

## Internal Medicine Coding Alert

### You Be The Coder: Surgery, Biopsy in Separate Areas

Question: The internist destroys an actinic keratotic lesion on a patient's left wrist using laser surgery, and then biopsies a mass on the patient's back. The biopsy report indicates that the lesion is benign. Can we report codes for the lesion destruction and the biopsy?

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Answer: You can in this scenario, but you'll need the proper modifier and ICD-9 codes to prove the separate nature of the services. Typically, the Correct Coding Initiative (CCI) bundles lesion destruction and biopsy when the internist performs them on the same patient during the same encounter.

However, you can unbundle the procedures when the internist is treating different body areas, as the internist is in your scenario (back and wrist). On the claim, report the following:

- 17000 (Destruction [e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement], premalignant lesions [e.g., actinic keratoses]; first lesion) for the lesion destruction
- 11100 (Biopsy of skin, subcutaneous tissue and/or mucous membrane [including simple closure], unless otherwise listed; single lesion) for the biopsy
- modifier 59 (Distinct procedural service) linked to 11100 to show that the biopsy and destruction were separate services.

Diagnosis coding is vital: To prove that the two procedures were for separate body areas, you'll need to include spot-on diagnosis codes to show the payer the exact locations of the lesion and the mass. On the claim, include the following diagnosis codes:

- 702.0 (Actinic keratosis) linked to 17000 to represent the lesion
- 216.5 (Benign neoplasm of skin; trunk) linked to 11100 if the back biopsy reveals a malignant lesion.