



## **Billing and Reimbursement Policy: Biopsy Services- Laboratory and Pathology**

Key coding and reimbursement points include:

- If a biopsy is performed during a surgical excisional procedure and the removed tissue is sent for pathology or culture, the excised tissue is considered a routine part of the excisional procedure and as such is not billable. Biopsies cannot be billed if they are part of the lesion removal.
- Multiple biopsies from the same lesion are coded as a single biopsy.
- If the surgical note indicates that the entire lesion was removed, then the procedure is not coded as a biopsy but as an excision.
- The medical record should document the distinct anatomical location and description of the biopsy (ies), how the tissue was obtained, and a copy of the pathology or culture report to validate medical necessity.
- Modifier 59 is used to indicate that a procedure or service was distinct or independent from other services performed on the same day. If an excision was performed from one site and a biopsy taken from another lesion, then a modifier 59 is added to the biopsy code along with any relevant anatomical modifiers.
- This policy applies to place of service 11 and 22.

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