

## Internal Medicine Coding Alert

### Coding Quiz Bone Up on Your Lesion Excision Reporting

To ensure you know a lesion's pathology and size, test your coding knowledge of codes **11400-11646** before you submit your next claim. Take our true/false quiz and then check the answers on page 29 provided by coding experts.

#### True or False?

- 1. Your internist doesn't have a pathology report indicating whether a lesion is benign or malignant**, but the physician suspects that the lesion is benign. Therefore, correct coding requires you to follow the doctor's suspicion and assign a benign lesion excision code (for instance, 11400, Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less). You should also link the appropriate ICD-9 code (for example, 216.0, Benign neoplasm of skin; skin of lip) to the procedure. \_\_\_\_\_
- 2. You should assign a code from the 11600-11606 series for malignant lesions of the trunk.** \_\_\_\_\_
- 3. The physician should measure only the lesion's diameter prior to excision.** \_\_\_\_\_
- 4. When the internist removes several lesions from the same area on a patient's body**, you should report one procedure code, such as 11440 (Excision, benign ...), because Medicare bundles the other physician work into the initial procedure. \_\_\_\_\_