

Part B Insider (Multispecialty) Coding Alert

LESION CODING QUIZ: Take This Lesion Coding Quiz to Ensure That Your Skills Jibe With Payer Rules

Determine whether youve got top-notch lesion coding skills -- or whether you need a refresher.

Based on how quickly carriers can flip-flop on lesion coding advice (see page 155 for more), its hard to keep a handle on how to report lesion excision procedures properly.

Take this short quiz and determine how you would code these services. Then look for the expert answers in next weeks issue of Part B Insider.

Doctor Takes Narrow Margins

Question 1: Your surgeon performed a benign lesion removal, without taking wide margins -- in other words, the surgeon thinks the lesion is suspicious, but expects it to be benign -- but the pathology comes back as a malignant lesion.

The surgeon then has to go back and perform an additional excision within the global period of the first procedure. How should you code the first service and the subsequent service to your payer?

Know How to Measure Lesions

Question 2: The physician excises a benign lesion from a patients scalp. The greatest clinical diameter of the lesion is 2.2 cm, and the procedure required margins of 0.3 cm on each side. Which codes should you bill?

Test Yourself With Op Note

Question 3: Check out the following operative report and determine how youd code this report:

Preoperative Diagnosis:

Multiple nevi and dysplastic nevus syndrome

Postoperative Diagnosis: Same

Procedure Performed: Excision of 16 cutaneous lesions from thorax,base of neck, and head

Anesthesia: Local with monitored anesthesia care

Indications: The patient is a 40-year-old man with family history of melanoma. The patient had numerous unusual-looking nevi excised in 1966 and two of those demonstrated dysplastic characteristics. The patient returns at this time for multiple excision of irregular or unusual-looking nevi.

Surgical Technique: The patient was taken to the hospital, where IV sedation was administered, and the patient prepped and draped in the usual sterile fashion. The back was first approached. There were a total of seven lesions excised from the back, and all were separately catalogued and submitted for pathology. Each was addressed in a similar fashion using local anesthetic of 1% Xylocaine with epinephrine and 0.25% Marcaine. Elliptical incisions were made approximating the lines of skin tension. Localized undermining was performed, and the wounds were closed after excision of fullthickness skin samples using interrupted subcuticular 4-0 Vicryl suture and steri strips. The anterior thorax was also done in a similar fashion, and in this area seven lesions were removed.

There was one nevus on the left eyebrow that was excised with a transverse incision, and this was closed using interrupted 5-0 nylon sutures. There was also a large lesion protruding from the scalp, which was only lightly pigmented. This was extended fairly deep into the dermis and is most likely some type of fibroma. This was excised and the local scalp undermined. The wound in this area was closed using skin staples, as the patients hair had been left and would interfere with suturing technique. Sterile dressings were applied to all of these wounds. The patient left the operating room in good condition. No intraoperative complications were encountered.

How should you code this procedure?

Check out next weeks Insider for the answers to these questions.