Chapter 11 Worksheet 3 2 1 Code It

True/False
Indicate whether the statement is true or false.

1. Surgical destruction is considered part of the surgical procedure description.

2. Prepping and draping a patient are services that are considered integral to standard practice and should be coded separately.

3. The guidelines located at the beginning of the Surgery section apply to all codes in the section.

4. Basic organization of the Surgery section is by procedure.


6. Initial consultation or evaluation of a problem by the surgeon to determine need for surgery is included in the global surgical package.

7. Refer to code 11600. After removing the malignant lesion, the physician performed closure of the epidermis, dermis, and subcutaneous tissues. A second code should be assigned for this closure.

8. Code 12014 is reported when 7.5 cm of skin and subcutaneous tissue are closed during the removal of benign skin lesions.

9. When surgical destruction is part of a surgical procedure, different methods of destruction are not ordinarily listed separately unless the technique substantially alters the standard management of a problem or condition.

10. When a code is assigned for “lesion destruction,” the size of the lesion is taken from the pathology report.

11. Supplies and materials provided by the physician over and above those usually included with the office visit or other services rendered may be listed separately.

12. It is appropriate to designate multiple procedures rendered on the same date by separate entries.

13. Nail clippings were obtained for the purpose of performing a fungal culture. Code 11755, Biopsy of nail unit, should be assigned.

14. In the Surgery section, the same subheadings are located below each heading.

15. Procedures that inject, insert, or puncture, are referred to as “introduction.”

16. When a CPT surgery code is reported, surgical package services are included in that code.

17. The Centers for Medicare and Medicaid Services established a national definition for a global surgical package.

18. The CMS definition for global surgical package is the same as that for CPT surgical package.

19. The global surgical package definition prevents Medicare payments for services that are more or less comprehensive than intended.

20. The CMS global surgical package includes the surgical procedure and a standard package of preoperative, intraoperative, and postoperative services.

21. The term ‘removal’ describes the ablation of benign, premalignant, or malignant tissues by an method.
22. The CMS national definition for a global surgical package categorizes surgeries as major or minor and establishes a postoperative global period for each surgical procedure.

23. Add-on codes can be identified by specific language in the code descriptor, such as 'each additional' or 'list separately in addition to primary procedure.'

24. During the global period normal, uncomplicated care provided by the surgeon who performed the original procedure is coded or reported separately.

Completion

Complete each statement.

25. Removal of skin tags, multiple fibrocutaneous tags, any type up to and including 15 lesions. Assign code(s).

26. Formation of direct or tubed pedicle, with or without transfer, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet. Assign code(s).

27. Mammoplasty, augmentation, with prosthetic implant. Assign code(s).

28. Chemical exfoliation for acne (e.g., acne paste, acid). Assign code(s).

29. Initial treatment, first-degree burn, when no more than local treatment is required. Assign code(s).

30. Correction of inverted nipples. Assign code(s).

31. Preoperative placement of needle localization wire, breast. Assign code(s).

32. Excision, sacral pressure ulcer, with skin flap closure, with ostectomy. Assign code(s).

33. Dermabrasion, total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis) regional, other than face. Assign code(s).

34. Placement of percutaneous localization clip during breast biopsy. Assign code(s).

35. Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed, single lesion. Assign code(s).

36. Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, or legs, excised diameter 2.1 to 3.0 cm, complicated. Assign code(s).

37. Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation, 6.0 sq cm or less. Assign code(s).

38. Removal with reinsertion, implantable contraceptive capsules. Assign code(s).

39. Incision and drainage of a pilonidal cyst, complicated. Assign code(s).

40. Trimming of nondystrophic nails, any number. Assign code(s).

41. Electrolysis epilation, each 30 minutes. Assign code(s).

42. Repair, complex, scalp, arms, and/or legs, 4.2 cm. Assign code(s).

43. Excision, sacral pressure ulcer, with primary suture. Assign code(s).
44. Rhytidectomy, forehead for repair of brow ptosis. Assign code(s).

**Short Answer**

45. List various methods of destruction.

46. When a coder is coding an excision of a lesion, what does the coder have to identify?

47. How are categories and subcategories organized within CPT Surgery subsections?

48. What should the coder report when coding wound repairs?

49. When a physician locates a foreign body and removes it, what procedures should be reported?

50. How do you determine the global period for major surgeries?

51. When multiple procedures are performed during the same operative session, what should be reported first?

52. What minimum information must be included in a special report?

53. What procedures are included under Surgical destruction?

54. How does CMS categorize surgeries?

55. What are other terms for simple repair?

**Multiple Choice**

*Identify the choice that best completes the statement or answers the question.*

___ 56. Information applicable to a particular CPT section is located in the ______.
   a. Introduction  
   b. Guidelines  
   c. Notes  
   d. Index

___ 57. Which is a diagnostic procedure?
   a. Excision  
   b. Repair  
   c. Endoscopy  
   d. Resection

___ 58. Select the modifier for "unrelated procedure."
   a. -57  
   b. -58  
   c. -78  
   d. -79

___ 59. Select the modifier for "staged or related procedure."
   a. -57  
   b. -58  
   c. -78  
   d. -79

___ 60. A patient had intermediate closure of a 1 cm laceration of the neck and a 6 cm laceration of the foot. Report code ______.
   a. 12042  
   b. 12032  
   c. 12002  
   d. 12013

___ 61. One benign lesion measuring 0.5 cm is removed from the right hand, and another benign lesion measuring 0.5 cm is removed from the left foot. Report code(s) ______.
   a. 11400  
   b. 11420-50  
   c. 11420, 11420-59  
   d. 11421-50
62. Two simple repairs of the scalp are done; one laceration was 10 cm, and the other laceration was 5 cm. Report code(s) ______.
   a. 12005
   b. 12002, 12004
   c. 12001
   d. 12034

63. Adjacent tissue transfer (1 sq cm) of skin defect of the chin, which was the result of an excision of benign skin lesion (1 cm) of the chin (performed during the same operative procedure). Report code(s) ______.
   a. 14040
   b. 14040, 11441
   c. 14040, 11441, 13131
   d. 14040, 11441, 14041

64. How is the Surgery section organized?
   a. Body system
   b. Physician subspecialty
   c. Third-party payer requirements
   d. Procedure

65. Excision of two 1 cm benign skin lesions of the face. Report code(s) ______.
   a. 11441, 11441-59
   b. 11442, 12011
   c. 17000, 17003
   d. 11200

66. When unlisted service or procedure codes are reported, a ____ is also required.
   a. modifier
   b. subject listing
   c. separate procedure
   d. special report

67. A patient had avulsion of four nail plates. Report code(s) ______.
   a. 11730, 11732, 11732, 11732
   b. 11730
   c. 11732, 11732, 11732, 11732
   d. 11720

68. A patient sustained a 2 cm chin laceration, a 3 cm cheek laceration, and a 4 cm forearm laceration. He also suffered a 5 cm thigh laceration and 6 cm laceration of his calf. The lacerations of the forearm and thigh required 9 cm simple closure of the skin and subcutaneous tissues. The deep calf laceration required 6 cm intermediate closure. The facial lacerations were deep and quite dirty, requiring complex closure. Report code(s) ______.
   a. 13132
   b. 12032, 12004
   c. 12032-51, 12004-51
   d. 13132, 12032-51, 12004-51

69. Replacement of breast tissue expander with breast prosthesis (permanent). Report code ______.
   a. 11950
   b. 11960
   c. 11970
   d. 11971

70. Electrodesiccation basal cell carcinoma (1 cm), face. Report code ______.
   a. 17281
   b. 17282
   c. 17283
   d. 17271

71. A surgeon performed bilateral breast biopsies; the left breast mass was completely removed, but only a portion of the right breast was removed due to its large size. Frozen section revealed the right breast mass to be malignant; a modified radical mastectomy was performed during the same operative session. Report code(s) ______.
   a. 19304
   b. 19307-LT, 19120-51, RT
   c. 19303
   d. 19120, 19307

72. Mastectomy for gynecomastia. Report code ______.
   a. 19301
   b. 19300
   c. 19303
   d. 19304
A large basal cell carcinoma on a patient's forehead is removed using Mohs' chemosurgery. The first stage involves removing all visible tumor and preparing six specimens using mapping, color coding, and microscopic examination. Report code(s) ______.

- 17311, 17315
- 17280
- 17312, 17315
- 17311

The patient undergoes breast biopsy following a complaint of a lump in the left breast. The entire lump is excised, and upon pathologic examination, it is determined that the lump is benign. No further surgery is necessary. Report code ______.

- 19120
- 19000
- 19103
- 19100

Patient had 16 skin tags removed from the upper chest and neck area. Report code(s) ______.

- 11200
- 11201
- 11200, 11201
- 15830

Which is true about the CPT code descriptions?

- The information in each code description contains all of the information necessary to select the proper code.
- CPT code descriptions include all activities integral to the procedure.
- CPT code descriptions do not include the numerous activities integral to the procedure, such as the administration of local anesthesia and the initial incision.
- If an activity is not listed in the code description, it should be coded separately.

CPT code descriptions that contain the phrase “separate procedure” in parentheses: ______

- are commonly performed as an integral component of a total service or procedure
- are always performed as a separate procedure or service
- are always performed as an integral component of a total service or procedure
- are reported as an additional procedure when performed during the same operative episode as a more comprehensive procedure.

A biopsy was performed on a woman who did not have an established diagnosis. The results of the biopsy would determine whether to perform a mastectomy. Which is the correct way to report the biopsy?

- The biopsy code is not reported
- The biopsy code is separately reported, and modifier-58 may be added to indicate that the biopsy and mastectomy are staged or planned procedures.
- The biopsy is coded and separately reported. Modifier-59 may be used appropriately to indicated that the biopsy and the mastectomy are distinct procedural services.
- The biopsy is separately reported. Modifier -78 may be used appropriately to indicate at return to the operating room for a related procedure during the postoperative period.

Matching

Match each surgical procedure with the definition listed below.

- surgical closure of a wound
- moving healthy tissue from one site to another to replace diseased tissue
- application of extreme cold, such as liquid nitrogen, to destroy abnormal tissue
- use of chemicals to destroy diseased tissue
- surgical rebuilding of a body part, such as a knee joint

- cryosurgery
80. suture
81. chemosurgery
82. reconstruction
83. graft

Match each definition with a modifier listed below.
- a. -24
- b. -57
- c. -27
- d. -51
- e. -50

84. decision for surgery
85. unrelated evaluation and management service by the same physician during a postoperative period
86. multiple outpatient hospital evaluation and management encounters on the same date
87. bilateral procedure
88. multiple procedures

Match each term with an integumentary definition listed below.
- a. horizontal slicing to remove epidermal and dermal lesions
- b. any tissue or organ used for transplanting
- c. removal and examination of tissue to establish a diagnosis
- d. relocation of a mass of tissue that has been partially removed from one part of the body so that it retains its own blood supply
- e. technique of excision skin tumors by removing tumor tissue layer by layer

89. flap
90. biopsy
91. Mohs’ microsurgery
92. shaving
93. graft

Match each definition with the corresponding type of graft listed below.
- a. allograft
- b. tissue-cultured autografts
- c. acellular dermal replacement
- d. autograft
- e. xenograft

94. transplantation of tissue from the same individual
95. transplantation of tissue from someone of the same species
96. transplantation of tissue from a different species
97. supplied by laboratories
98. bioengineered artificial skin
99. During fine-needle aspiration, imaging guidance is typically used when the cyst or mass is not
______________.

1. palpable
2. malignant
3. small
4. visible

100. Wound repair is coded with the appropriate evaluation and management code when the sole repair material
used includes ____________.

1. staples
2. adhesive strips
3. sutures
4. tissue adhesives