INTEGUMENTARY SYSTEM (MULTIPLE CHOICE)

CPC® STUDY GROUP WITH LEGACY EDUCATION

1. Joe has a terrible problem with ingrown toenails. He goes to the podiatrist to have a nail permanently removed along with the nail matrix. What CPT® code is reported?

   a. 11730
   b. 11750
   c. 11765
   d. 11720

2. What CPT® codes are reported for the destruction of 16 premalignant lesions and 10 benign lesions using cryosurgery?

   a. 17000, 17003 x 2, 17110
   b. 17110, 17003
   c. 17000, 17003, 17004, 17110
   d. 17004, 17110

3. The patient is here to follow-up for a keloid excised from his neck in November of last year. He believes it is coming back. He does have a recurrence of the keloid on the superior portion of the scar. Because the keloid is still small, options of an injection or radiation to the area were discussed. It was agreed our next course should be a Kenalog (triamcinolone acetonide) injection. Risks associated with the procedure were discussed with the patient. Informed consent was obtained. The area was infiltrated with 1.5 cc of medication. This was a mixture of 1 cc of Kenalog-10 and 0.5 cc of 1% lidocaine with epinephrine. He tolerated the procedure well. What codes are reported?

   a. 11900, J3300, L90.5
   b. 11900, J3301, L91.0
   c. 11951, J3300, L91.0
   d. 11950, J3301, L90.5

4. Patient presents to the physician for removal of a squamous cell carcinoma of the right cheek. After the area is prepped and draped in a sterile fashion the surgeon measured the lesion and documented the size of the lesion as 2.3 cm at its largest diameter. Additionally, the physician took margins of 2 mm on each side of the lesion. Single layer closure was performed. The patient tolerated the procedure well. What CPT® code(s) is/are reported?

    a. 11642, 12013
    b. 11643
    c. 11643, 12013
    d. 11442

5. Meredith has breast cancer on the left side, diagnosed by an excisional biopsy performed last week. Today she is having a radical mastectomy, Urban type, and concurrently a single pedicle TRAM flap reconstruction with supercharging. What CPT® codes are reported?

    a. 19367-LT, 19307-51-LT
    b. 19368-LT, 19305-51-LT
    c. 19368-LT, 19306-51-LT
    d. 19368-LT, 19302-51-LT

6. Patient is an 81-year-old male with a biopsy-proven basal cell carcinoma of the posterior neck just near his hairline; additionally, the patient had two other areas of concern on his cheek. Informed consent was obtained and the areas were prepped and draped in the usual sterile fashion. Attention was first directed to the basal cell carcinoma of the neck. I excised the lesion measuring 2.6 cm as drawn down to the subcutaneous fat. With extensive undermining of the wound I closed it in layers using 4.0 Monocryl, 5.0 Prolene and 6.0 Prolene; the wound measured 4.5 cm. Attention was then directed to the other two suspicious lesions on his cheek. After administering local anesthesia, I proceeded to take a 3 mm punch biopsy of each lesion and was able to close with 5.0 Prolene. The patient tolerated the procedures well. Pathology later showed the basal cell carcinoma was completely removed and the biopsies indicated actinic keratosis. What CPT® codes should be reported?

    a. 13132, 11623-51, 11104-59, 11105
    b. 13131, 11622-51, 11104-59, 11104-59
    c. 12042, 11623-51, 11104-59, 11105
    d. 13132, 11623-51, 11440-51, 11440-51

7. Patient presents to the emergency department with multiple lacerations from a knife fight at the local bar. After examination it was determined these lacerations could be closed using local anesthesia. The areas were prepped and draped in the usual sterile fashion. The surgeon documented the following closures: 7.6 cm simple closure of the right forearm; 5.7 cm intermediate closure of the upper right arm; 4.7 cm complex closure of the right neck; 10.3 cm intermediate closure of the upper chest. What CPT® codes are reported?

    a. 13132, 12035-59, 12004-59
    b. 13132, 12034-59, 12032-59,12004-59
    c. 13132, 12036-59
    d. 13152, 12035-59, 12004-59

8. The patient is here because the cyst in her chest has come to a head and is still painful even though she has been on antibiotics for a week. I offered to drain it for her. After obtaining consent, we infiltrated the area with 1 cc of 1% lidocaine with epinephrine, prepped the area with Betadine and incised and opened the cyst in the relaxed skin tension lines of her chest, and removed the cystic material. There was no obvious purulence. We are going to have her clean this with a Q-tip. We will let it heal on its own and eventually excise it. I will have her come back a week from Tuesday to reschedule surgery. What CPT® and ICD-10-CM codes are reported?

    a. 10140, L70.1
    b. 10060, L72.9
    c. 10061, L72.9
    d. 10160, R22.2

9. A localization wire placement in the lower outer aspect of the right breast was performed by a radiologist the day prior to this procedure. During this operative session, the surgeon created an incision through the wire track and the wire track was followed down to its entrance into breast tissue. A nodule of breast tissue was noted immediately adjacent to the wire. This entire area was excised by sharp dissection, sent to pathology and returned as a benign lesion. Bleeders were cauterized and subcutaneous tissue was closed with 3-0 Vicryl. Skin edges were approximated with 4-0 subcuticular sutures and adhesive strips were applied. The patient left the operating room in satisfactory condition. What is/are the correct code(s) for the surgeon's service?

    a. 19125-RT
    b. 11400-RT
    c. 19125-RT, 19285
    d. 19120-RT

10. A 56-year-old pro golfer is having Mohs micrographic surgery for skin cancer on his forehead. The surgeon performs the surgery with two stages. The first stage includes 4 tissue blocks and the second stage includes 6 tissue blocks. What are the codes for both stages?

    a. 17311, 17315
    b. 17313, 17314, 16715
    c. 17311, 17312, 17315
    d. 17311, 17312

INTEGUMENTARY SYSTEM (FILL IN THE BLANKS)

CPC® STUDY GROUP WITH LEGACY EDUCATION

1. Joe has a terrible problem with ingrown toenails. He goes to the podiatrist to have a nail permanently removed along with the nail matrix. What CPT® code is reported?

   CPT®: _____

2. What CPT® codes are reported for the destruction of 16 premalignant lesions and 10 benign lesions using cryosurgery?

   CPT®: _____

3. The patient is here to follow-up for a keloid excised from his neck in November of last year. He believes it is coming back. He does have a recurrence of the keloid on the superior portion of the scar. Because the keloid is still small, options of an injection or radiation to the area were discussed. It was agreed our next course should be a Kenalog (triamcinolone acetonide) injection. Risks associated with the procedure were discussed with the patient. Informed consent was obtained. The area was infiltrated with 1.5 cc of medication. This was a mixture of 1 cc of Kenalog-10 and 0.5 cc of 1% lidocaine with epinephrine. He tolerated the procedure well. What codes are reported?

   CPT®: _____

   HCPCS: _____

   ICD-10-CM: _____

4. Patient presents to the physician for removal of a squamous cell carcinoma of the right cheek. After the area is prepped and draped in a sterile fashion the surgeon measured the lesion and documented the size of the lesion as 2.3 cm at its largest diameter. Additionally, the physician took margins of 2 mm on each side of the lesion. Single layer closure was performed. The patient tolerated the procedure well. What CPT® code(s) is/are reported?

   CPT®: _____

5. Meredith has breast cancer on the left side, diagnosed by an excisional biopsy performed last week. Today she is having a radical mastectomy, Urban type, and concurrently a single pedicle TRAM flap reconstruction with supercharging. What CPT® codes are reported?

   CPT®: _____, _____

6. Patient is an 81-year-old male with a biopsy-proven basal cell carcinoma of the posterior neck just near his hairline; additionally, the patient had two other areas of concern on his cheek. Informed consent was obtained and the areas were prepped and draped in the usual sterile fashion. Attention was first directed to the basal cell carcinoma of the neck. I excised the lesion measuring 2.6 cm as drawn down to the subcutaneous fat. With extensive undermining of the wound I closed it in layers using 4.0 Monocryl, 5.0 Prolene and 6.0 Prolene; the wound measured 4.5 cm. Attention was then directed to the other two suspicious lesions on his cheek. After administering local anesthesia, I proceeded to take a 3 mm punch biopsy of each lesion and was able to close with 5.0 Prolene. The patient tolerated the procedures well. Pathology later showed the basal cell carcinoma was completely removed and the biopsies indicated actinic keratosis. What CPT® codes should be reported?

   CPT®: _____, _____, _____, _____

7. Patient presents to the emergency department with multiple lacerations from a knife fight at the local bar. After examination it was determined these lacerations could be closed using local anesthesia. The areas were prepped and draped in the usual sterile fashion. The surgeon documented the following closures: 7.6 cm simple closure of the right forearm; 5.7 cm intermediate closure of the upper right arm; 4.7 cm complex closure of the right neck; 10.3 cm intermediate closure of the upper chest. What CPT® codes are reported?

   CPT®: _____, _____, _____

8. The patient is here because the cyst in her chest has come to a head and is still painful even though she has been on antibiotics for a week. I offered to drain it for her. After obtaining consent, we infiltrated the area with 1 cc of 1% lidocaine with epinephrine, prepped the area with Betadine and incised and opened the cyst in the relaxed skin tension lines of her chest, and removed the cystic material. There was no obvious purulence. We are going to have her clean this with a Q-tip. We will let it heal on its own and eventually excise it. I will have her come back a week from Tuesday to reschedule surgery. What CPT® and ICD-10-CM codes are reported?

   CPT®: _____

   ICD-10-CM: _____

9. A localization wire placement in the lower outer aspect of the right breast was performed by a radiologist the day prior to this procedure. During this operative session, the surgeon created an incision through the wire track and the wire track was followed down to its entrance into breast tissue. A nodule of breast tissue was noted immediately adjacent to the wire. This entire area was excised by sharp dissection, sent to pathology and returned as a benign lesion. Bleeders were cauterized and subcutaneous tissue was closed with 3-0 Vicryl. Skin edges were approximated with 4-0 subcuticular sutures and adhesive strips were applied. The patient left the operating room in satisfactory condition. What is/are the correct code(s) for the surgeon's service?

   CPT®: _____

10. A 56-year-old pro golfer is having Mohs micrographic surgery for skin cancer on his forehead. The surgeon performs the surgery with two stages. The first stage includes 4 tissue blocks and the second stage includes 6 tissue blocks. What are the codes for both stages?

    CPT®: _____, _____, _____

2. Joe has a terrible problem with ingrown toenails. He goes to the podiatrist to have a nail permanently removed along with the nail matrix. What CPT® code is reported?

   a. 11730
   b. 11750
   c. 11765
   d. 11720

   Rationale: In the CPT® Index look for Removal/Nails and you are directed to two code ranges 11730-11732, 11750. Documentation states the entire nail and root (nail matrix) are removed. In the numeric section of the CPT®, removal of the nail and nail matrix is code 11750. Code 11730 reports nail removal only. There is no mention of removing a wedge of restrictive skin in the nail fold to relieve the ingrown toenail.

3. What CPT® codes are reported for the destruction of 16 premalignant lesions and 10 benign lesions using cryosurgery?

   a. 17000, 17003 x 2, 17110
   b. 17110, 17003
   c. 17000, 17003, 17004, 17110
   d. 17004, 17110

   Rationale: Cryosurgery is a method of destruction using extreme cold to destroy the lesion. The method selected for destroying benign or premalignant lesions is based on the type of lesion and number of lesions. There were 16 premalignant lesions destroyed. Look in the CPT® Index for Destruction/Lesion/Skin/Premalignant and you are directed to codes 17000-17004, 96567. In the numeric section, code 17004 is the only code reported for this procedure because 16 lesions were destroyed. There is a parenthetical note under code 17004 that states "Do not report 17004 in conjunction with 17000-17003." Ten benign lesions were destroyed. In the CPT® Index look for Destruction/Lesion/Skin/Benign and you are referred to codes 17110 and 17111. Code 17110 is reported for destruction of 10 lesions.

4. The patient is here to follow-up for a keloid excised from his neck in November of last year. He believes it is coming back. He does have a recurrence of the keloid on the superior portion of the scar. Because the keloid is still small, options of an injection or radiation to the area were discussed. It was agreed our next course should be a Kenalog (triamcinolone acetonide) injection. Risks associated with the procedure were discussed with the patient. Informed consent was obtained. The area was infiltrated with 1.5 cc of medication. This was a mixture of 1 cc of Kenalog-10 and 0.5 cc of 1% lidocaine with epinephrine. He tolerated the procedure well. What codes are reported?

   a. 11900, J3300, L90.5
   b. 11900, J3301, L91.0
   c. 11951, J3300, L91.0
   d. 11950, J3301, L90.5

   Rationale: Using the CPT® Index look for Injection/Lesion/Skin and you are referred to CPT® codes 11900, 11901. Code selection is based on the number of lesions treated, not the number of injections. In this case one lesion is treated, making 11900 the correct code.

   Using the HCPCS Level II code book, look in the Table of Drugs and Biologicals for Triamcinolone Acetonide, not otherwise specified referring to J3301. Verify code and you will see that Kenalog is listed under J3301. Report J3301 10 mg.

   Using the ICD-10-CM Alphabetic Index look for Keloid, cheloid/scar referring you to L91.0. Verify the code in the Tabular List.

5. Patient presents to the physician for removal of a squamous cell carcinoma of the right cheek. After the area is prepped and draped in a sterile fashion the surgeon measured the lesion and documented the size of the lesion as 2.3 cm at its largest diameter. Additionally, the physician took margins of 2 mm on each side of the lesion. Single layer closure was performed. The patient tolerated the procedure well. What CPT® code(s) is/are reported?

   a. 11642, 12013
   b. 11643
   c. 11643, 12013
   d. 11442

   Rationale: Squamous cell carcinoma is a malignant neoplasm. In the CPT® Index look for Skin/Excision/Lesion/Malignant and you are directed to many codes including code range 11600-11646. Code selection is based on location and size. The lesion is on the right cheek, narrowing the range to 11640-11646. The largest diameter is 2.3 cm plus 0.4 cm (2 mm + 2 mm on each side; 1 mm equals 0.1 cm) making the excised diameter 2.7 cm. The correct code selection is 11643. Simple one-layer repair is not reported separately.

6. Meredith has breast cancer on the left side, diagnosed by an excisional biopsy performed last week. Today she is having a radical mastectomy, Urban type, and concurrently a single pedicle TRAM flap reconstruction with supercharging. What CPT® codes are reported?

   a. 19367-LT, 19307-51-LT
   b. 19368-LT, 19305-51-LT
   c. 19368-LT, 19306-51-LT
   d. 19368-LT, 19302-51-LT

   Rationale: In the CPT® Index look for Mastectomy/Radical and you are directed to code range 19303-19306. CPT® code 19306 describes the Urban type procedure. A single pedicle TRAM flap is also performed. TRAM is a transverse rectus abdominis myocutaneous flap method of breast reconstruction. For the TRAM flap, in the CPT® Index, look for TRAM Flap/Breast Reconstruction and you are directed to codes 19367-19369. It can be performed with a double or a single pedicle flap. In this case, it is a single flap with supercharging making 19368 the correct code choice. Modifier LT is used on both procedures to indicate the side; and modifier 51 for multiple procedures, is appended to the second procedure

7. Patient is an 81-year-old male with a biopsy-proven basal cell carcinoma of the posterior neck just near his hairline; additionally, the patient had two other areas of concern on his cheek. Informed consent was obtained and the areas were prepped and draped in the usual sterile fashion. Attention was first directed to the basal cell carcinoma of the neck. I excised the lesion measuring 2.6 cm as drawn down to the subcutaneous fat. With extensive undermining of the wound I closed it in layers using 4.0 Monocryl, 5.0 Prolene and 6.0 Prolene; the wound measured 4.5 cm. Attention was then directed to the other two suspicious lesions on his cheek. After administering local anesthesia, I proceeded to take a 3 mm punch biopsy of each lesion and was able to close with 5.0 Prolene. The patient tolerated the procedures well. Pathology later showed the basal cell carcinoma was completely removed and the biopsies indicated actinic keratosis. What CPT® codes should be reported?

   a. 13132, 11623-51, 11104-59, 11105
   b. 13131, 11622-51, 11104-59, 11104-59
   c. 12042, 11623-51, 11104-59, 11105
   d. 13132, 11623-51, 11440-51, 11440-51

   Rationale: Three lesions were addressed. The first lesion is a malignant neoplasm of the neck (basal cell carcinoma). Look in the CPT® Index for Skin/Excision/Lesion/Malignant. This refers you to code range 11600-11646. The range is narrowed by the location of neck, 11620-11626. The lesion size is 2.6 cm making 11623 the correct code. For this lesion, extensive undermining of the wound and the use of multiple suture materials support use of a complex closure. Complex repairs are found by looking in the CPT® Index for Repair/Skin/Wound/Complex referring you to code range 13100-13160. The range is narrowed again by location of neck, 13131-13133. The repair length is 4.5 cm making 13132 the correct code. After the lesion of the neck was removed the provider took two biopsies on the cheek. Look in the CPT® Index for Biopsy/Skin Lesion/Punch, which refers you to codes 11104 and 11105. 11104 is used for the first biopsy and add-on code 11105 for the additional biopsy. Biopsies are typically included in excisions. It is necessary to use modifier 59 for the first biopsy indicating it was performed at a different location than the excision. Modifier 59 is not used on the second biopsy code because it is an add-on code.

8. Patient presents to the emergency department with multiple lacerations from a knife fight at the local bar. After examination it was determined these lacerations could be closed using local anesthesia. The areas were prepped and draped in the usual sterile fashion. The surgeon documented the following closures: 7.6 cm simple closure of the right forearm; 5.7 cm intermediate closure of the upper right arm; 4.7 cm complex closure of the right neck; 10.3 cm intermediate closure of the upper chest. What CPT® codes are reported?

   a. 13132, 12035-59, 12004-59
   b. 13132, 12034-59, 12032-59,12004-59
   c. 13132, 12036-59
   d. 13152, 12035-59, 12004-59

   Rationale: Four lacerations are repaired. In the CPT® Index look for Repair/Skin/Wound for the codes for Complex, Intermediate, and Simple. The lacerations are separated first by classification (simple, intermediate, complex), then by location. There is one simple closure, which is 7.6 for the right forearm which is reported with CPT® code 12004. Next the intermediate closures are performed on the arm measuring 5.7 cm and the upper chest measuring 10.3 cm. Trunk (chest) and extremities (arm) are in the same classification and are both intermediate, so the lengths are added together to total 16 cm and reported with CPT® code 12035. The last repair is a complex repair of the neck, 4.7 cm which is reported with CPT® code 13132. Subheading guidelines indicate to list the more complicated repair as the primary and the less complicated as secondary procedures using modifier 59. Report the complex repair first, followed by the intermediate and then the simple repair. Both the intermediate and the simple closures are reported with modifier 59.

9. The patient is here because the cyst in her chest has come to a head and is still painful even though she has been on antibiotics for a week. I offered to drain it for her. After obtaining consent, we infiltrated the area with 1 cc of 1% lidocaine with epinephrine, prepped the area with Betadine and incised and opened the cyst in the relaxed skin tension lines of her chest, and removed the cystic material. There was no obvious purulence. We are going to have her clean this with a Q-tip. We will let it heal on its own and eventually excise it. I will have her come back a week from Tuesday to reschedule surgery. What CPT® and ICD-10-CM codes are reported?

    a. 10140, L70.1
    b. 10060, L72.9
    c. 10061, L72.9
    d. 10160, R22.2

    Rationale: The physician performed an incision and drainage (I & D) of a cyst on the chest. To find the code, look in the CPT® Index for Incision and Incision and Drainage/Cyst/Skin and you are directed to codes 10040, 10060, 10061. 10040 is for acne surgery. 10060 and 10061 are for I & D of a cyst. Only one cyst was drained making 10060 the correct code.

    In the ICD-10-CM Alphabetic Index look for Cyst/skin and you are referred to L72.9. Verification in the Tabular List confirms code selection.

10. A localization wire placement in the lower outer aspect of the right breast was performed by a radiologist the day prior to this procedure. During this operative session, the surgeon created an incision through the wire track and the wire track was followed down to its entrance into breast tissue. A nodule of breast tissue was noted immediately adjacent to the wire. This entire area was excised by sharp dissection, sent to pathology and returned as a benign lesion. Bleeders were cauterized and subcutaneous tissue was closed with 3-0 Vicryl. Skin edges were approximated with 4-0 subcuticular sutures and adhesive strips were applied. The patient left the operating room in satisfactory condition. What is/are the correct code(s) for the surgeon's service?
    a. 19125-RT
    b. 11400-RT
    c. 19125-RT, 19285
    d. 19120-RT

    Rationale: Documentation indicates a localization wire was placed prior to the surgery by a radiologist. You are asked to select the code for the surgeon's service; therefore, code 19285 is not reported. In the CPT® Index look for Excision/Breast/Lesion referring you to codes 19120, 19125, 19126. Code 19125 describes excision of breast lesion identified preoperatively with a radiology marker. Modifier RT is appended to indicate the right side.

11. A 56-year-old pro golfer is having Mohs micrographic surgery for skin cancer on his forehead. The surgeon performs the surgery with two stages. The first stage includes 4 tissue blocks and the second stage includes 6 tissue blocks. What are the codes for both stages?

    a. 17311, 17315
    b. 17313, 17314, 16715
    c. 17311, 17312, 17315
    d. 17311, 17312

    Rationale: Mohs codes are selected based on location and number of stages, each including up to five blocks. There is an add-on code for each additional block after the first five blocks in any stage. In the CPT® Index look for Mohs Micrographic Surgery and you are directed to code range 17311-17315. Code 17311 is for the first stage with four tissue blocks and code 17312 for the second stage with five tissue blocks, based on the documentation of the site forehead. The remaining 6th tissue block prepared in the 2nd stage is reported with the add-on code 17315.