



MJ, THE CODING COACH

- Make notes on how to code lesions and skin tags.
- Be sure to add the tabs to your book in order to quickly turn to the necessary sections. Know all about modifier 50, for bilateral procedures.
- DO NOT overthink, simply thoroughly read through each CPT description code and remember one word can change the entire meaning of the procedure.



CPC STUDY GUIDE

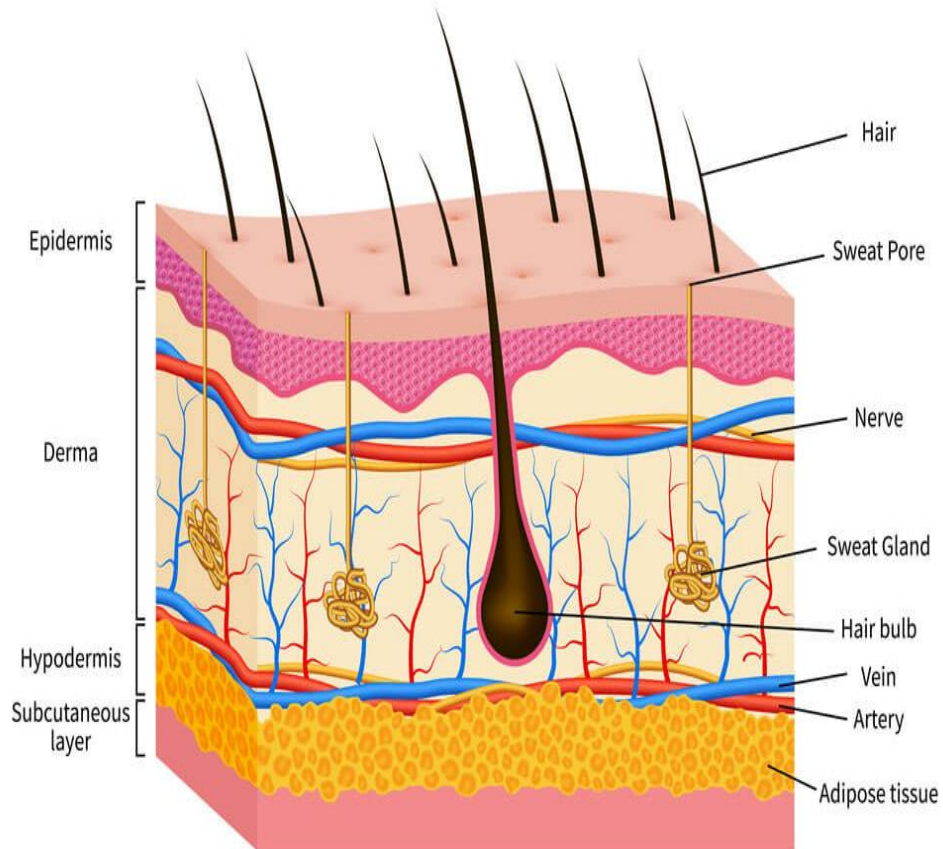
INTEGUMENTARY SYSTEM

There are approximately ten questions from this system on the CPC exam.

INTRO TO INTEGUMENTARY SYSTEM

- The Integumentary System is inclusive of the SKIN, HAIR, NAILS, and BREASTS.
- This study guide will help you understand the key components of the hair, nails, skin, and breasts.
- Knowing when HCPCS Level II codes and/ or modifiers are appropriate to use.
- Key terms are defined throughout this study guide.
- Understanding procedures and surgeries related to the hair, skin, nails, and breasts will be important to passing the Integumentary System section of the CPC exam.
- You will be able to identify when other sections of CPT or ICD-10-CM should be used.
- You will learn key defining terms and understand common conditions and/ or diseases affecting the skin, hair, nails, and breasts.

SKIN ANATOMY



THREE PRIMARY LAYERS OF THE SKIN

- EPIDERMIS
- DERMIS
- SUBCUTANEOUS (HYPODERMIS)

DEFINING KEY TERMS

- **Actinic Keratosis** – A premalignant warty lesion occurring on the sun – exposed skin of the face or hands in aged light-skinned people
- **Alopecia** – Lack of hair, especially on the scalp, which may partial or total, can occur at any age
- **Basal Cell Carcinoma** – A slow growing malignant neoplasm
- **Benign Lesion** – A tumor that does not form metastases and does not invade and destroy adjacent normal tissue
- **Biopsy** – A process of removing tissue from a patient for microscopic diagnostic exam
- **Congenital Nevus** – A melanocytic nevus visible at birth, often larger than an acquired nevus
- **Contact Dermatitis** – Acute or chronic dermatitis caused by initial irritant effect of a substance that encounters the skin

- **Debridement** – Removal of foreign materials, necrotic matter, and devitalized tissue from a wound or burn
- **Decubitus Ulcer** – Focal ischemic necrosis of skin and underlying tissues at sites of constant pressure or recurring friction
- **Dermabrasion** – Procedure used to remove acne scars or pits, performed with sandpaper or other abrasive materials
- **Dermatofibroma** – A slow growing, benign skin nodule consisting of poorly demarcated cellular fibrous tissue
- **Dermatologist** – A physician who specializes in diagnosing and treating cutaneous and related systemic diseases
- **Dermatome** – An instrument for cutting thin slices of skin for grafting or excising lesions
- **Dermis** – Directly below the epidermis, the dermis is the second layer of skin
- **Dysplastic Nevus** – Cutaneous pigmented lesions with notched, irregular borders, considered premalignant

DEFINING KEY TERMS

- **Epidermis** – The outer layer of the skin
- **Eschar** – A thick, crusty covering or slough that develops after thermal or chemical burn or cauterization of the skin
- **Gynecomastia** – Excessive development of the male mammary glands
- **Impetigo** – A contagious superficial pyoderma caused by *Staphylococcus aureus* (staph) or *Streptococcus pyogenes* (strep)
- **Intradermal Nevus** – A nevus on which nests of melanocytes are found in the dermis, but not at the epidermal-dermal junction
- **Keloid** – A nodular, firm, often linear mass of hyperplastic, thick scar tissue
- **Lumpectomy** – Surgical removal of a tumor or other lump from the breast along with some surrounding tissue, conserving normal breast appearance
- **Mammoplasty** – Altering the breast(s) size by reducing or enlarging

DEFINING KEY TERMS

- **Mastectomy** – Surgical removal of one or both breasts
- **Mastopexy** – Plastic surgical fixation to lift or reshape – to improve the look of sagging breast(s)
- **Mycoses** – Any disease caused by a fungus
- **Necrosis** – Pathologic death of one or more cells, or of a portion of tissue or organ, resulting in irreversible damage
- **Nevus** – A circumscribed malformation of the skin, especially one colored by hyperpigmentation
- **Pilonidal Cyst** – Hair – containing cyst or sinus in the tissues of the sacrococcygeal area
- **Pruritis** – Relating to itching
- **Psoriasis** – A common autoimmune condition characterized by the eruption of reddish, silvery-scaled maculopapules
- **Sebaceous Cyst** – A common cyst of the skin containing sebum and keratin
- **Seborrhea** – Overactivity of the sebaceous gland, resulting in an excessive

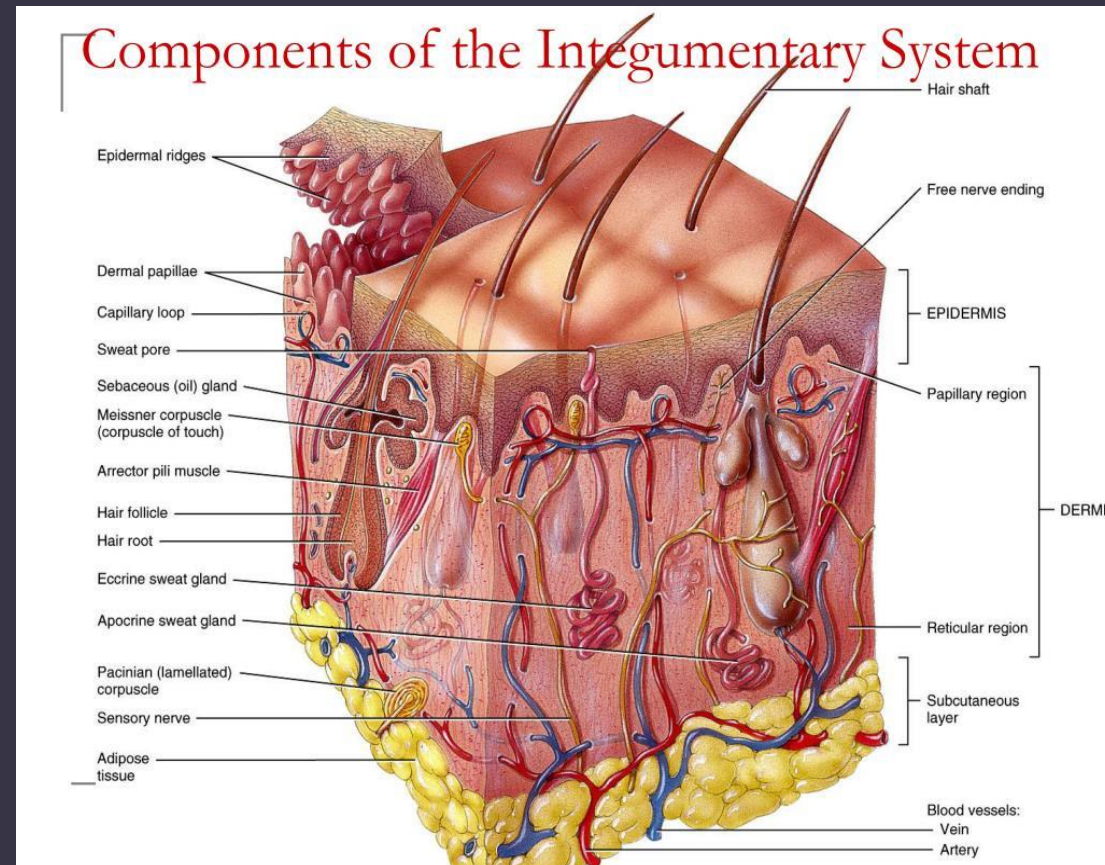
DEFINING KEY TERMS



ANATOMY & MEDICAL TERMINOLOGY

INTEGUMENTARY SYSTEM

DETAILED LOOK AT THE SKIN ANATOMY



THE SKIN IS THE LARGEST ORGAN SYSTEM OF THE BODY

The Integumentary System is simply the SKIN. The skin is the largest organ in the human body. It protects, and allows for homeostasis, among other functions.

The skin is primarily made up of three layers, the dermis, epidermis, and the hypodermis. Each of these perform its own set of specific functions.

The dermis (under the epidermis) is made up of TWO LAYERS, the upper papillary, and the lower reticular layer and contains tough connective tissue, hair follicles and sweat glands, allows for the skin's flexibility, and houses nerve endings and blood vessels.

The epidermis is the outermost layer of the skin and provides a waterproof barrier and creates our skin tone. The epidermis contains different type of cells; squamous cells, basal cells, and melanocytes.

The hypodermis, also beneath the dermis, is the subcutaneous layer consisting largely of fat. It provides the main structural support for the skin, as well as insulating the body from cold and aiding shock absorption.

- There are other LAYERS of the skin; Stratum Corneum, Stratum Lucidum (found in thick skin areas such as soles and palms, Stratum Granulosum, Stratum Spinosum, and Stratum Basale (Germinativum).
- You'll find codes for incisions, wound debridement, skin tag removal, and the excision of benign and malignant lesions at the front of the Integumentary subsection. **Debridement and excision codes all include measurements: the depth of the tissue removed via debridement, for example, or the diameter of the lesion removed.** Code according to these measurements. There are also specific codes for the number of lesions removed in a single procedure. Keep this in mind as you read any question regarding lesion removal.
- The protein keratin stiffens epidermal tissue to form fingernails. Nails grow from the nail matrix at about 1mm per week.

INTEGUMENTARY SYSTEM

INTEGUMENTARY SYSTEM

Towards the middle, you will find codes for skin grafts, skin repair and other tissue transfers. In this section, you will need to know the different sources of grafts (autografts are grafts from the patient, allografts are grafts from a cadaver and xenografts are grafts from animals or man-made sources). You will find several codes for different skin surgeries.

The next area of the Integumentary section is burns. **A burn is tissue damage with partial or complete destruction of the skin caused by HEAT, CHEMICALS, SUNLIGHT, ELECTRICITY, or NUCLEAR RADIATION.** Here you will need to know the "rules of 9s". The surface area of the human body is divided into multiples of 9: the legs are each 18%, as is the front and back of the torso. Each arm accounts for 9%, as does the head. The genitals are 1%; So, a patient who has burns over the right leg and right arm has burns over 27% of their body. Burns from a heat source are classified by depth (first, second, third, unspecified), extent and agent. For multiple burns, sequence the highest degree burn first. NON healing burns are coded as acute.

At the end of the Integumentary subsection, you will find codes for the breasts. The breasts are not technically apart of the Integumentary System, but according to the AMA, this is the best place for them. You will find codes for mastectomies, breast repair, reconstruction, and the excision of tumors, cysts, and lesions. **Be sure to add tabs to your Medical Coding books in order to save time during the exam. Also, please familiarize yourself with your books!!!!**

ICD-10-CM Diagnosis Coding

- Diagnostic codes for the skin are found primarily in four chapters in the ICD-10-CM book:
- Chapter 2 – Neoplasms
- Chapter 12 – Diseases of the Skin and Subcutaneous Tissue
- Chapter 19 – Injury, Poisoning, and Certain Other Consequences of External Causes
- Chapter 14 – Diseases of the Genitourinary System (diagnostic codes for breasts are typically found here, N60-N65)



NEOPLASM INFORMATION!!

The Table of Neoplasms is broken down into SIX columns. The first THREE indicate malignancies, classified as Primary, Secondary, and Ca in situ; after the malignancies are Benign, Uncertain Behavior, and Unspecified Behavior.

The Table of Neoplasm start on page 359 in the 2021 ICD-10-CM Book.

Be sure to practice using your Alphabetic Index



NEOPLASM KEY TERMS

Primary Malignancy – the original location of the cancer (carcinoma) (e.g., skin NOS/eyebrow C44.309)

Secondary Malignancy – the cancer has spread to a secondary location (metastases) (e.g., skin NOS/eyebrow C79.2)

Ca in situ – the cancer is encapsulated and has NOT spread (e.g., skin NOS/eyebrow D04.39)

Benign – the pathology report indicates no cancer or precancerous cells associated with the lesion (e.g., skin NOS/eyebrow D23.39)

NEOPLASM KEY TERMS

UNCERTAIN BEHAVIOR

- A specific diagnosis. This is a lesion with behavior that cannot be predicted. It is currently benign, but there is a chance that it could undergo malignant transformation over a period of time. There must be a pathology report specifying UNCERTAIN BEHAVIOR (e.g., skin NOS/eyebrow D48.5)
- Basically, the clinicians are “unsure” of what the lesion will do and unsure if it will stay noncancerous.

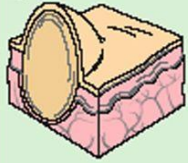
UNSPECIFIED BEHAVIOR

- There is NO pathology report specifying the nature of the lesion (e.g., skin NOS/eyebrow D49.2)
- Basically, the lesion is not specified, whether they CANNOT or simply DID NOT specify the nature.

TABLE 44-2

Primary and Secondary Skin Lesions (continued)

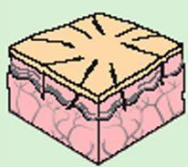
Cyst



Elevated, encapsulated, fluid-filled or semisolid mass originating in the subcutaneous tissue or dermis, usually 1 cm or larger.

Examples Varieties include sebaceous cysts and epidermoid cysts.

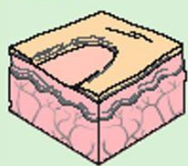
Atrophy



A translucent, dry, paper-like, sometimes wrinkled skin surface resulting from thinning or wasting of the skin due to loss of collagen and elastin.

Examples Striae, aged skin.

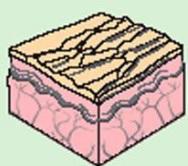
Erosion



Wearing away of the superficial epidermis causing a moist, shallow depression. Because erosions do not extend into the dermis, they heal without scarring.

Examples Scratch marks, ruptured vesicles.

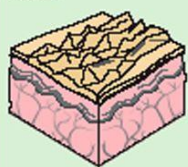
Lichenification



Rough, thickened, hardened area of epidermis resulting from chronic irritation such as scratching or rubbing.

Example Chronic dermatitis.

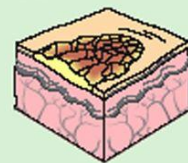
Scales



Shedding flakes of greasy, keratinized skin tissue. Color may be white, gray, or silver. Texture may vary from fine to thick.

Examples Dry skin, dandruff, psoriasis, and eczema.

Crust



Dry blood, serum, or pus left on the skin surface when vesicles or pustules burst. Can be red-brown, orange, or yellow. Large crusts that adhere to the skin surface are called scabs.

Examples Eczema, impetigo, herpes, or scabs following abrasion.

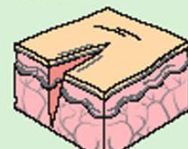
Ulcer



Deep, irregularly shaped area of skin loss extending into the dermis or subcutaneous tissue. May bleed. May leave scar.

Examples Decubitus ulcers (pressure sores), stasis ulcers, chancres.

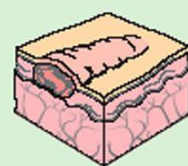
Fissure



Linear crack with sharp edges, extending into the dermis.

Examples Cracks at the corners of the mouth or in the hands, athlete's foot.

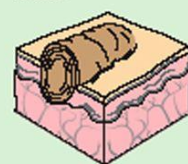
Scar



Flat, irregular area of connective tissue left after a lesion or wound has healed. New scars may be red or purple; older scars may be silvery or white.

Examples Healed surgical wound or injury, healed acne.

Keloid



Elevated, irregular, darkened area of excess scar tissue caused by excessive collagen formation during healing. Extends beyond the site of the original injury. Higher incidence in people of African descent.

Examples Keloid from ear piercing or surgery.

DISEASES & INFECTIONS OF THE SKIN

- Bacterial and Fungal skin infections (carbuncles and furuncles - boils). Several furuncles together make up carbuncles and usually involve a group of hair follicles).
- Inflammatory conditions, including psoriasis, dermatitis, erythema, rosacea, etc. There are different types of dermatitis: seborrheic, atopic, and contact dermatitis. When selecting a code for contact dermatitis, it will depend on the irritant causing the reaction. When the irritant is a drug, use the appropriate external code.
- Other disorders include ulcers, corns, calluses, keratosis, keloid scars, diseases of the hair (alopecia), sweat glands, sebaceous glands (acne) and wounds.

COMMON SKIN INFECTIONS (L01-L05)

- **Impetigo – L01** – is caused by a group A streptococci or Staphylococcus aureus bacteria entering the skin, typically through cuts or insect bites.
- **Skin abscesses/ Boils – L02** – typically caused by a staphylococcal infection. Be sure to identify if the abscess is a cutaneous abscess, furuncle or carbuncle, and to identify the site.
- **Cellulitis – L03** – Select the code based on location and then identify if it is cellulitis or acute lymphangitis. If it is identified as an infection of the lymph node, lymphangitis, use a code from category L04.
- When there is a cyst, fistula, or sinus under the skin located at the bottom of the tailbone, near the natal cleft of the buttocks, it is called a **Pilonidal Cyst**. When infected, the cyst can contain hair, skin debris, and other abnormal tissue, this is considered to be an abscess. Use a code from category **L05** to identify these cysts.

COMMON INFLAMMATORY CONDITIONS OF THE SKIN

- **Psoriasis** (Code category L40) appears as patches of red skin covered in scales; often painful and itchy.
- **Erythema** is redness of the skin due to capillary dilation. Types of erythema include rosacea, erythema multiforme, and erythema nodosum. When erythema multiforme is listed in the medical record, you will report:
 1. The code for erythema multiforme (L51.0 – L51.9)
 2. The associated manifestations
 3. An additional adverse effect code if drug induced
 4. An additional code from category L49.- to identify the percent of skin exfoliation

OTHER DISORDERS OF THE SKIN

- **Urticaria** – can be caused by a food or medicine allergy, heat or friction or can be idiopathic
- **Keratosis** – overgrowth of the horny layer of the skin. Actinic Keratosis (L57.0) (AK), also is referred to as solar keratosis and is caused by sun exposure. Actinic Keratosis is precancerous and can lead to squamous cell carcinoma.
- **When using code L57.0. please use the appropriate code to identify the source of ultraviolet radiation.**
- **Corns and calluses** (L84) is the body's way of adding an extra layer of protection to the skin
- **Seborrheic Keratosis** (L82) – benign growth that usually is NOT cancerous.
- **Warts** are usually caused by human papilloma virus (HPV) and are reported using code B07.-. Other types of warts are reported using other categories within the ICD-10-CM book (A18, L82, etc).
- **Diagnosis for nail conditions, hair conditions, and subcutaneous skin conditions (L60-L75)**
- **Common disease of the nail is an ingrown toenail (L60.0).**
- **Alopecia** (L63-L66) is loss of hair. Alopecia areata (L63,-) is an autoimmune disease that attacks hair follicles.

DECUBITUS ULCERS

- This is basically a technical term for a BEDSORE or Pressure ULCER!!!
- Usually found over the bony projections of the body such as knee, heel, coccyx, and sacrum AND in patients confined to the bed.
- When using a code with “in preparation for muscle or myocutaneous flap” such as CPT code 15936, use the correct code for the muscle/myocutaneous flap AND the pressure sore excision code.
- Use the appropriate code in the CPT book under the PRESSURE ULCERS section when coding for pressure sore procedures that include an adjacent tissue transfer, flap closure, or skin flap closure. (From AAPC guidelines book).

STAGES of DECUBITUS ULCERS

Pressure Ulcers can progress in four stages based on the level of tissue damage . This is how the clinician will determine the best course of treatment for a rapid recovery.

STAGE 1: This is the mildest stage. It discolors the upper layer of the skin, reddish color. The wound is NOT open in this stage. Symptoms are burning and itching.

The treatment usually include removing pressure from the area, any excess pressure can cause the skin to break.

STAGE 2: The sore area of the skin has broken through the top layer and some of the layer below. May appear as a serum filled blister with the surrounding area of the skin possibly sore and red, which indicates tissue damage or tissue death, necrosis.

STAGES OF DECUBITUS ULCERS

STAGE 3: Sores that has progressed to this stage have COMPLETELY through the top two layers of the skin and into the fatty tissue below. An ulcer in the stage may resemble crater. It may also smell bad.

Treatment of Stage 3 ulcers include immediate medical attention, with usual care of antibiotic therapy and removal of dead tissue.

Stage 4: This is the most serious stage because they extend below the subcutaneous fat into your deep tissues like tendons, muscles, and ligaments. The sores will produce drainage at this stage. Your skin may turn black, which indicates infection or tissue death.

Addition to the FOUR stages, there are two other categories: suspected deep tissue injury and unstageable ulcers.

INJURY and POISONING

Chapter 19: Injury, Poisoning, and Certain Other Consequences of External Causes contain codes for superficial injuries and open wounds, and they are organized by location.

A superficial injury is one that occurs to the outer layer of the skin, such as abrasions, friction burns, blisters, contusions, and insect bites.

Contusions are bruises. When there are more serious injuries to the same site as contusions, do NOT code for the contusions; code for the more serious injury.

Open wounds are lacerations, insect bites, and puncture wounds.

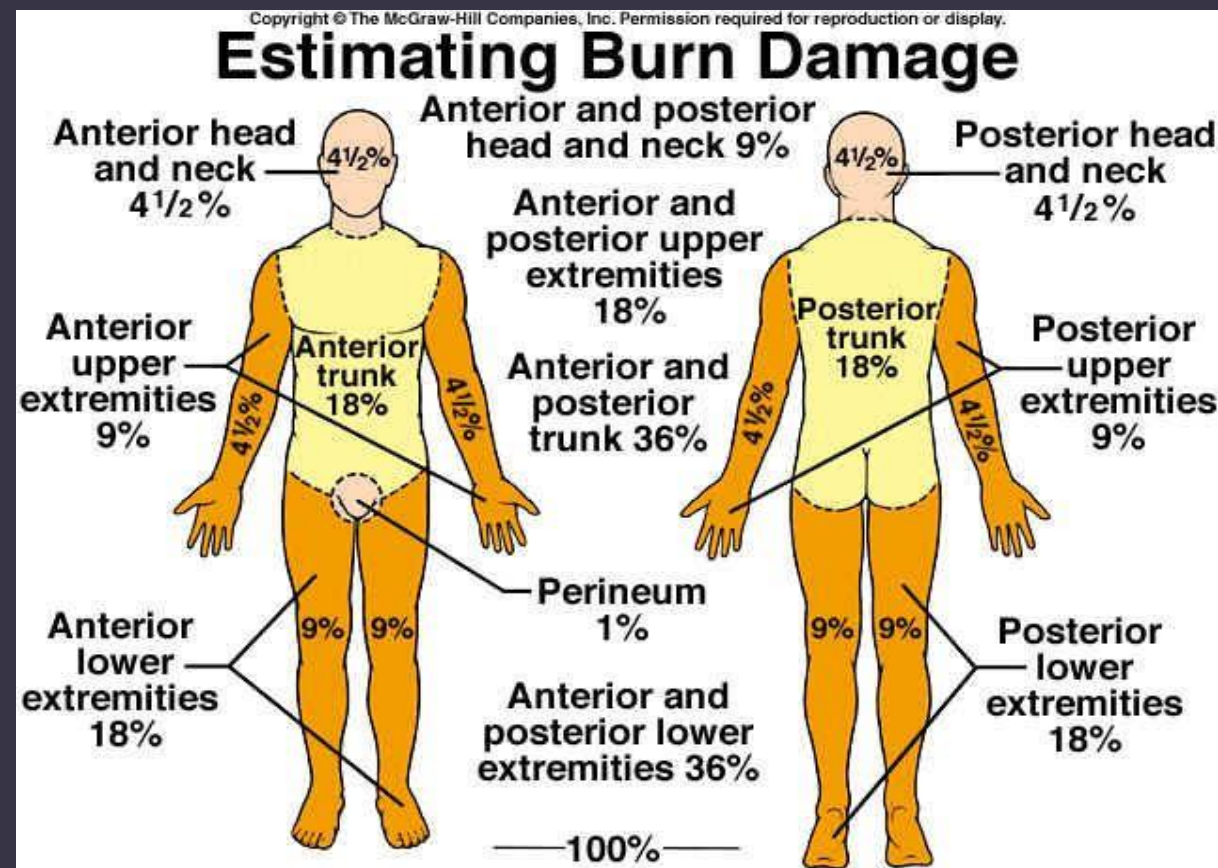
When selecting a code, it is based on the type of superficial injury or open wound and the location.

You will notice that most categories in the chapter requires a 7th character. There are several 7th characters, however, the three (3) main ones are A (initial encounter), D (subsequent encounter), S (sequela). Example: S20.321A, this code indicates that this is the FIRST visit for this diagnosis of Blister of right front wall of thorax.



BURN CODING

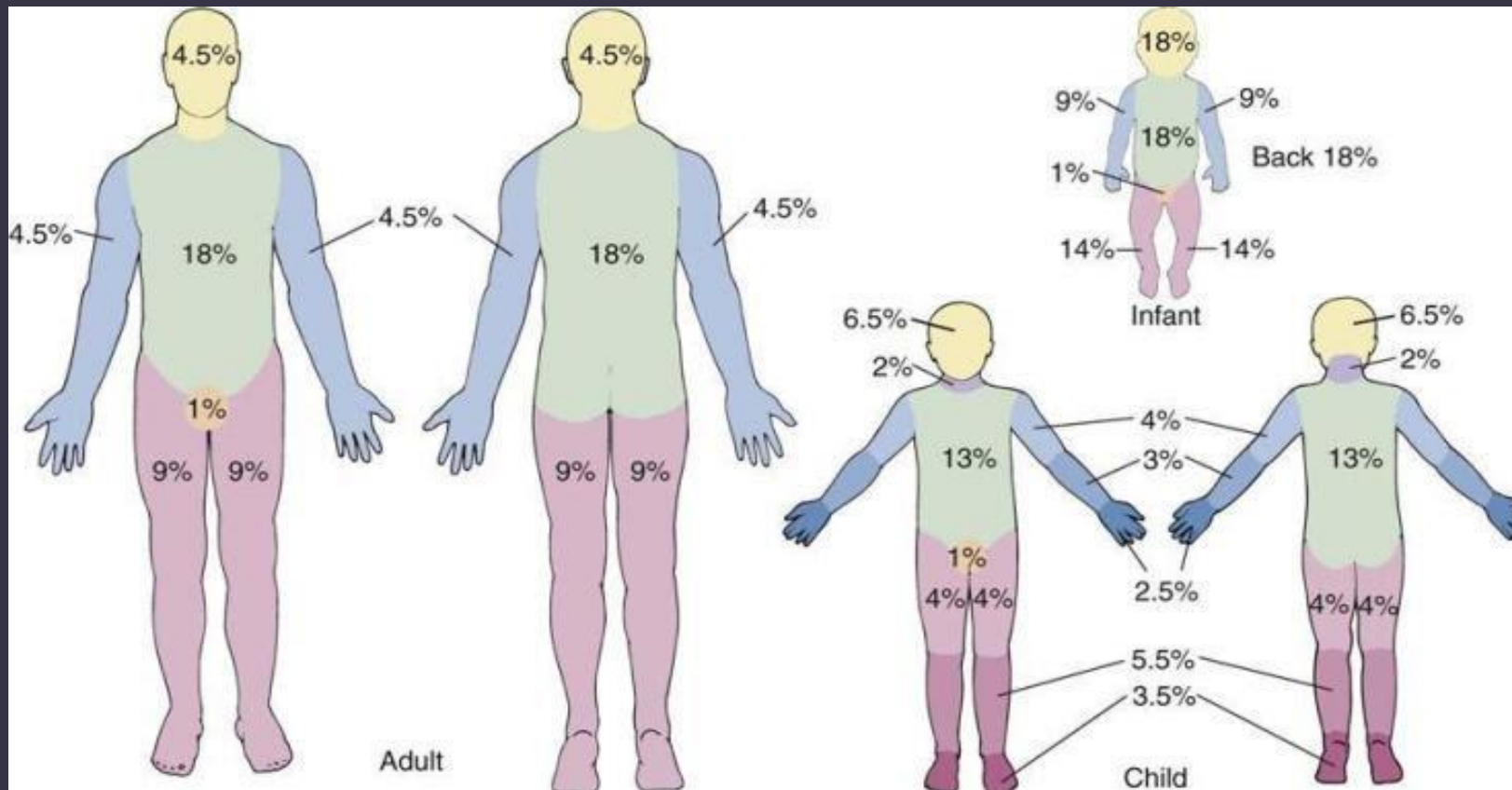
BURN CODING for ADULTS



BURNS ARE CODED BASED ON SEVERAL FACTORS

- Total Body Surface Area (TBSA) – this indicates the total body area affected by the burn(s).
- When the site is NOT specified, to record a burn mortality, or when 3rd degree burns are documented to involve 20% or more body surface, PLEASE use a code from category T31.
- There are different percentages when coding burns (RULES OF NINE) for infants and children versus coding burns for adults; adults are larger, therefore the body surface is larger as well.
- Burns are tissue damage with partial or complete destruction of the skin caused by heat, chemicals, electricity, sunlight, or nuclear radiation.
- Inhalation injury, another type of burn occurs when you breathe in smoke.
- Degrees of Burns: based on the depth of the burn. There are SIX degrees of burns.
- To code a burn case correctly, specify the site, severity, extent, and external cause

BURN CODING FOR CHILDREN



TYPES OF BURNS

Thermal Burns: caused by an external heat source such as fire or hot liquids in direct contact with the skin, causing tissue cell death or charring.

Electrical Burns: when the body encounters an encounter current. Although the patient may appear fine, there can be internal affects to the tissues and muscles.

Radiation Dermatitis: a type of dermatitis that is caused when the skin, eyes, or internal organs are exposed to radiation. Causes include exposure from sources such as fluoroscopy therapy, sun exposure and tanning bed lights.

Corrosions: chemical burns caused by strong acids such as bleach and battery fluid, or strong bases such as ammonia or detergents.

Burns are defined by how deep they are and how large an area they cover. Deep burn heal the slowest and is more prone to infections and scarring.

DEGREES of BURNS

- 1st Degree – damages the outer layer (epidermis) of skin. A common example is a sunburn; usually dry, red (erythematous), and painful.
- 2nd Degree – indicates blistering with damage extending beyond the epidermis partially into layer beneath it (dermis). May need a skin graft if severe.
- 3rd Degree – indicates full-thickness tissue loss with damage or complete destruction of both layers of skin (including hair follicles, oil glands, and sweat glands). These burns always require skin grafts.
- 4th Degree burns extend into fat
- 5th Degree burns extend into the muscle
- 6th Degree burns extend damage down to the bone

FIRST DEGREE BURN



- Sometimes, patients suffer from burns in multiple anatomical sites. When this is the case, assign a separate code for each location with a burn. If the patient has multiple burns on the same location, select the code that indicates the most severe burn for that location. Sequence the codes in order of severity, with the most severe burn listed first.
- To code burn cases correctly, you need at least three codes to properly report burn diagnoses:
 - First-listed code(s): site and severity (from sections T20 – T25)
 - Your first listed code will be a combination code that reports both the site and severity of the injury. This site refers to the anatomical site that is affected by the burns or corrosion
 - Next-listed code: Extent (from sections T31/T32)
 - Additional code(s): ICD-10-CM guidelines recommend that you report external cause codes for burn patients, however, not all payers accept these codes.

ASSIGNING BURN CODES

A FEW TIPS ON ASSIGNING
THE APPROPRIATE CODES!

SECOND DEGREE BURN



THIRD DEGREE BURN



CPT CODING and RELATED INFO

- Fine Needle Aspiration (FNA) Biopsy is used to sample (drain) fluid from a mass or cyst. For percutaneous needle biopsies other than FNA, refer to CPT section 19081 – 19086 for breast or 20206 for muscle, etc.
- Incision & Drainage (I&D) when catheters are used for complete or continuous drainage of fluid collection. When a catheter is used to drain an abscess, hematoma, seroma, or cyst in the soft tissue, and image guidance is used, it is reported with code 10030. When an I&D is performed below the subcutaneous layer, it is reported from other sections in the CPT code book.
- Removal of SKIN TAGS are overgrowth of both the epidermis and dermal fibrovascular tissue. Typically done with scissoring. Code selection is based on how many skin tags are removed.
- Shaving Lesions are often confused with biopsies. This is when the lesion is removed without the full thickness excision and does NOT require suture closure. Code is selected by body area and lesion size. Physicians will determine if the method will be shaving or excising.
- Excising Lesions is a process defined as full thickness removal of a lesion of the skin. The pathology report will determine which code to use (malignant or benign). Code selection is also based on size and anatomical location of the lesion prior to the excision.
- Debridement is defined as the removal of dead tissue.
- Biopsy in this section, refers to biopsies of the skin. Punch biopsy or shaved biopsy are typically the methods.

DEBRIDEMENT EXPLAINED

- The debridement codes in the Integumentary System chapter are used more often for friction burns, abrasions, frost bite, pressure ulcers, and more but NOT for second and third degree burns of the skin.
- Debridement is coded to the deepest level of tissue removed. When multiple wounds are debrided, the wounds with the same depth are added together.
- Codes 11000-11008 are based on percentage of body surface and location of wound. The removal of any mesh is reported with add-on code 11008.
- Check out codes 11010-11012 and 11042-11047 for more debridement codes. Thoroughly read the description.
- Debridement simply means removal of damaged tissue or foreign objects from a wound.



Wound as it
is being
DEBRIDED!

- **BE SURE TO WRITE MANY NOTES IN YOUR BOOK ON THIS CHAPTER!**

UNDERSTANDING REPAIRS (CLOSURE) 12001 – 13160

- Repair of wounds are divided into simple, intermediate, or complex.
- Simple repair (12001 – 12021) is used when the wound is superficial and requires a single one-layer closure, also inclusive of Dermabond.
- Intermediate repairs (12031 – 12057) involve a layered closure of one or more of the deeper layers of the subcutis and superficial (non-muscle) fascia, in addition to the skin closure. Be careful because when a single-layer closures of heavily contaminated wounds that have required extensive cleaning or removal of matter also constitutes intermediate repair. When searching the medical record for verbiage to select the appropriate code, search for words such as “extensive cleaning”, and/ or “removal of debris. Lack of these specific details or mention of a “single-layer closure” indicates a simple repair.
- Complex repairs (13000 – 13160) treat deeper, more extensive wounds that require more than a layered closure such as debridement, extensive undermining, stents, scar revision, or sutures. The medical record should indicate extensive reconstructive repair.

Identifying Location Subcategory

- After determining the complexity of the repair, the next step is to identify the body site(s) being repaired.
- **Simple repairs:**
 - scalp, neck, axillae, external genitalia, trunk, and/ or extremities (including hands & feet) (12001 -12007)
 - face, ears, eyelids, nose, lips (12011 – 12015)
- **Intermediate repairs:**
 - scalp, axillae, trunk, external genitalia, and/ or extremities (including hands & feet) (12031 – 12037)
 - neck, hands, feet, and /or external genitalia (12041 – 12047)
 - face, ears, eyelids, nose, and lips (12051 – 12057)
- **Complex repairs:**
 - trunk (13100 - +13102)
 - scalp, Arms, and legs (13120 - +13122)
 - forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/ or feet (13131 - +13133)

WOUND LENGTH

Final code selection is based on the size of the repair. The length of the wound repaired must be measured and recorded in centimeters, whether curved, angular, or stellate. If the measurements are documented in inches, please convert to centimeters before selecting the appropriate code.

When reporting wounds with differentiating severity and/ or location, the most extensive service should be listed as the primary code and append modifier 59 DISTINCT PROCEDURAL SERVICE to subsequent repair codes.



COMMON PROCEDURES OF THE NAILS

The Integumentary System

NAILS

- Nail avulsion is the most common surgical procedure performed on the nail unit. It is the excision of the body of the nail plate from its primary attachments.
- Nail avulsion, partial or complete, simple or single, fingernail or toenail, it is reported using CPT code 11730.
- If the physician is removing more than one nail from the fingers or toes, +11732 is used for each additional nail.
- A nondystrophic nail is a normal nail that is unaffected by abnormal development or changes in structure or appearance due to disease or injury. For trimming of nondystrophic nails use CPT code 11719.
- Hematoma (collection of blood) of the fingernail or toenail is removed by using an instrument called an electrocautery unit to pierce the nail plate and drain the fluid, use code 11740. When there are multiple nails involved, report each additional procedure with the correct modifier to reflect which nail is involved, use FA-F9 for fingernails and TA-T9 for toenails.
- Most procedures involving the nail relate to ingrown or deformed nails. The nail is removed using a dissection method with the assistance of electrocautery to eliminate excessive bleeding. For partial or complete removal, use CPT code 11750.

PROCEDURES and DISORDERS of the BREAST

- What is imaging guidance surgery? Image guidance surgery is any surgical procedure where the surgeon used tracked surgical instruments with preoperative (before operation) and intraoperative (during operation) images in order to directly or indirectly guide the procedure.
- When it appears that a patient has a breast cyst, a puncture aspiration may be performed. Remember to code for imaging guidance if applicable, **PAY CLOSE ATTENTION** to the instructional notes.

BREAST TERMINOLOGY

- Mastectomy – is surgery to remove ALL breast tissue from a breast is a way to treat or prevent breast cancer.
- Lumpectomy – may be another treat option. This is considered a breast-conserving surgery.
- Mastopexy – performed to lift breasts.
- Mammoplasty Reduction – performed when patients has excessive breast tissue due to enlargement; usually indicated by back, neck and shoulder pain.
- Mastectomy for gynecomastia (19300) is a surgery performed ONLY on a male patient for enlarged breasts.
- A partial mastectomy (19301) is described as a lumpectomy, tylectomy, segmentectomy, or quadrantectomy. If axillary lymph nodes are removed, the surgery is reported with a single code (19302).



MASTECTOMY CODES

- The following codes describe the extent of the Mastectomy:
- Simple complete (19303) the removal of just the breast.
- Radical mastectomy includes the pectoral muscles and axillary lymph nodes (19305) or the pectoral muscles, axillary and internal mammary lymph nodes (19306).
- A modified radical mastectomy includes axillary lymph nodes, with or without pectoralis minor muscle, but exclude pectoralis major muscle.

BREAST RECONSTRUCTION

- Breast reconstruction is the surgical process of rebuilding the shape and look of a breast, most commonly in women who have had surgery to treat breast cancer. It involves using autologous tissue, prosthetic implants, or a combination of both with the goal of reconstructing a natural-looking breast.
- A patient can receive reconstruction surgery immediately after the mastectomy or later.
- When a patient has reconstructive breast surgery on the same day as a mastectomy or mastopexy, using breast prosthetics, use CPT code 19340.
- When the procedure is delayed and not performed on the same day as the mastectomy, CPT code 19342 is used.
- Other CPT reconstruction codes to study: 19357, 19361, 19367, 19368, 19370 and 19371.



MOHS MICROGRAPHIC SURGERY

- Mohs Micrographic surgery is a surgical procedure used to treat skin cancer. When individual layers of cancer tissue are removed and examined under a microscope one at a time until all cancer tissue has been removed.
- CPT codes 17311 – 17316
- MAKE MANY NOTES IN YOUR CPT BOOK REGARDING THIS SUBJECT!!!!!!!



DESTRUCTION

- When referring to destruction as it relates to procedures, the CPT book describes it as ablation of benign or malignant tissues by any method, with or without curettement, including local anesthesia and only typically requiring any closure. Methods include electrosurgery, cryosurgery, laser and chemical treatment.
- Actinic keratoses, the destruction of benign or premalignant lesions is described by using CPT codes 17000 – 17004, based on pathology. Code 17000 describes destruction for the first lesion, and add-on code 17003 is used to describe destruction of the 2nd through 14th lesions and assigned per lesion.
- CPT code 17004 is used when destroying 15 or more lesions. Use CPT codes 17110 – 17111 for wart destruction, depending on the number of warts destroyed.



OTHER PROCEDURES

- Procedures that can be considered as cosmetic are also listed in the Integumentary System section of the CPT book. Although they are cosmetic, they can also be medically necessary and reimbursed by payers.
- Dermabrasion, chemical peel, cervicoplasty (neck lift), liposuction (suction assisted lipectomy), abdominoplasty (tummy tuck), blepharoplasty (eyelid lift), and rhytidectomy (brow lift).



PRACTICE EXAM

TEST YOUR KNOWLEDGE
BY SETTING A CLOCK
WHILE ANSWERING THE
QUESTIONS.

LOOK AT THE ANSWERS
AFTER COMPLETING THE
TEST.

1. Which layer of the skin contains the stratum corneum, stratum lucidum, stratum granulosum, and stratum spinosum, and stratum germinativum?

- A. Dermis
- B. Epidermis
- C. Hypodermis
- D. Subcutaneous Tissue



2. After a tragic event, a male patient is now missing a section of his skin, measuring about 6.5 sq cm on his nose, the clinician decides to perform an adjacent tissue transfer. Which is the appropriate code to use?

- A. 14020
- B. 14021
- C. 14060
- D. 14000

INTEGUMENTARY SYSTEM EXAM

INTEGUMENTARY SYSTEM EXAM

- 3. A patient has presented to the podiatrist with an ingrown toenail. The physician decides to perform a wedge excision of the nail fold skin. This relieves some of the pressure and will possibly correct the nail. What code should be used to describe this procedure?
- A. 11765
- B. 11719
- C. 11750
- D. 11720

INTEGUMENTARY SYSTEM EXAM

- 4. How are excised benign lesions coded?
 - A. Calculating the lesion diameter plus the most narrow margins
 - B. Measuring the greatest clinical diameter of the apparent lesion minus that margin required for the complete excision
 - C. Calculating the lesion diameter minus the most narrow margins
 - D. Measuring the greatest clinical diameter of the apparent lesion plus that margin required for the complete excision

INTEGUMENTARY SYSTEM EXAM

- 5. If a Dermatologist remove 30 skin tags from a patient's neck and face, what is the appropriate CPT code to use?
 - A. 11200, 11201 x2
 - B. 11310, 11201 x3
 - C. 12000
 - D. 11300 x30

INTEGUMENTARY SYSTEM EXAM

- 6. An 88- year-old patient wants to correct wrinkles on his face undergoes an epidermal chemical facial peel on her face. What code would you use?

A. 15780

B. 15824

C. 15788

D. 15793

INTEGUMENTARY SYSTEM EXAM

- 7. What would TBSA be used for?
 - A. To measure the size of pressure ulcers
 - B. To help determine tumor size
 - C. To help reconstruct breasts after a mastopexy
 - D. To measure skin surface area for burn treatment

INTEGUMENTARY SYSTEM EXAM

- 8. Patient presents to primary care physician for an ischial pressure ulcer. The physician decides to excise the ulcer and used the skin flap closure technique, which code would be best fit?
 - A. 15934
 - B. 15944
 - C. 15940
 - D. 15945

INTEGUMENTARY SYSTEM EXAM

- 9. A 17-year-old female patient presents to the Emergency Department after falling from her bicycle and causing an open laceration of her foot measured at 2.9 cm. The physician decides to perform an Intermediate repair. What code is used?
 - A. 12042
 - B. 12001
 - C. 13131
 - D. 12041

INTEGUMENTARY SYSTEM EXAM

- 10. After losing 110 lbs., a 20-year-old female patient decided to undergo a suction assisted lipectomy procedures on her abdomen. Which code would be chosen for adequate reimbursement?

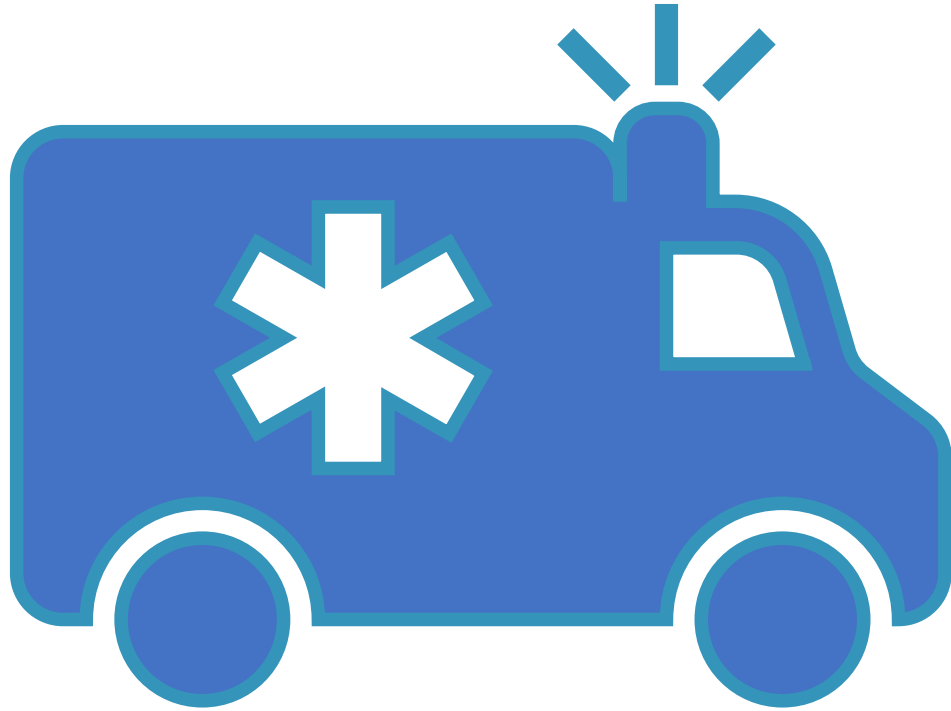
A. 15877
- B. 15879
- C. 15876
- D.15878



PRACTICE EXAM ANSWERS AND RATIONALE

ANSWER: QUESTION #1

- **EPIDERMIS** - the thin, outer layer of the skin that is visible and works to provide protection to the body. Keratinocytes are the most common type of cell in the epidermis and are responsible for the synthesis of the protein keratin. The epidermis consists of stratified, squamous epithelial cells. There are **FOUR** layers of the epidermis, according to the maturation of the cells: Stratum germinativum, Stratum spinosum, Stratum granulosum, and Stratum corneum. Therefore, this is the **CORRECT** answer.
- The dermis is the layer of skin that lies beneath the epidermis and above the subcutaneous layer. It is the thickest layer of the skin and is made up of fibrous and elastic tissue.



ANSWER: QUESTION #2

14060 – In the CPT index, you would find tissue, transfer, adjacent, skin; this will give you code range of 14000 – 14350. Once you turn to the Integumentary System section, where these codes are located, you will see these codes are for adjacent tissue transfer but differ in anatomical sites and size of tissue.

In the question, the patient is missing a section of this skin on his nose, measuring about 6.5 sq cm. Given this information, code 14060 would be the appropriate answer since it is for an adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/ or lips; defect 10 sq cm or less.



ANSWER: QUESTION #2 continued

WRONG ANSWERS

Code 14000 is also for adjacent tissue transfer but for trunk. Since the question states NOSE was affected, this would NOT be the appropriate answer.

Code 14020 is for adjacent tissue transfer, scalp, arms and/ or legs; defect 10 sq cm or less

Code 14021 is for adjacent tissue transfer of the arm for defect 10.1 – 30.0 sq cm.

- **2021 CPT Professional Edition, page 106**



ANSWER: QUESTION #3

- **11765** – In the CPT book, look up wedge excision, nail fold, which gives you the code 11765. Turning to the Integumentary System section, where this code is located, you will see that this code is for the wedge excision of the skin of nail fold and, in parentheses, the book gives an ingrown toenail as an example. This description matches exactly what the question asked.
- 11719 – is for nondystrophic nail trimming; nothing was trimmed in the question.
- 11720 – is for debridement of a nail and this procedure was not mentioned within the question
- 11750 – is for excision of NAIL and nail matrix, partial or complete. The entire nail was not removed, just the skin of the nail fold, therefore this answer was also be INCORRECT.
- 2021 CPT Professional, page 101



ANSWER: QUESTION #4

- **The correct answer is Measuring the greatest clinical diameter of the apparent lesion plus that margin required for the complete excision**
- Look in the subsection of the Integumentary System for excisions of benign lesions. Reading this information will provide you with the answer on how to code benign lesions.
- Calculating the lesion diameter plus/minus the narrowest margins explains the margin required for complete excision. This is **PARTIALLY** correct but is **NOT** the whole answer, therefore, it is **NOT** correct.
- 2021 CPT Professional, page 97 -98

ANSWER: QUESTION #5

11200, 11201 x2 – Using the CPT index, you would look up skin, tags, removal, which gives you the code range 11200 – 11201. When would then need to turn to the Integumentary System section in the front of the book to find code 11200, which is for skin tag removal, any area, up to and including 15 lesions. This code is applied for the first 15 skin tags. Code 11201 is an add-on code for 11200, which is for each additional 10 lesions or part thereof. Since there are 15 more lesions to code for, you would use code 11201 twice, accounting for the remaining 15 tags. The correct answer is 11200, 11201 x2.

ANSWER: QUESTION #5 (continued)



Code 11300 is for the shaving of epidermal/dermal lesion, single lesion. The question states that the skin tags are being removed, not epidermal lesions, so this is INCORRECT.



Code 11310 is also for the shaving of epidermal/dermal lesions but on the face. This is INCORRECT as well because it also mentions epidermal lesions and not skin tags.



2021 CPT Professional, page 95 -96.



ANSWER: QUESTION #6

- 15788 – Using your CPT index, look up chemical peel, which will lead you to code range 15788 -15793. Turning to the Integumentary System section, you will notice that these three codes are ALL for chemical peels but differ in whether the peel was dermal or epidermal or whether it was facial or non-facial. The question mentions an epidermal facial peel; therefore code 15788 is the best fit.
- Code 15793 is for dermal facial chemical peel.
- Code 15780 is for dermabrasion, total face.
- Code 15824 is for a rhytidectomy, forehead, this is NOT mentioned.
- 2021 CPT Professional, page 114



ANSWER: QUESTION #7

To measure skin surface area for burn treatment is the CORRECT answer. TBSA stands for Total Body Surface Area. This is how the measurements are formed and used for skin reconstruction treatment. Let's say the patient has a fourth degree burn and needed skin grafts, you would use TBSA measurements to determine how big or small a skin graft is needed.

Helping reconstruct breasts after a mastectomy, determining tumor size on skin for proper removal, and measuring the size of pressure ulcers for treatment would not use TBSA to bill and treat correctly.

2021 CPT Professional, page 115 -116



ANSWER: QUESTION #8

- 15944 – Using the CPT Index, you will look up Excision, ulcer, pressure, ischium and it will give you the code range of 15940, 15941, 15944 – 15946. Turn to the Integumentary section in the front of your CPT book to look up these codes. Code 15944 is for Excision, ischial pressure ulcer, with skin flap closure. This would be the correct answer as it is a direct reflect of what the question mentions.
- Code 15934 is for excision of sacral pressure ulcer with skin flap closure; the question mention an ischial pressure ulcer.
- Code 19540 is for excision of an ischial pressure ulcer; however, it is with primary sutures.
- Code 15945 is for excision of ischial pressure ulcer with skin flap closure BUT with ostectomy.
- 2021 CPT Professional, page 115



ANSWER: QUESTION #9

- 12042 – This is the code for Repair, intermediate, wounds of neck, hands, feet, and/ or external genitalia 2.6 cm to 7.5 cm; the question mentions measurements of 2.9 cm on the foot.
- Code 12041 is NOT the correct answer because if you look closely, this code is for intermediate repair with measurements of 2.5 cm or less.
- Code 12001 is for a SIMPLE repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
- Code 13131 is for a Complex repair of forehead, cheeks, chin, mouth, neck, axillae, external genitalia, hands and feet; 1.1 cm to 2.5 cm
- 2021 CPT Professional, page 104 - 105



ANSWER: QUESTION #10

- 15877 – In your CPT index, look up Lipectomy. Listed beside the word lipectomy is “aspiration”, which reflect the “suction assisted” technique of the procedure. Under the subcategory of lipectomy, you will see the word liposuction, which is the same thing as a lipectomy. The CPT book gives you the code range of 15876 – 15879. Once you know the range, turn to the Integumentary Section in the front of your CPT book to research each code. Code 15877 is for lipectomy of the trunk, the abdomen is included within the trunk of your body.
- Code 15876 is for lipectomy of the head and neck
- Code 15878 is for upper extremity lipectomy
- Code 15879 is for lower extremity lipectomy
- 2021 CPT Professional, page 115



THE END!!!!

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