**From:** Elston, Dirk
**Subject:** EXTERNAL Re: VDS Coding Update - questions

PLEASE SEE ANSWERS BELOW EACH QUESTION

From Brett Austin to Everyone:  08:06 PM

**In the genital wart example you gave, has it always been appropriate to bill the new wart diagnosis plus the destruction procedure? Or is this unique to the new standards?**

**The diagnosis counts towards complexity, but the decision to perform the procedure does not count towards risk**

**What f prescribed CSA or TAC wet wraps and the patient is still fairly erythrodermic on followup?  4 or 5?**

**Complexity is level 5, would also need level 5 data or risk**

**what level does biologics go under since you only check labs once maybe twice a year.  And when you do check initial labs would that take you to a level 5? since you are checking TB, CBC, CMP, and Hep panel?**

**Level 4 risk, even on days when you check labs**

From Chris Burnett to Everyone:  08:08 PM

**If an abnormal finding is seen on exam but the patient doesn’t mention it does that count towards mdm or do we need to elicit and document history even if history doesn’t change your plan?  i.e. an obvious melanoma that you are going to biopsy regardless of history**

**Diagnoses noted during exam count towards complexity**

From Gabriela Blanco to Everyone:  08:09 PM

**is a chronic condiion (e.g. eczema/acne), that is not flaring, but still not at goal of therapy and counseling on prescription meds, considered a 99214 or 99213?**

**SINGLE STABLE CONDITION IS LEVEL 3 COMPLEXITY**

From Brett Austin to Everyone:  08:10 PM

**In melanoma & NMSC follow up patients, does evaluation of scars and lymph nodes for signs of recurrence count when the Z codes do not?**

**NOT LIKELY TO WITHSTAND AUDIT**

From Natalia Mendoza to Everyone:  08:10 PM

**Is intertrigo and folliculitis chronic conditions that flare or are considered acute?**

**COULD BE SEVERE FLARE DEPENDING ON PATIENT**

From Tinatin Gotsiridze, MD to Everyone:  08:10 PM

**is history of mm or scc a minor problem or chronic dz?**

**CHRONIC DISEASE**

From Brenda Dintiman to Everyone:  08:11 PM

**we have gone too far away from the value of the exam.. anyone can treat seb derm but can anyone diagnose a melanoma or a subtle bcc or amelamtoc melanoma.. this helps promote less trained mid levels . I am concerned. what is the AAD doing to help interpret this .**

**I AGREE.  AARP AND OTHER PATIENT GROUPS NEED TO WEIGH IN**

From Michelle Tarbox to Everyone:  08:16 PM

**do you need to write Actinic Keratosis: problem of uncertain prognosis?**

**OK JUST TO ENTER DIAGNOSIS UNLESS IT IS ONE THAT MAY BE UNCLEAR TO A READER**

From Jerri Alexiou to Everyone:  08:17 PM

**so recommending sunscreen SPF 30 or higher is low not moderate?**

**ALL OTC TOPICALS ARE LEVEL 3 RISK**

From Anne Spillane to Everyone:  08:17 PM

**for the occasional patient who declines definitive tx of their NMSC (eg my few very elderly pts who have a BCC that they don't/won't have tx'd after biopsy), can these pts be counted as having a current diagnosis of NMSC when I see them for f/u surveillance exams? So no z-code? And then would these be a level 5 visit?**

**IT REMAINS A CURRENT DIAGNOSIS UNTIL TREATED.  SCC ON EAR OR LIP COULD BE LEVEL 5 COMPLEXITY, BUT STILL NEED DATA OR RISK**

From Brenda Dintiman to Everyone:  08:18 PM

**but isn’t a complete skin exam cognitive side?**

**YES BUT NOT COUNTED TOWARD MDM**

From Toni McCullough to Everyone:  08:20 PM

**Please comment on PDT billing. Can a nursing visit (99211) still be billed with the PDT code and the Levulan code?**

**LEVULAN IS BILLED SEPARATELY**

**TO BE PHYSICIAN APPLIED THE PHYSICIAN MUST APPLY AND PUSH THE BUTTON TO TURN ON MACHINE**

From Pamela Weinfeld to Everyone:  08:21 PM

**What about phototherapy?  If you see them every 2 months to monitor their progress, and possibly adjust phototherapy orders, do you consider phototherapy a "prescription" that needs monitoring?**

**MUST BE A DRUG**

From Marc Darst MD to Everyone:  08:21 PM

**If in Wolverton it says quarterly labs for biologic does that cover us for ordering quarterly**

**NOT IF LITERATURE DOES NOT SUPPORT**

From julia nunley to Everyone:  08:22 PM

**do we need to state "uncertain prognosis" with diagnoses of AKs, warts ... etc?**

**SEE ABOVE**

From Lawrence Blanchard to Everyone:  08:25 PM

**Do you have to use special terms/words to document social determinants of health or problems with uncertain prognosis**

**YES - WE HAVE A TEMPLATE THAT INCLUDES WHO DEFINITION OF SOCIAL DETERMINANTS**

From Me to iPhone K:  (Direct Message) 08:25 PM

Thank you!

From emilyrubenstein to Everyone:  08:27 PM

**discuss probiotics and gut health in atopic patient is that social determinant?**

**YES**

From Megan Brelsford to Everyone:  08:29 PM

**Are we no longer able to offer full body skin checks to all who want them if they have no history of skin cancer**?

**IT WAS NEVER A COVERED MEDICARE SERVICE**

From Brenda Dintiman to Everyone:  08:30 PM

**nurse practitioners are lobby for independent tomorrow in virginia.. does this coding make it easier for them to code amd profit!?**

From Megan Brelsford to Everyone:  08:30 PM

**If they come in and only have one issue and then ask for you to just do a full body check, then how do you code for it?**

**CODE BY MDM OR TIME.  EXAM COUNTS TOWARDS NEITHER**

From Gabriela Blanco to Everyone:  08:32 PM

**With a new rash, can you still get to 99204 if do a punch biopsy-if also prescribing a medication (e.g. topical steroids)?**

**YES**

From Brett to Everyone:  08:34 PM

**new pt with rash, give Rx and take a bx...is the entire visit gone 2nd to the biopsy?**

**NO, ONLY THE DECISION TO PERFORM BIOPSY DOESN'T GET COUNTED**

From Tinatin Gotsiridze, MD to Everyone:  08:35 PM

**so skin exam plus biopsy- is that level 4?**

**NEITHER DECISION TO PERFORM 0 OR 10 DAY GLOBAL NOR EXAM COUNT TOWARDS MDM**

From Kobe Jeharajah to Everyone:  08:35 PM

Thank you so very much!!!

From Megan Brelsford to Everyone:  08:35 PM

Thank you so much Dr. E!!!

From Farhaad Riyaz to Everyone:  08:35 PM

Thanks Dr. Elston!!

From Me to Everyone:  08:35 PM

Thank you for attending tonight!  Please look for an email from me tomorrow with the recording link.  If you are not a member, you can sign up at [www.VAderm.org/membership](http://www.VAderm.org/membership).

From Michelle Tarbox to Everyone:  08:35 PM

way to go Dr. Elston!!!

From LWC to Everyone:  08:35 PM

thank you Dr elston!

From Brooke Wehausen to Everyone:  08:35 PM

Thank you!

From Brenda Dintiman to Everyone:  08:35 PM

thanks

From Maria Hicks to Everyone:  08:35 PM

Dr. Elston, you are the best! Thank you

From emilyrubenstein to Everyone:  08:35 PM

thank you

From Michelle Tarbox to Everyone:  08:36 PM

That was awesome!!!

From agagnon to Everyone:  08:36 PM

Thank you VA Derm!

From Jennifer Tromberg to Everyone:  08:36 PM

Thank you that was wonderful!

From Rolla Jaber, MD to Everyone:  08:36 PM

Thank you all

From Pamela Weinfeld to Everyone:  08:36 PM

Thank you!  I hope he does answer my phototherapy question by email.   : )

From Gabriela Blanco to Everyone:  08:37 PM

**if pt here for rash fu, and rash all resolved, but counseling about prescription meds if rash were to flare in the future, can you code a level 4, or would it be level 3/2?**

IF THERE IS NO REMAINING PROBLEM, LIKELY LEVEL 2\_\_\_\_

Thank you for the opportunity to ask Dr. Elston our coding questions. I had one question come up after the fact (which I did not put in the chat) that I was wondering if you could forward to him:

**When performing a skin biopsy and sending it to an outside lab for processing, does that count as ordering a unique test and reviewing the result of a unique test if I hold the chart and code it after I review and discuss the results with the patient? Also, if the biopsy results prompt me to prescribe a medication for that patient, can that bump me up to a level 4 visit even if the rx is given the week after the biopsy was done (if I hold the chart for coding later)?**

**DOING THE BIOPSY DOES NOT COUNT AS ORDERING A TEST**

**IF HELD AND PRESCRIPTION APPROPRIATE, THEN RISK IS LEVEL 4**

Thanks so much!

Michele Gonzalez, MD

Atlantic Dermatology Associates

Virginia Beach, VA

Thank you so much for organizing the very helpful coding talk with Dr. Elston. He was so

gracious to agree to answer other questions in his own time.

If not too late, do you mind adding the following 2 questions to see if he can answer?:

**1) Does a new diagnosis of “contact dermatitis“ or tinea follow under level 4 Complexity of Problem column, as “1 undiagnosed new problem with uncertain prognosis”?**

**PRIOR PRECEDENTS SAY YES**

**2) Does OTC lamisil cream (a previous prescription medication) count as a level 4 under “Risk” column?**

**GRAY ZONE BUT LIKELY WOULD BE COUNTED AS LEVEL 3**

Much appreciated,

Gabriela

Question for Dr. Elston:

**What if you see a patient for a routine skin check and diagnose actinic keratoses. You opt to treat a few isolated AKs with cryotherapy, but prescribe efudex for field treatment of numerous AKs on the scalp. You discuss risk and benefits to efudex and send the prescription.  Do you get both moderate complexity/risk for the AK diagnosis + efudex and ALSO the procedure for cryotherapy?**

**YES**

Thank you again,

Amy Gagnon

Brett Krasner:

Please add the following question to Dr. Elston:

Thanks so very much for your time and a great talk.

**You seemed to offer different advice on warts...**

**1. In a simple wart, the patient is dx'd, the lesion tx'd with LN2, only the procedure code is billed.**

**CORRECT**

**2. But if a wart is dx'd and LN2 AND also a Rx for aldara/5FU/cidofovir also Rx'd,...now it is a level 4 AND bill for the procedure?**

**CORRECT**

**3. If a genital wart/condyloma is dx'd and we discuss determinants of social factors (condoms, PAP smears, etc...) and tx with LN2...**

**LEVEL 4 PLUS PROCEDURE IF APPROPRIATELY DOCUMENTED**