

## Chapter 7

### Section Review 7.1

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1. A. 704.00

RATIONALE: Alopecia is hair loss. You can find the correct code in the index by looking for Loss/hair, or for Alopecia in the Index to Diseases. Either entry refers you to 704.00. Telogen effluvium is hair loss due to stress, but the provider only suspects it is due to stress so it is not coded.

2. D. 702.0

RATIONALE: Look in the ICD-9-CM Index to Diseases under Keratosis/actinic and you are referred to ICD-9-CM 702.0. This is verified by looking in the Tabular List under 702.0.

3. B. 707.04, 707.20

RATIONALE: A bed sore is a pressure ulcer. Look in the ICD-9-CM Index to Diseases for Ulcer/ pressure/hip and you find 707.04. After verifying 707.04 is the correct code in the Tabular List, you will find a note under subcategory 707.0 stating to use an additional code to identify the stage of the pressure ulcer. 707.20 is used because there is no mention of the stage of the ulcer.

4. C. Sequence first the code reflecting the highest degree of burn

RATIONALE: Guideline Reference: ICD-9-CM Official Coding Guidelines Section I.C.17.c.1. Sequencing of burn and related condition codes, "Sequence first the code that reflects the highest degree of burn when more than one burn is present."

5. A. 882.0, 910.8

RATIONALE: The more serious injury is the laceration to the right hand. To find laceration in the Index to Diseases, look for Wound/open/ hand. This is not considered a complicated wound because there is no mention of infection or delayed healing. The injury to the scalp is only stated as superficial. In the Index to Diseases, look for Injury/ superficial/scalp.

### Section Review 7.2

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1. B. 11100, 11101

RATIONALE: Correct codes are 11100 and 11101. Code 11100 is for the first lesion of the left arm and the add-on code of 11101 is appended for the lesion on the right arm. The codes are found in the CPT® Index by looking for Skin/biopsy which refers you to codes 11100–11101.

2. A. 10060

RATIONALE: Codes 10060–10061 describe the incision and drainage of abscess of a cyst; simple or complicated/multiple. There is no indication the cyst is complicated resulting in 10060.

3. D. 11200, 11201

RATIONALE: Codes 11200–11201 describe removal of skin tags. 11200 is used for up to and including 15 tags; 12001 is used for each additional 10 or part thereof. The removal of 18 skin tags is reported with 11200 and 11201. There is no modifier used with an add-on code.

4. A. 11921, 11922

RATIONALE: Code selection is based on square centimeters. The total square centimeters is 11.5 cm<sup>2</sup> plus 10.5 cm<sup>2</sup> equaling 22.0 cm<sup>2</sup>. Code 11921 is used to report 6.1 cm<sup>2</sup> to 20 cm<sup>2</sup>; 11922 is used to report each additional 20 cm<sup>2</sup>, or part thereof. The codes are located by looking in the CPT® Index for Tattoo/skin which refers you to 11920–11922. 11922 is an add-on code making it exempt from modifier 51.

5. A. 11312

RATIONALE: Look in the CPT® Index for Shaving/Skin Lesion and you are referred to 11300–11313. Shaving of lesions is based on anatomical location and lesion size in centimeters. The shaving of a 1.4 cm cheek lesion is reported with 11312.

### Section Review 7.3

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1. B. 11300, 11300-51 x 2

RATIONALE: The lesions are removed using a shaving method reported with CPT® code range 11300–11313. Shaving of lesions is based on anatomical location and lesion size in centimeters. Each lesion is coded separately. All lesions are on the leg and the code selection is made from range 11300–11303. Since the specific measurements of the lesions are not stated, the smallest diameter is reported. Code 11300 is reported three times and may be reported as 11300, 11300-51x2 or 11300, 11300-51, 11300-51.

2. D. 13101, 12035-59, 12052-59, 12011-59

RATIONALE: Repair (Closure) codes are classified as Simple, Intermediate, and Complex. Code selection is based on the type of repair and the anatomical location. Repairs within the same anatomical location are added together. The abdomen and buttock are both part of the trunk, so these repairs are added together. The most complex repair is coded first; CPT® code 13101 is reported for the complex repair of abdominal and buttock with total closure of 4.1 cm. The arms and scalp are in the same anatomical category for these codes, so the repair length for the arm and scalp are added together. CPT® code 12035-59 is reported for the intermediate repair of for the arm and scalp with total closure of 15.5, CPT® code 12052-59 is reported for the 3.8 cm intermediate repair of the cheek and CPT® 12011-59 is reported for the 2.3 cm simple repair of the lip. The CPT® guidelines state to use modifier 59 when more than one classification of wounds is repaired.

3. C. 12032, 11403-51

RATIONALE: The lesion is suspicious and not classified as malignant. A code from Excision—Benign lesion is reported. Code selection is based on anatomic location and size in centimeters. The size is noted as 1.5 cm with margins of 3 mm on each side.  $3 \text{ mm} = 0.3 \text{ cm}$ .  $1.5 \text{ cm} + 0.3 \text{ cm} + 0.3 \text{ cm} = 2.1 \text{ cm}$ . Code range 11400–11406 is used for excision of benign lesions on the trunk, arms, or legs. A size of 2.1 cm is reported with 11403. The note supports an intermediate closure was performed. The repair measured 5.0 cm and is documented to be in layers, indicating an intermediate closure. Code range 12031–12037 is used to report intermediate repairs on the scalp, axillae, trunk and/or extremities. The repair measures 5 cm, making 12032 the correct code.

4. B. 11403

RATIONALE: A dysplastic nevus is considered a benign lesion. Excision of benign lesions is reported by anatomical location and size in centimeters. Code range 11400–11406 is used to report excision of benign lesions on the trunk. The excision of benign lesions are based on size (2.2 cm), which leads you to 11403.

5. C. 14020

A rhomboid flap is an adjacent tissue transfer. Adjacent tissue transfer or rearrangement codes are selected based on anatomical location and defect size in square centimeters. Look in the CPT® Index for Skin/Adjacent Tissue Transfer and you are referred to code range 14000–14350. Code range 14020–14021 is used to report rhomboid flaps on the scalp/arms/and/or legs. The total defect size is 5.44 sq cm ( $1.2 \text{ cm} \times 1.2 \text{ cm} = 1.44 \text{ sq cm}$ ;  $2 \text{ cm} \times 2 \text{ cm} = 4 \text{ sq cm}$ ;  $1.44 \text{ sq cm} + 4 \text{ sq cm} = 5.44 \text{ sq cm}$ ). Refer to measurements of rotation flaps in CPT® Professional Edition, page 70. Code 14020 is reported for an adjacent tissue transfer or rearrangement of arm with a defect of 10 sq cm or less. According to CPT® guidelines, excision of the lesion is included in the flap reconstruction and is not coded separately.

## Section Review 7.4

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1. B. 17111

RATIONALE: The code range for destruction of warts is reported with 17110 or 17111. Code selection is based on the number of warts destroyed. The patient has a total of 19 warts destroyed. 17110 describes destruction up to 14 lesions; 17111 describes the destruction of 15 or more lesions. The correct CPT® code is 17111 for destruction of 19 warts.

2. D. 17272, 17281-51

RATIONALE: Basal Cell Carcinoma (BCC) is a malignant lesion. Destruction of malignant lesions are reported with code range 17260–17286. Code selection is based on anatomical location and lesion size in centimeters. A 0.7 cm lesion of the face is reported with 17281; a 1.2 cm lesion of the hand is reported with 17272. 17272 has a higher RVU and is listed first. 17281 is listed second with modifier 51 indicating multiple procedures performed at the same operative session by the same provider.

3. A. 17311, 17312, 17312, 17315, 17315

Codes are reported by the number of stages and tissue blocks. There were a total of 3 stages performed CPT® 17311 is reported for the first stage and add-on code 17312, +17312 is listed twice for each additional stage. The first stage was divided into seven tissue blocks. Code 17315 is reported for each piece of tissue beyond five for any one stage. It isn't appropriate to add and average all blocks from all layers. CPT® +17315, +17315 for the sixth and seventh block.

4. B. 19318-LT

Code 19318 is found in Repair and or Reconstruction and is used to report a reduction mammoplasty. In the CPT® Index, see Breast/reconstruction/mammoplasty.

5. A. 19120-LT

The excision of a breast cyst is reported with 19120 and is found in the CPT® Index by finding Breast/Excision/Lesion. Review the codes to choose appropriate service.

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