

## Part B Insider (Multispecialty) Coding Alert

### Reader Questions: Secondary Dx May Be Required With 702.11, 702.19

Question: Our physician excised a 0.4 cm lesion and documented, "She has a bleeding black lesion on the right chest wall." The payer denied our claim with diagnosis 709.9 because we needed a secondary diagnosis. The pathology report documented the lesion was a benign seborrheic keratosis. We added 702.19 to the claim but received another denial for medical necessity because the LCD guidelines state both those diagnosis codes are considered primary. What should we do now?

Answer: Choose between 702.11 (Inflamed seborrheic keratosis) or 702.19 (Other seborrheic keratosis) for the primary diagnosis, depending on whether the physician noted any inflammation. Then add 695.89 (Other specified erythematous conditions) as the secondary diagnosis.

Also ensure that you're reporting the correct procedure code. Submit 11400 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less) because the lesion was 0.4 cm.