

Internal Medicine Coding Alert

Coding Quiz Answers

Answer 1. False. Before supplying a procedure or ICD-9 code for lesion excision, you should always wait for the pathology report.

Answer 2. True. For instance, if the internist removes a 0.5-cm malignant lesion from a patient's chest, you should report 11600 (Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less).

Answer 3. False. Prior to the procedure, your physician should measure the lesion's diameter in addition to the lesion's "most narrow margins," according to CPT guidelines.

Answer 4. False. When the doctor removes several lesions from the same area on the patient's body, you should bill each procedure separately. Most payers require you to use a modifier, such as modifier -59 (Distinct procedural service).