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AAPC CPCD

AAPC Certified Professional Coder in Dermatology



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Question: 1

An established patient is seen for severe nodulocystic acne that has not improved with oral antibiotics. The dermatologist reviews prior medication response, orders baseline laboratory testing, discusses pregnancy prevention requirements, and initiates isotretinoin therapy. No procedure is performed. Which E/M coding rationale is most appropriate?

- A. Select a minor-procedure code because prescribing isotretinoin is coded as a dermatologic procedure
- B. Select the lowest E/M level because acne is a common dermatologic condition regardless of treatment risk
- C. Select preventive medicine coding because pregnancy prevention counseling was included during the encounter
- D. Select the E/M level using MDM because the note supports chronic disease management with medication risk and monitoring requirements

Answer: D

Question: 2

A patient is scheduled for a full-body skin examination because of a personal history of melanoma. During the visit, the dermatologist evaluates multiple nevi, reviews the patient's interval history, documents no suspicious lesions, counsels on sun protection, and recommends routine surveillance. No procedure is performed. Which E/M coding interpretation is most appropriate?

- A. Report a preventive medicine service because all full-body skin examinations are routine screening encounters
- B. Report a problem-oriented E/M service when the documentation supports surveillance for a medically relevant melanoma history
- C. Report prolonged services because full-body skin examination always exceeds standard visit time
- D. Report no service because no lesion was biopsied or treated during the visit

Answer: B

Question: 3

An established patient presents with a rapidly worsening hand dermatitis flare that is interfering with work. The dermatologist reviews prior treatment failure with an over-the-counter emollient, documents

moderate exacerbation of a chronic condition, and prescribes a high-potency topical corticosteroid. No procedure is performed.

Which E/M coding rationale best supports the visit level?

- A. Use only total time because office dermatology visits cannot be selected using medical decision making
- B. Use preventive medicine coding because the dermatologist discussed skin protection and handwashing habits
- C. Use MDM because the encounter includes an exacerbated chronic condition and prescription drug management
- D. Use the lowest established-patient E/M level because no biopsy, injection, or destruction was performed

Answer: C

Question: 4

A dermatologist removes 20 symptomatic skin tags from the neck and axillae using snip removal. The note documents recurrent irritation from clothing and lists the number removed. No suspicious features are documented.

Which CPT® coding combination is most appropriate?

- A. 11200 and 11201 x 1
- B. 11200 only
- C. 11400 and 11401
- D. 17110

Answer: A

Question: 5

A dermatologist performs chemical destruction of multiple molluscum contagiosum lesions using cantharidin. The note documents lesion count, anatomical sites, diagnosis, method used, and post-procedure wound-care instructions.

Which coding interpretation is most appropriate?

- A. Report only an E/M service because molluscum treatment is included in counseling about contagion
- B. Report phototherapy because chemical application is a noninvasive dermatologic treatment
- C. Report destruction of benign lesions because molluscum lesions were chemically destroyed and the method was documented
- D. Report premalignant lesion destruction because viral skin lesions can spread to surrounding skin

Answer: C

Question: 6

A dermatologist excises a biopsy-proven basal cell carcinoma from the upper back. The lesion measures 1.2 cm, and the physician documents 0.3 cm margins on each side. The excision extends through the dermis, and simple closure is performed.

Which CPT® code is most appropriate for the excision?

- A. 11302
- B. 11403
- C. 11602
- D. 11603

Answer: C

Question: 7

A dermatologist documents “epidermal inclusion cyst of the posterior neck, not inflamed or infected.” No abscess, cellulitis, or malignancy is documented.

Which ICD-10-CM code is most appropriate?

- A. L02.11
- B. C44.40
- C. L03.221
- D. L72.0

Answer: D

Question: 8

A dermatologist debrides seven dystrophic toenails in a patient with painful onychomycosis. The note documents thickened nails, subungual debris, pain with ambulation, and reduction of diseased nail material using sterile nail nippers. No nail avulsion is performed.

Which CPT® code is most appropriate?

- A. 11730
- B. 11721
- C. 11750
- D. 11720

Answer: B

Question: 9

A patient receives narrowband UVB phototherapy for severe psoriasis that has not responded adequately to topical therapy. The note documents medical necessity, treatment area, dose, and patient tolerance. No separate E/M service is documented.

Which coding interpretation is most appropriate?

- A. Report the phototherapy service because the documentation supports medically necessary therapeutic light treatment
- B. Report a cosmetic procedure because all dermatology light-based treatments are considered cosmetic services
- C. Report an E/M service instead because phototherapy cannot be separately coded without a physician examination
- D. Report lesion destruction because ultraviolet light destroys abnormal psoriatic plaques during treatment

Answer: A

Question: 10

A new patient is evaluated for a suspicious nonhealing lesion on the lower lip. The dermatologist documents a medically appropriate history and examination, reviews a prior outside biopsy report, discusses risk of malignancy, and arranges urgent surgical referral. The encounter is selected by MDM and supports moderate complexity.

Which CPT® code is most appropriate?

- A. 99205
- B. 99204
- C. 99203
- D. 99202

Answer: B

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