Part B Insider (Multispecialty) Coding Alert

CODING COMPLIANCE: 4 Tips For Painless Lesion Excision Coding

Lesions: All physicians have to deal with them in one capacity or another, and they are fraught with coding peril unless you know the basics.

Here are some common problem spots and correct coding tips:

1. Keep up with changes to the CPT manual . Some physicians haven't taken note of this year's change, which says coders now need to know a lesion's size and ellipse (the margin the physician takes to make sure she removed the entire lesion), notes consultant **Barbara Cobuzzi**, president of **Cash Flow Solutions, Inc.** in Lakewood, NJ. You should code based on the most narrow margin of the ellipse, Cobuzzi instructs.

2. Don't code separately for a simple closure - ever. That's included in the excision code, Cobuzzi notes. That means if you try to code it separately, you're unbundling, which is a no-no.

3. Mind your Ps and Qs when coding separately for intermediate or complex closures. You can code separately for intermediate or complex closures for lesions, except those that fall under codes 11400, 11420 and 11440 (lesions less than or equal to .5 centimeter at different sites), Cobuzzi instructs. Those codes include all closures - even intermediate and complex ones.

4. Watch those lesion clusters. You can only code for excising multiple lesions if you have to make multiple incisions, counsels consultant **Robyn Lee** with **Lee-Brooks Consulting** in Chicago. If the lesions are grouped so closely together that you need only make one incision, you have to code them as one lesion.