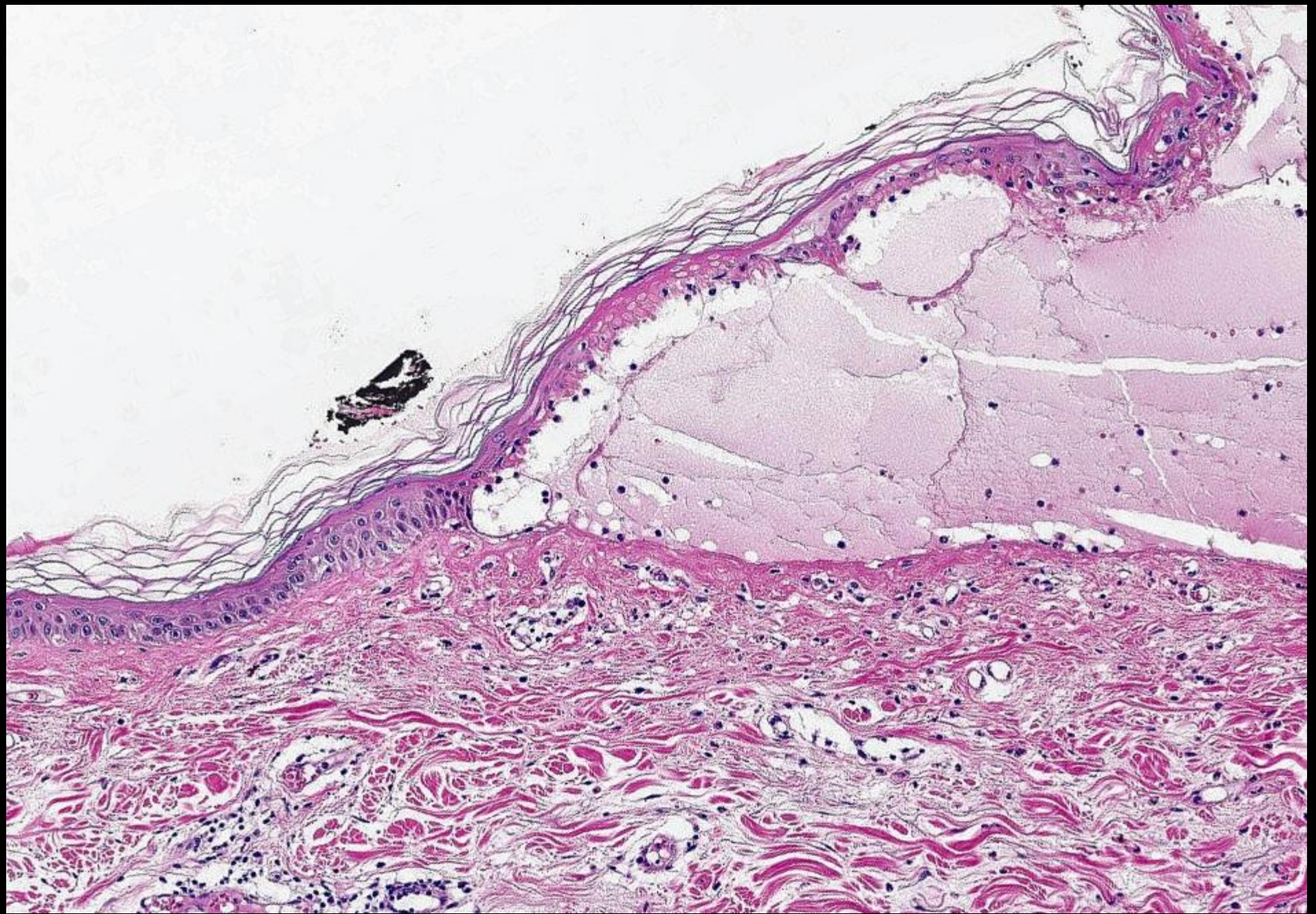


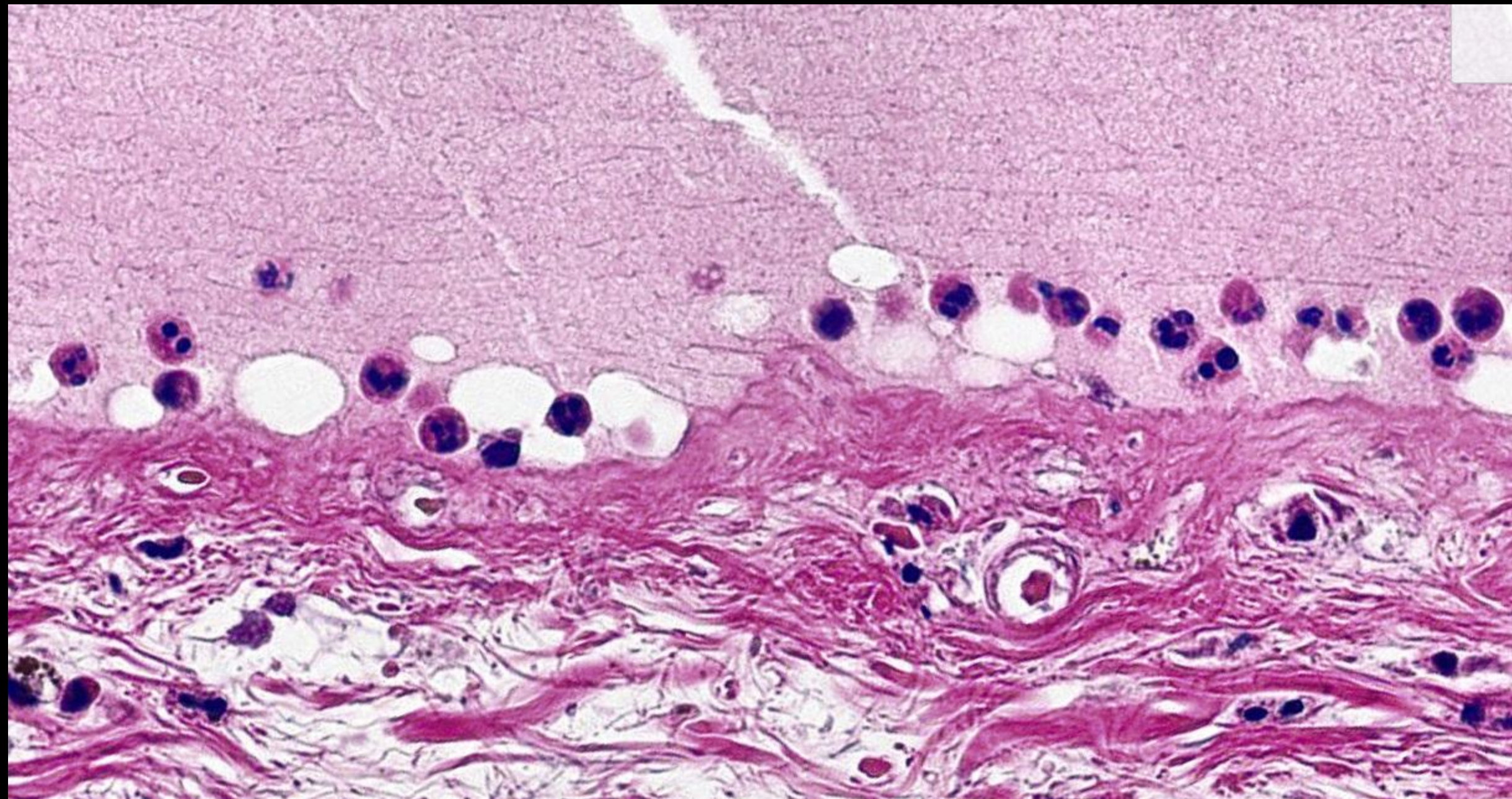
Case 1

- Provided History:
 - 65 y/o female
 - Shave bx from L breast
 - **“R/O KA”**









Suggest immunobullous disease?

Advise DIF analysis?

- DIF, standard workup
 - 5 fluorescent antibodies
 - CPT codes 88346 (first antibody) and 88350 (subsequent abs)
 - Medicare allowable charges
 - 88346 = \$137
 - 88350 = \$107
 - Total \$ = $137 + (107 \times 4) =$ **\$565**

Point #1:

Just because you can, doesn't mean you should.



Origin of the idiom?

- Ian Malcolm's famous line in *Jurassic Park*:
 - "Your scientists were so preoccupied with whether or not they could, they didn't stop to think if they should".



Quick text message with clinician...

- The patient had seen another dermatologist at a nearby academic medical center the day before.
- A legendary dermatologist had performed a “____double freeze” procedure (that has unofficially become his namesake) on the lesion.

Diagnosis post CPC

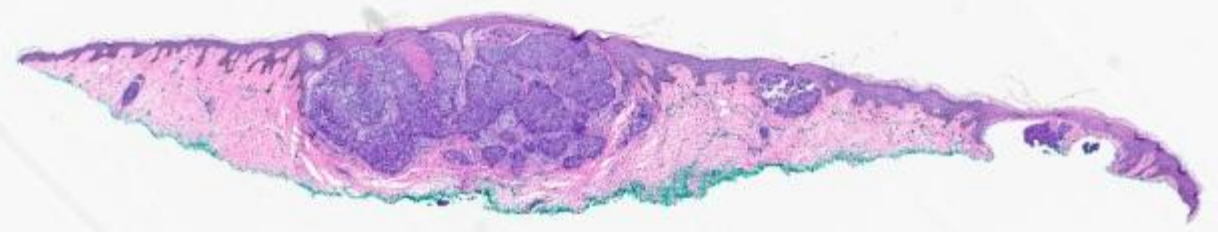
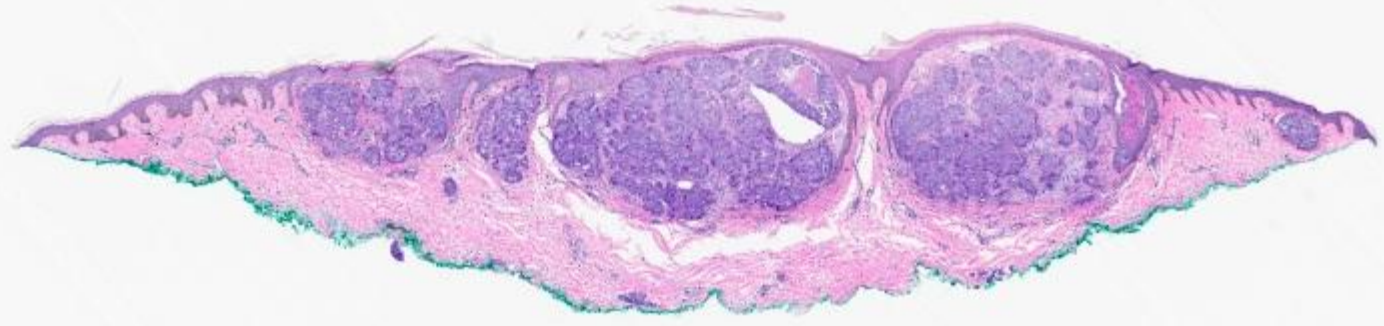
- “Small exophytic verruciform lesion, completely necrotic, surrounded by a large subepidermal bulla consistent with cryotherapy effect”.

Potential Medicare \$ saved

- \$565 in DIF fees
 - Plus follow up clinical visit(s) \$
 - Plus blood work \$?
-
- All prevented by a simple, free, professional-to-professional CPC

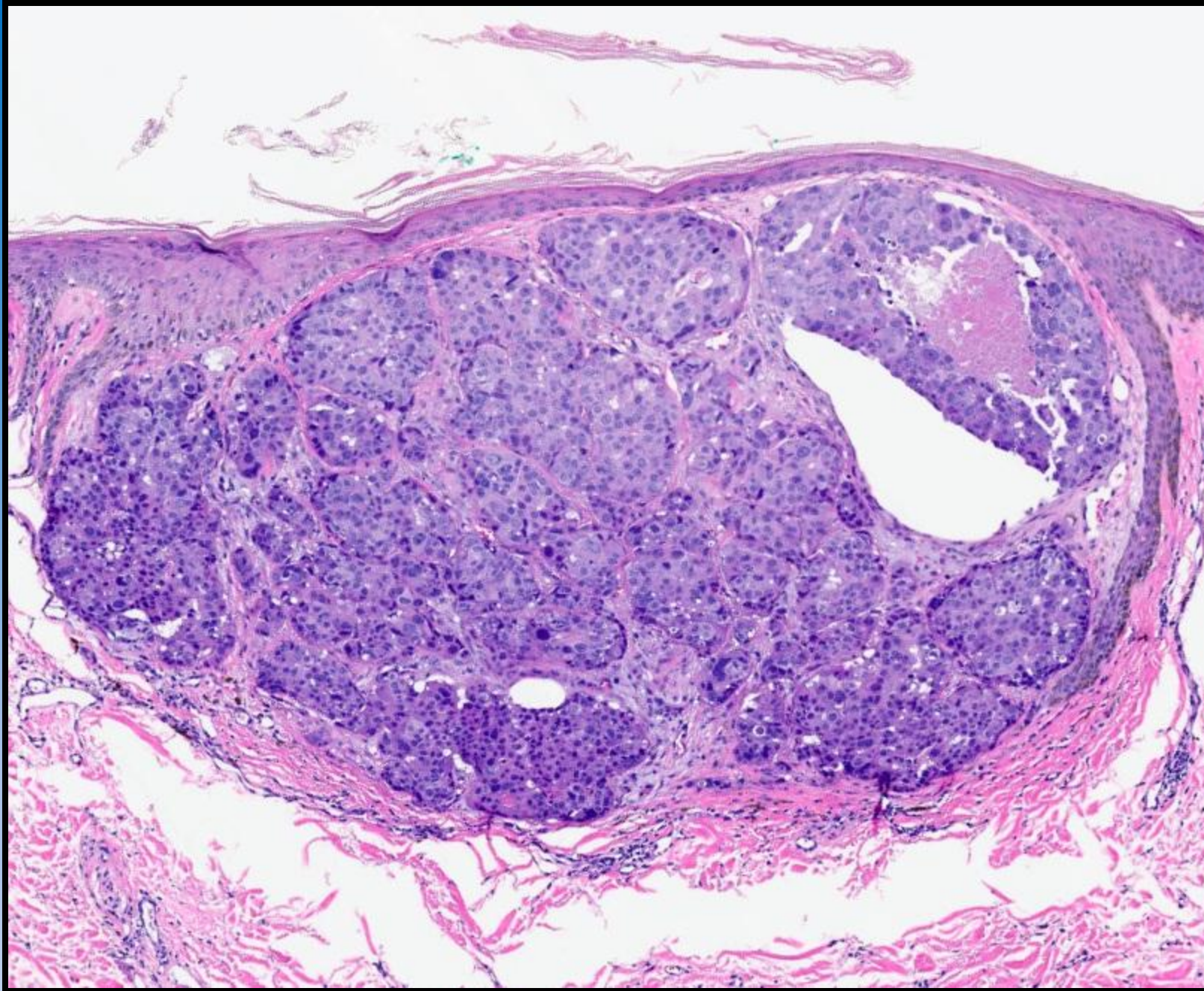
Case 2

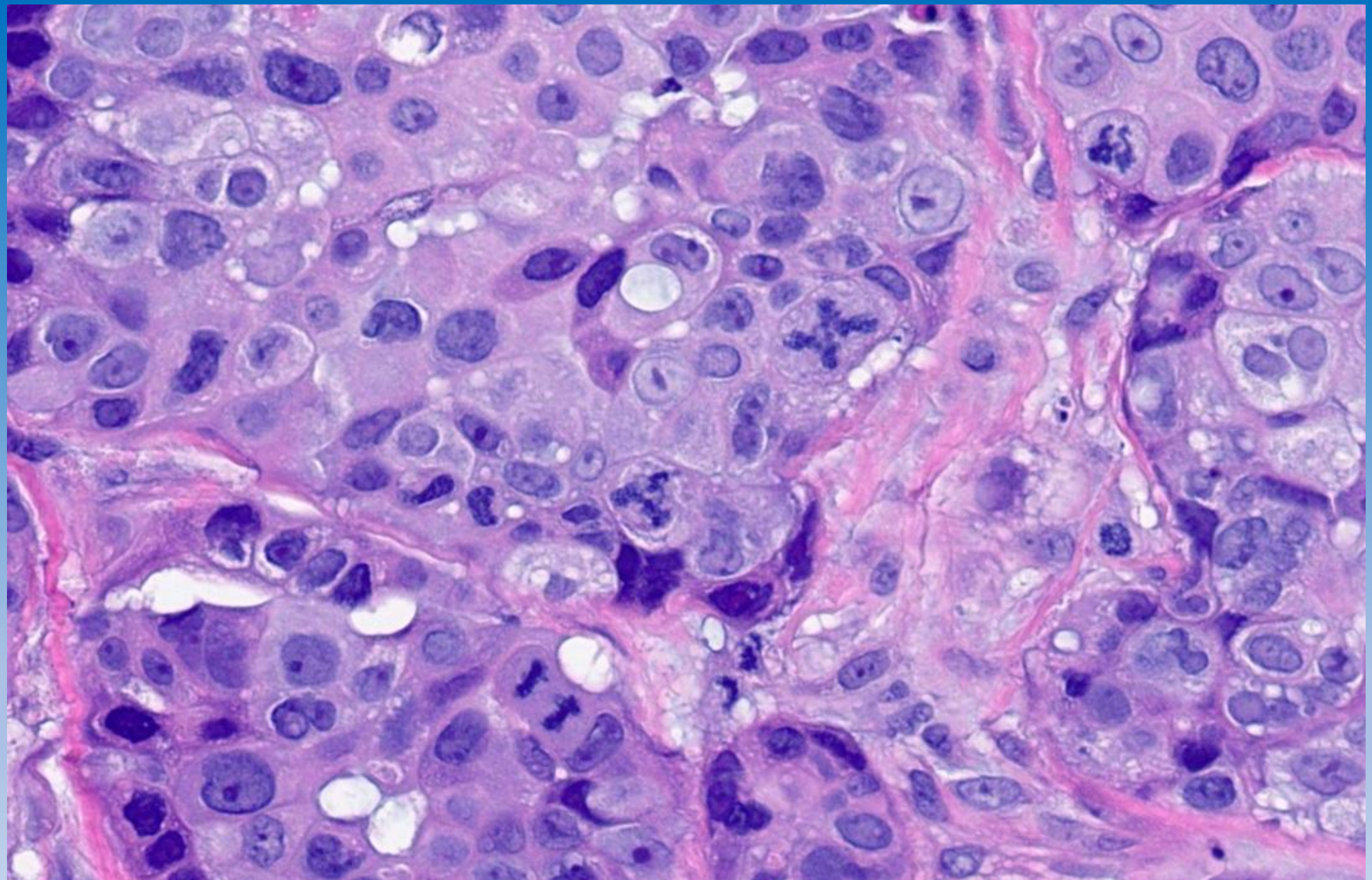
- Provided History:
 - 69 y/o male
 - Flesh colored papules, right central postauricular area
 - DDX: **“Neoplasm of Uncertain Behavior vs. lichen nitidus”**



Quick low mag Dx:

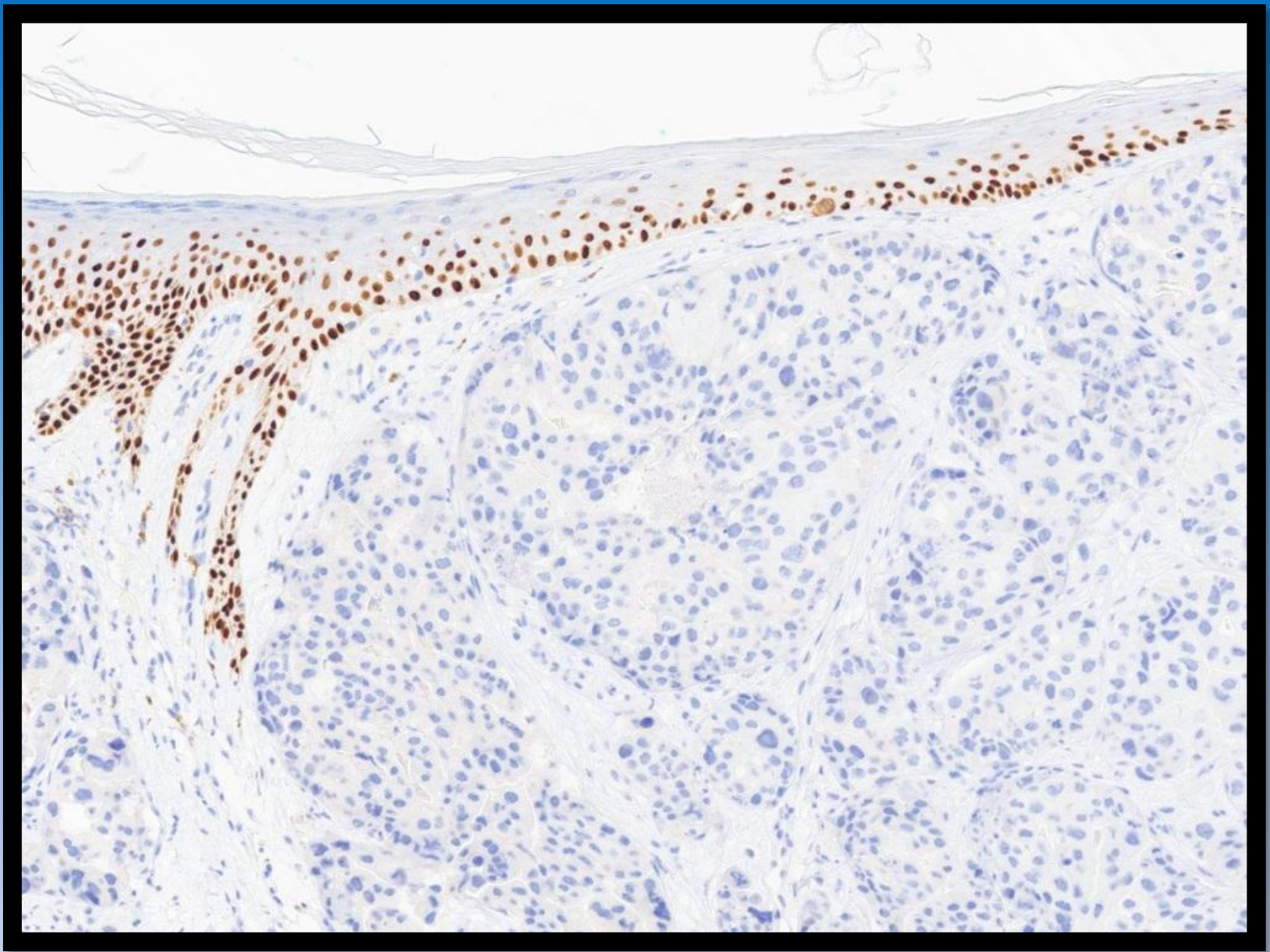
- Nodular BCC; next case ???



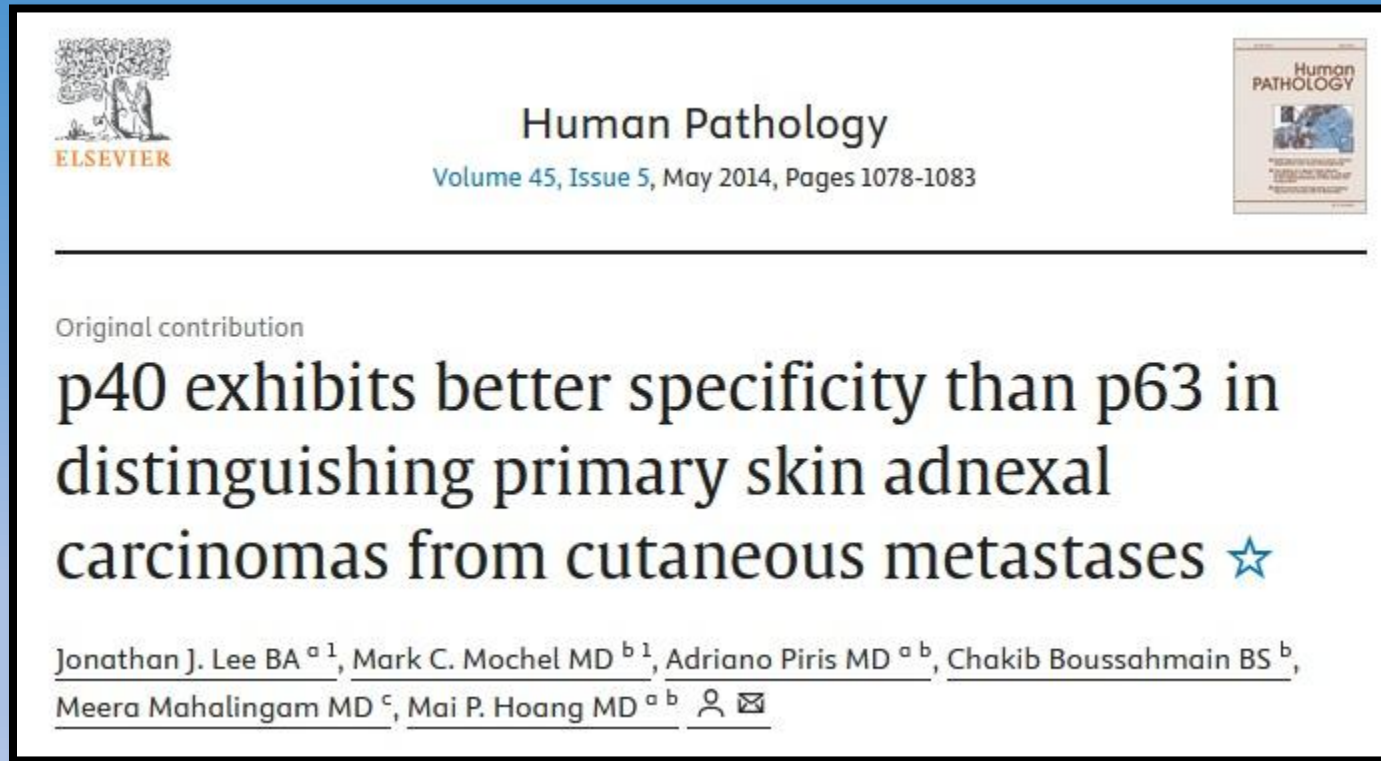


Limited Immunohistochemistry Panel:

- Melan A NEGATIVE
- Cytokeratin 7 POSITIVE
- Cytokeratin 20 NEGATIVE
- **P40** **NEGATIVE**



Lack of nuclear staining with P40 suggests a metastatic tumor.



Reasonable next step?

- Panel of immunohistochemical stains to attempt precise characterization of this metastatic tumor.
- Medicare Allowable Charges:
 - 88342 (first immunostain) = \$110
 - 88341 (all subsequent immunostains) = \$94 each
- Potential fees incurred:
 - An additional \$500 - \$1000

Reasonable Next Step?

- Next Generation Sequencing for tumor identification

The typical fee out-of-pocket for **Next-Generation Sequencing (NGS)** to evaluate a cancer tumor ranges from \$1,000 to \$4,000.

Yes, Medicare Part B covers NGS testing, but strict clinical guidelines must be met.

Advanced Stage: The patient must be diagnosed with **recurrent, relapsed, refractory, metastatic, or advanced (Stage III or IV)** cancer. Tumors of unknown primary origin fall into this category. [[1](#)]

- **Physician Ordered:**
- **Certified Lab:**
- **Approved Test Profile:**
- Patient may still be responsible for standard Part B physician fees, including your **annual Part B deductible (\$283 in 2026)** and a **20% coinsurance**.

Just because you can...

Better Next Step:

- Pick up the phone!
- Information obtained from quick phone-text CPC
 - The patient has a known diagnosis of carcinoma involving lungs and salivary gland.
 - Case closed!
- Final Diagnosis: “Carcinoma in the dermis consistent with metastatic adenocarcinoma from the patient’s known lung or salivary gland primary”.

Point #2: HISTORY



Final Remarks (Stating the Obvious?)

- Communication between clinician and dermpath is super important!
 - Poor communication risks:
 - Misdiagnosis
 - Unnecessary Cost
 - Wasted time, thereby increasing TAT for path reports
- “Histories” or clinical differentials provided to the lab via EHR orders are often shamefully minimal or nonexistent.
- **“NUB”** is a daily thorn in every dermpath’s gluteus maximus

CAN WE ALL PLEASE PLEDGE TO DO BETTER?

