

**2010 PMCC Final Exam**

**Multiple Choice**

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

- \_\_\_\_\_ 1. Words contained within the brackets [ ] in ICD-9-CM, provide the coder with:
- a. opposite phrases
  - b. incomplete terms
  - c. synonyms, alternative wording, explanatory phrases
  - d. modified terms
- \_\_\_\_\_ 2. Which of the following is the appropriate way to code a diagnosis that is listed as a manifestation in ICD-9-CM?
- a. Code only the manifestation and note underlying condition in medical record
  - b. Underlying condition must be coded and sequenced before of the manifestation
  - c. Symptoms and manifestation both must be coded and sequenced before the underlying condition
  - d. Code the underlying condition only and note manifestation in medical record
- \_\_\_\_\_ 3. When should a code describing postoperative pain be reported as the first listed diagnosis?
- a. Whenever it is documented
  - b. When the pain control or pain management is the purpose of the encounter
  - c. Only within the first 72 hours following surgery
  - d. When the pain is chronic
- \_\_\_\_\_ 4. When a patient presents with an acute exacerbation of a chronic condition, and no single code captures both the chronic and acute nature of the illness, how are the codes sequenced?
- a. Code the chronic condition first, followed by the acute condition
  - b. Code the acute condition first, followed by the chronic condition
  - c. Check with the physician to determine whether the acute or chronic condition takes precedence
  - d. Code only the acute condition

- \_\_\_\_\_ 5. What is the appropriate action when a physician documents an impending condition that had not occurred at the time of discharge?
- a. Check the ICD-9-CM index to see if there are listings under "threatened" or "impending" and if not, code the existing underlying condition(s) and not the condition described as impending
  - b. Code the disorder that is impending
  - c. Use a V code to describe the patient encounter
  - d. Use a fifth-digit 9 to indicate the disorder is impending or threatened
- \_\_\_\_\_ 6. A 25-year-old woman was seen for a chalazion of the right eye. Cultures were taken and drops prescribed. What is the listed ICD-9-CM code?
- a. 373.00
  - b. 373.13
  - c. 372.81
  - d. 373.2
- \_\_\_\_\_ 7. A 22-year-old female was seen in the ER for acute abdominal pain. Patient had her appendix removed 5 years ago. Ultrasound revealed a tubal pregnancy. What is the listed ICD-9-CM code?
- a. 633.00
  - b. 633.10
  - c. 633.11
  - d. 633.80
- \_\_\_\_\_ 8. A mother bring in her 6-month infant for DTP and polio immunization. There were no other services provided. What is the listed ICD-9-CM code?
- a. V64.3
  - b. V64.09
  - c. V06.3
  - d. V03.5, V04.0
- \_\_\_\_\_ 9. A patient has a closed fracture of the left radius shaft and an open fracture of the right radius shaft after she lost control of her car and hit a tree. What are the listed ICD-9-CM codes?
- a. 813.16, 813.06, E819.2
  - b. 813.16, 813.06, E819.1
  - c. 813.31, 813.21, E819.1
  - d. 813.31, 813.21, E816.0
- \_\_\_\_\_ 10. An 18-month-old with chronic serous otitis media and hypertrophy of the adenoids presents to the outpatient surgery department to undergo an initial adenoidectomy and insertion of ventilation tubes under local conscious sedation. What are the correct diagnoses codes for the service provided?
- a. 487.8, 382.02, 474.12
  - b. 381.10, 474.12
  - c. 382.9, 474.01
  - d. 381.10, 474.01

- \_\_\_\_\_ 11. How do you correctly report the diagnoses the patient develops a primary liver neoplasm as a result of a liver transplant?
- a. 199.2, 155.0
  - b. 996.82, 199.2
  - c. 996.82, 199.2, 155.0
  - d. 199.2, 996.89
- \_\_\_\_\_ 12. According to the Radiology guidelines, these are the methods that qualify as "with contrast."
- a. intravascularly, intra-articularly, intrathecally
  - b. oral, rectal, intramuscular
  - c. other route, intravascularly, intrathecally
  - d. intra-articularly, intravenously, interarticularly
- \_\_\_\_\_ 13. Mr. Smith presents to the Emergency Department at the local hospital with CC of chest pain and is seen by the ED physician on duty. The physician obtains an extended HPI, an extended ROS, and a pertinent PFSH. What is the level of history?
- a. problem focused
  - b. expanded problem focused
  - c. detailed
  - d. comprehensive
- \_\_\_\_\_ 14. A 32-year-old patient sees Dr. Smith for a consult at the request of his PCP, Dr. L, for an ongoing problem with allergies. The patient has failed Claritin and Alavert and feels his symptoms continue to worsen. Dr. Smith performs an expanded problem focused history and exam and discusses options with the patient on allergy management. The patient agrees that he would like to be tested to possibly have better control on his allergies and ongoing care for them. Dr. Smith sends a report back to Dr. L thanking him for the referral and the date the patient is set up for allergy testing along with his findings from the encounter. What is the E/M code?
- a. 99203
  - b. 99214
  - c. 99242
  - d. 99243
- \_\_\_\_\_ 15. When Dermabond is used to close a wound how should it be reported?
- a. As though it was a simple closure
  - b. As a 99211
  - c. It is not billable
  - d. Answers A and B
- \_\_\_\_\_ 16. An infant is born six weeks premature in rural Arizona and the pediatrician in attendance intubates the child and administers surfactant in the ET tube while waiting in the ER for the air ambulance. During the 45 minute wait, he continues to bag the critically ill patient on 100 percent oxygen while monitoring VS, ECG, pulse oximetry, and temperature. The infant is in a warming unit and an umbilical vein line was placed for fluids and in case of emergent needs for medications. How should this be coded?
- a. 99291
  - b. 99471
  - c. 99291, 31500, 36510, 94610
  - d. 99434, 99464, 99465, 94610, 36510



Name: \_\_\_\_\_

ID: A

- \_\_\_\_\_ 23. What information should be included in a special report accompanying an unlisted procedure for surgery?
- a. Adequate description of the nature, extent
  - b. Need for the procedure
  - c. Time, effort, and equipment necessary
  - d. all of the above
- \_\_\_\_\_ 24. Which of the following systems is considered the largest organ system in the body?
- a. Digestive
  - b. Respiratory
  - c. Urinary
  - d. Integumentary
- \_\_\_\_\_ 25. Wound closure requiring the use of adhesive strips as the sole repair material should be coded with:
- a. 99281
  - b. repair code
  - c. 15850
  - d. an E/M code
- \_\_\_\_\_ 26. To properly code lesion destruction you must know the following about the lesion(s):
- a. site, number, margins
  - b. site, number, size
  - c. margins, status, size
  - d. status, site, number
- \_\_\_\_\_ 27. Which CPT® code would best describe the treatment of nine plantar warts removed and 6 flat warts all destroyed with cryosurgery during the same office visit?
- a. 17110, 17111-52
  - b. 17110
  - c. 17110, 17003
  - d. 17111



- \_\_\_\_\_ 31. Arthrodesis is best described as:
- a. Surgical immobilization of a joint
  - b. Reshaping or reconstruction of a joint
  - c. Placement in a location other than the original location
  - d. Cutting into the bone
- \_\_\_\_\_ 32. A patient with lateral epicondylitis of the left elbow presents to the outpatient surgery department of the hospital. Under general anesthesia, manipulation of the elbow is performed in order for the patient to regain the loss of motion that has occurred due to his condition. The elbow is manipulated by stretching and rotating until appropriate range of motion was achieved. The patient tolerated the procedure well. At discharge, the patient was scheduled to return for follow-up in one week. What are the appropriate procedure and diagnosis codes for this procedure?
- a. 24300, 726.31
  - b. 24305, 24300, 726.32
  - c. 24344, 716.12
  - d. 24300, 726.32
- \_\_\_\_\_ 33. There are five graft types represented in the musculoskeletal subsection. Which one of the answers below is NOT one of the 5?
- a. tendon graft
  - b. cartilage graft
  - c. skin graft
  - d. tissue graft
  - e. fascia lata graft
  - f. bone graft
- \_\_\_\_\_ 34. There are several categories in the Spine (Vertebral Column) subheading that talk about surgical situations in which two surgeons might work together as primary surgeons - each performing distinct parts of the surgery. Each surgeon would report his or her distinct operative work by appending what modifier to the single definitive procedure code?
- a. 80
  - b. 62
  - c. 59
  - d. 54
- \_\_\_\_\_ 35. A physician applies a cranial halo on a patient with a C1 fracture. After the fracture is healed, the same physician removes the halo. What is the code for the removal of the halo?
- a. 20660
  - b. 20661
  - c. 20665
  - d. 99024





- \_\_\_\_\_ 49. Left heart catheterization with coronary angiography and left ventriculogram. The right groin was prepped and draped in the usual fashion. Seldinger technique was used and a 6-French sheath was placed in the right femoral artery. A local anesthetic was used and sublingual nitroglycerin was given, no heparin was used. The left and right coronary arteries were selectively opacified in the LAO and RAO projections using manual injections of Optiray. A ventriculogram was done in the RAO projection with the use of a 6-French pigtail catheter. The catheters were then withdrawn, the sheath was removed and Vasoseal applied, and the patient was sent to her room in good condition without complications.

PRESSURES: Aorta 117/63, LV 110/2-6

RIGHT CORONARY ARTERY: This is a dominant vessel. There is a long segment of severe subtotal disease extending from the proximal portion to almost the mid third. The rest of this vessel also appears to be diffusely diseased. The posterior descending branch is identified and this is 80% narrowed at its ostium. There is another 90% lesion in the distal of this vessel. The AV branch is diminutive.

LEFT CORONARY ARTERY: Left main trunk is calcified and has a 60%-70% distal narrowing. Left anterior descending is severely diseased from its origin, and gives off a diagonal and septal perforator and then the LAD is totally occluded. The circumflex calcification is seen in the main trunk where moderate plaque is seen compromising the lumen about 50%-60%. The circumflex then divides into two branches; the first is the lateral branch and then a second lateral branch. The first lateral branch is severely narrowed in its proximal portion to 90%, and then has another long segment of about 75% narrowing. This does appear to be a diffusely diseased vessel. The second lateral branch also has a long segment of 90% disease distally. The terminal AV branch of the circumflex is completely occluded.

LEFT VENTRICLE: End systolic and end diastolic volumes are increased. There is diffuse impairment of contractility indicating diffuse multiwall ischemia. Overall contractility is mild-to-moderately impaired with an ejection fraction of the post PVC beat being around 40% or so. No major wall segment abnormalities are noted. The mitral and aortic valves are normal. The descending aorta is slightly dilated.

DIAGNOSES: 1. Coronary atherosclerosis  
2. Mild-to-moderate impairment of LV Function.

What procedure code(s) should be reported by the physician?

- |                              |   |
|------------------------------|---|
| a. 93510-26, 93543, 93555-26 | c. 93510-26, 93543, 93545, 93555-26, 93556-26 |
| b. 93514-26, 93543, 93555-26 | d. 93514-26, 93543, 93545, 93555-26, 93556-26 |
- \_\_\_\_\_ 50. A patient has a transcatheter placement of a stent into the abdominal aorta. Intravascular ultrasound monitoring is utilized. What are the surgical and radiological supervision and interpretation codes for this procedure?
- |                                     |   |
|-------------------------------------|---|
| a. 37205, 37250, 75960-26, 75945-26 | c. 37205, 36200-51, 37250, 75960-26, 75945-26, 75946-26 |
| b. 37205, 37250, 36200-51           | d. 37205, 36200-51, 37250, 75960-26, 75945-26           |

- \_\_\_\_\_ 51. Mrs. Mertz has severe atrial fibrillation. She presents today for an EPS study. Dr. H. Throb performs the professional component of a comprehensive EPS study, which includes right atrial and ventricular pacing/recording, bundle of His recording and induction of atrial fibrillation. What procedure code(s) should be reported?
- a. 93620-26
  - b. 93619, 93620
  - c. 93619-26, 93620-26
  - d. 93600-26, 93602-26, 93603-26, 93610, 93612, 93618
- \_\_\_\_\_ 52. Where is the mammary gland located?
- a. Mouth
  - b. Breast
  - c. Brain
  - d. Uterus
- \_\_\_\_\_ 53. Surgical laparoscopy always includes which of the following?
- a. Diagnostic laparoscopy
  - b. Paracervical block
  - c. Biopsy
  - d. All of the above
- \_\_\_\_\_ 54. For medical complications of pregnancy resulting in an office visit, the physician would report his professional services using codes from what section or subsection?
- a. Medicine
  - b. E/M
  - c. Female Genital System
  - d. Maternity Care and Delivery
- \_\_\_\_\_ 55. Which would be the correct modifier to add to the second procedure when coding a total abdominal hysterectomy with an anterior/posterior colporrhaphy?
- a. -26
  - b. -50
  - c. -51
  - d. -79
- \_\_\_\_\_ 56. A 29-year-old patient is here to see the OB/Gyn for a routine prenatal check-up for her first pregnancy.
- a. no procedure code, V22.0
  - b. 99211, V22.0
  - c. no procedure code, V22.1
  - d. 99395, V22.1
- \_\_\_\_\_ 57. A 47-year-old patient presents to her OB/GYN for the fitting and insertion of a pessary for uterine and vaginal prolapse having given birth to six healthy children. What are the correct CPT® and ICD-9-CM codes?
- a. 58300, 618.4, 659.51, V61.5
  - b. 57160, 618.4, V61.5
  - c. 57160, 618.1, 659.51
  - d. 58300, 618.1, 695.10





\_\_\_\_ 70. Location: Inpatient Hospital

Operative Report

Pre/PostOperative Diagnosis: Recurrent balanitis and phimosis.

Procedure Performed: Circumcision.

Procedure: The child was given general mask anesthetic as well as caudal block for postoperative pain control. He was prepped and draped in the supine position, foreskin retracted, prepuce adhesions broken down. Circumcision was then performed using a dorsal slit technique. Hemostasis was achieved with judicious use of electrocautery and chromic ties. Prepuce was re-anastomosed to the penile skin using 5-0 chromic catgut. Vaseline gauze dressing was applied. The patient tolerated the procedure well and transferred to the recovery room in good condition.

Select the CPT® code(s):

- a. 54160
- b. 54150
- c. 54163
- d. 54160-47

\_\_\_\_ 71. A patient who has been on dialysis for 4 years presents to the office with anorexia, nausea and sleep disruption. After running lab tests, it is discovered the patient has an overload of aluminum from the dialysis treatments causing dialysis dementia. Provide the appropriate ICD-9-CM codes for this visit.

- a. 783.0, 294.8, V45.1, E879.1
- b. 276.9, 294.8, V45.1, E879.1
- c. 985.8, 294.8, V45.1, E879.1
- d. 985.8, 276.9, E879.1

\_\_\_\_\_ 72. Dr. Smith is treating a 72-year-old female with a ureteral obstruction caused by a stricture from post operative and post radiation scarring from treatment of transitional cell cancer. The patient requires removal and replacement of an internal dwelling ureteral stent. Dr. Smith advances a diagnostic catheter under conscious sedation into the bladder and injects contrast to opacity the bladder. A guide wire is advanced into the bladder and the diagnostic catheter is exchanged for a larger catheter to allow the use of a snare device. Under the fluoroscopic guidance the snare device is negotiated into the bladder through the sheath and used to grasp the pigtail portion of the double-J ureteral stent tube within the bladder and the indwelling stent tube is pulled out of the bladder and urethra far enough to allow retrograde introduction of a guide wire through the stent, directed into the renal pelvis. Using fluoroscopic guidance to negotiate the wire through the inner lumen of the ureteral stent tube rather than through side holes a diagnostic catheter is positioned over the wire into the renal pelvis, allowing opacification of the renal pelvis. The guide wire is repositioned into the renal pelvis and the diagnostic catheter removed. A new double-J ureteral stent tube is introduced and positioned. The guide, sheath and safety wire are removed after appropriate position is confirmed with fluoroscopy and a permanent image is obtained for the medical record.

What code would be used to describe the exchange?

- a. 50382
- b. 50386
- c. 50385
- d. 50384

\_\_\_\_\_ 73. The initials that indicate a shunting procedure are:

- a. CPC
- b. SCP
- c. CFS
- d. SFP

\_\_\_\_\_ 74. Which option best describes what is being done during strabismus surgery?

- a. corrects the condition in which the refractive surfaces of the eye are unequal
- b. removes the opaque covering on or in the lens
- c. repairs the cornea
- d. corrects the muscle misalignment

\_\_\_\_\_ 75. Within the Endocrine System codes, two codes describe something less than the total. One term is subtotal. What is the other term?

- a. radical
- b. partial
- c. segmental
- d. limited

\_\_\_\_\_ 76. A beaker blew up in chemistry lab sending shards of glass everywhere. The chemistry teacher did not have his safety goggles on at that time and glass and metal beads went into his eye embedding deep in the orbit. A transcranial removal was performed. What is the CPT® code for the transcranial removal of the glass?

- a. 61334
- b. 61321
- c. 67413
- d. 61564

Name: \_\_\_\_\_

ID: A

\_\_\_\_ 77. PREOPERATIVE DIAGNOSIS: Prolapsed vitreous in anterior chamber with  
corneal edema  
POSTOPERATIVE DIAGNOSIS: Same  
OPERATION PERFORMED: Anterior vitrectomy

The patient is a 72-year-old woman who approximately 10 months ago underwent cataract surgery with a YAG laser capsulotomy, developed corneal edema, and required a corneal transplant. The patient has done well. Over the last few weeks, she developed posterior vitreous detachment with vitreous prolapse to the opening in the posterior capsule, with vitreous into the anterior chamber with corneal touch and adhesion to the graft host junction, and early corneal edema. The patient is admitted for anterior vitrectomy.

PROCEDURE: The patient was prepped, and draped in the usual manner after first undergoing retrobulbar anesthetic. A lid speculum was inserted. An incision was made at approximately the 10 o'clock meridian 3 mm in length, 2 mm posterior to the limbus, and grooved forward into clear cornea with a 3.2 mm anterior chamber. An anterior vitrectomy was carried out, placing a visco-elastic substance in the anterior chamber to maintain it. A Sinskey hook was used to sweep vitreous away from the corneal wound and this was removed with the disposable vitrectomy instrument. The patient's pupil is noted to be round. There was no vitreous to the wound. The wound self-sealed without aqueous leak. Cautery was used to close the conjunctiva. Subconjunctival Decadron and Gentamicin was given. The patient tolerated the procedure well and was discharged to the recovery room in good condition.

Select the appropriate CPT® code(s) for this operative report.

- a. 67015, 67028, 65810, 67025
- b. 65810
- c. 67005
- d. 67010







- \_\_\_\_\_ 96. A physician periodically assesses the patient's response to hydration treatment through communication with the nurse. Treatment was required for three hours. What is/are the appropriate code(s) for this service?
- a. 96360  
b. 96361 x 3  
c. 96360, 96361  
d. 96360, 96361 x 2
- \_\_\_\_\_ 97. A patient with stomach cancer receives IV chemotherapy treatment twice a week. Today he is seen in the clinic for refill of his implantable pump. Select the procedure code and diagnosis code for today's visit?
- a. 96440, 151.9  
b. 96445, 211.1  
c. 96521, 151.9  
d. 96522, 151.9
- \_\_\_\_\_ 98. During the month of July, a 7 year old patient with end stage renal disease is followed by his nephrologist. The care provided by the nephrologist includes: monitoring the dialysis cycle, monitoring the patient's nutrition, assessment of growth and development, and counseling of the patient's parents. During the month of July, the patient was seen by his nephrologist at his office 3 times. What is the correct CPT® code for this encounter?
- a. 90955  
b. 90968 x 3  
c. 90993 x 3  
d. 90945
- \_\_\_\_\_ 99. A patient who had been thrown across the freeway in a motorcycle accident goes to the physical therapy department for non-selective debridement of devitalized tissues on massive deep abrasions incurred on both lower extremities. The abrasions go to the level of the dermis. What is the most appropriate code for this service?
- a. 99606  
b. 11042  
c. 11043  
d. 97602
- \_\_\_\_\_ 100. A 2-year-old patient's mother brings the child in for an immunization for MMRV. The vaccine was not available during the child's child health check up the week before. Today the child is seen by the nurse for the subcutaneous administration of the vaccine. What are the appropriate CPT® codes for this encounter?
- a. 99211-25, 90471, 90710  
b. 99392, 90710  
c. 90471, 90468, 90707, 90716  
d. 90471, 90710

**2010 PMCC Final Exam  
Answer Section**

**MULTIPLE CHOICE**

1. ANS: C                      PTS: 1                      DIF: 2                      TOP: THEORY
2. ANS: B  
According to the ICD-9-CM Official Guidelines Section I.A.6 we would code the underlying condition followed by a manifestation of the condition.
- PTS: 1
3. ANS: B  
Guideline Reference: ICD-9-CM Official Coding Guidelines Section I.C.6.a.3.c
- PTS: 1
4. ANS: B  
Guideline Reference: ICD-9-CM Official Coding Guidelines Section I.B.10.
- PTS: 1
5. ANS: A  
Guideline Reference: ICD-9-CM Official Coding Guidelines Section I.B.13.
- PTS: 1
6. ANS: D                      PTS: 1
7. ANS: B                      PTS: 1
8. ANS: C                      PTS: 1
9. ANS: D                      PTS: 1
10. ANS: B                      PTS: 1
11. ANS: C  
Complication of liver transplant guidelines (Sec I.C.2.i.) state that a code from the subsection 996.8 should be listed first along with the code that identifies the complication. In Vol. 1, 996.8 notes to "use additional code to identify the nature of complication" and references "malignancy associated with organ transplant" to 199.2. It also adds the fifth digit "2" to identify the transplanted organ as liver. Code 199.2, in Vol. 1, directs us to "use additional code for specific malignancy site." On the Neoplasm table in Vol. 2, liver, primary is identified as 155.0.
- PTS: 1
12. ANS: A                      PTS: 1                      DIF: 2                      TOP: PRACTICAL
13. ANS: C                      PTS: 1
14. ANS: C  
The three R's of consultation are documented (request, render, reply). The consultation code range is 99241-99245, and applies to new or established patients. Consultations require three key components. The documentation states the history and exam were expanded problem focused and the MDM appears straightforward. These three key elements meet the requirement for 99242.
- PTS: 1

15. ANS: A

Guidelines under Repair list "tissue adhesives" and state they can be used singly or in combination with other closures, such as staples or sutures.

PTS: 1

16. ANS: C

When neonate services are provided in the outpatient setting, Inpatient Neonatal Critical Care guidelines direct the coder to use critical care codes 99291 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes and 99292 ... each additional 30 minutes (List separately in addition to code for primary service). Care is documented as lasting 45 minutes with the physician in constant attendance. The physician also administered intrapulmonary surfactant (94610), placed an umbilical vein line (36510) and intubated the patient (31500). These services can be separately billed as they are not included in 99291.

PTS: 1

17. ANS: D

CMS has very specific guidelines on eligibility and coding of preventive services. There is no specific CPT® code for a digital rectal exam. Code 45990 is a diagnostic exam that includes a diagnostic anoscopy and rigid proctoscopy. Neither service is documented nor is it stated that the patient received an annual exam. The service provided is best represented by HCPCS code G0102.

([http://www.cms.hhs.gov/MLNProducts/downloads/Preventive\\_Services\\_Eligibility.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/Preventive_Services_Eligibility.pdf))

PTS: 1

18. ANS: A

Documentation describes physician direction of the paramedics (99288). He additionally spends an hour stabilizing the patient, which is critical care code 99291. CPR is not a service included in the critical care codes and may be reported separately with 92950. See CPT® guidelines under Critical Care Services.

PTS: 1

19. ANS: B

PTS: 1

20. ANS: B

According to CMS guidelines, the GA modifier "must be used when physicians, practitioners or suppliers want to indicate that they expect that Medicare will deny a service as not reasonable and necessary and they do have on file an ABN signed by a beneficiary."

(<http://www.cms.hhs.gov/Transmittals/downloads/BO2020.pdf>)

PTS: 1

21. ANS: A

PTS: 1

22. ANS: B

PTS: 1

23. ANS: D

PTS: 1

24. ANS: D

PTS: 1

25. ANS: D

PTS: 1

DIF: 4

TOP: THEORY

26. ANS: B

PTS: 1

DIF: 4

TOP: THEORY

27. ANS: D

A total of 15 lesions were destroyed by cryosurgery. Code 17111 represents the destruction of 15 or more lesions. The guidelines under the heading of Destruction state the lesions include warts regardless of whether they are common, plantar, or flat.

PTS: 1

28. ANS: A                   PTS: 1

29. ANS: C

TRAM is a transverse rectus abdominis myocutaneous flap method of breast reconstruction. It can be performed with a double or a single pedicle flap. It has the higher RVU and would be listed first. Documentation states that supercharging was done, as described by code 19368. The mastectomy (19306) is described as "radical" and "Urban type." Modifier LT is used on both procedures to indicate which side; and modifier 51 Multiple procedures is appended to the second procedure.

PTS: 1

30. ANS: C

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. Code 17311 is for the first stage and 17312 for the second stage, based on the documentation of the site: "forehead." The second stage consisted of six tissue blocks, reported with the add-on code 17315.

PTS: 1

31. ANS: A                   PTS: 1

32. ANS: D                   PTS: 1

33. ANS: C                   PTS: 1

34. ANS: B                   PTS: 1

35. ANS: D                   PTS: 1

36. ANS: B

The physician performs and documents an expanded problem focused history, a problem focused exam (one body system), and low MDM—reported with code 99213. Modifier 25 should be used to indicate that a significant and separately identifiable E/M was performed during the same encounter as a procedure. During this encounter, the physician also performed bilateral knee injections. The injections of both knees would be coded as bilateral with modifier 50 or listed with RT and LT suffixes.

PTS: 1

37. ANS: A

Code 23076 reports the excision of a soft tissue tumor, subfascial (eg, intramuscular). The tumor was removed with deep, blunt dissection which indicates more than a subcutaneous removal represented by 23075. The measurement of the tumor isn't documented resulting in the default to the smallest measurement for code 23076.

PTS: 1

38. ANS: C                   PTS: 1

39. ANS: A                   PTS: 1

40. ANS: D                   PTS: 1

41. ANS: A  
Look in the ICD-9-CM index under "Pyopneumothorax" to find "with fistula." The code is 510.0. You are able to confirm that 510.0 is for empyema (pus in the pleural space) with fistula in the tabular section. "Pyo" is the prefix for pus; pneumothorax is air in the pleural cavity. Not all words listed in the index are carried over into the code description in the tabular section. It is important for coders to have a good grasp of medical terminology and to always check in the tabular section for additional information before making a final selection. 510.9 would be used if there was no mention of the fistula. The 512 category is for pneumothorax with no pus in the pleural space.

PTS: 1

42. ANS: B PTS: 1  
43. ANS: B PTS: 1  
44. ANS: D PTS: 1  
45. ANS: A PTS: 1  
46. ANS: C PTS: 1  
47. ANS: A PTS: 1  
48. ANS: A

Codes for the insertion of tunneled central venous catheters are selected based on the age of the patient and the devices. Documentation states the patient is 35 (age 5 years or older) and no mention is made of a subcutaneous port or pump. Code 36558 describes the insertion of a tunneled central venous catheter; age 5 years or older.

PTS: 1

49. ANS: C  
Left heart catheterization code: 93510-26  
Injection procedure codes: 93543 and 93545  
Imaging supervision codes: 93555-26 and 93556-26

PTS: 1

50. ANS: C PTS: 1  
51. ANS: A

An EPS study is an electrophysiology study that evaluates the electrical system of the heart. It is important to read the code descriptions carefully and avoid coding each element separately when 93620 describes all the elements. Modifier 26 is appropriate to indicate that the professional component was performed by the physician.

PTS: 1

52. ANS: B PTS: 1  
53. ANS: A PTS: 1  
54. ANS: B PTS: 1  
55. ANS: C PTS: 1  
56. ANS: A PTS: 1  
57. ANS: B PTS: 1

58. ANS: B  
 Guidelines under "Excision—Benign Lesions" state that intermediate or complex repairs should be reported separately. A layer closure is documented, which is an intermediate repair. The guidelines state that the size of the lesion plus the margin should be documented prior to excision. Excisions of benign lesions are coded based on location and size. The total excision size is documented as 2.1 cm x 1.6 cm, which is reported with 11423 Excised diameter 2.1 to 3.0 cm. The lesion was on the genitalia (vulva). The total length of the repair is not documented, resulting in the selection of the intermediate repair of the smallest size, 12041 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less. Code 56501 represents lesion destruction not excision.
- PTS: 1
59. ANS: C PTS: 1
60. ANS: D PTS: 1
61. ANS: C  
 Incision and drainage of a rectal abscess is described by code 45005, as documented. Abscess, rectum is indexed in the ICD-9-CM to code 566. The tabular index for code 566 states, "Abscess of the anal and rectal regions."
- PTS: 1
62. ANS: C  
 CPT® indexes Gastrostomy Tube, Change of to 43760 and Replacement to 49450. There is no documentation that the procedure was done with fluoroscopic guidance, which would be necessary to use 49450.
- PTS: 1
63. ANS: D PTS: 1
64. ANS: A PTS: 1
65. ANS: C  
 Upper GI endoscopy codes range from 43235 to 43259, depending on the procedures performed. Documentation states that the purpose was to deliver "thermal energy to the muscle of the gastric cardia and lower esophageal sphincter," as described by code 43257. Modifier 53 is appended to the code due to the fact the procedure was discontinued. Appendix A states modifier 53 is to be used when a procedure is discontinued due to circumstances that "threaten the well being of the patient."
- PTS: 1
66. ANS: C PTS: 1
67. ANS: C PTS: 1
68. ANS: D PTS: 1
69. ANS: C  
 Pyelostolithotomy, Percutaneous in the CPT® index refers you to code range 50080-50081. As the documented size is specified to be 1 cm, the correct code is 50080 Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm.
- PTS: 1
70. ANS: B PTS: 1
71. ANS: C PTS: 1

72. ANS: C

Documentation is for the removal and replacement of an internal dwelling ureteral stent. The catheter is introduced into the bladder indicating the transurethral approach. These elements are represented in code 50385.

PTS: 1

73. ANS: C PTS: 1

74. ANS: D PTS: 1

75. ANS: B PTS: 1

76. ANS: A PTS: 1

77. ANS: D PTS: 1

78. ANS: A PTS: 1

79. ANS: B

Codes for the injection of an anesthetic and/or steroid are selected based on the location and number of levels. Code 64493 is for the injection of the lumbar, single level L3-L4; and 65794 is the add-on code for the additional level L-4-L-5. Modifier 50 Bilateral procedure is appended to both codes as the injection was on both sides.

PTS: 1

80. ANS: C PTS: 1

81. ANS: B PTS: 1

82. ANS: A PTS: 1

83. ANS: C PTS: 1

84. ANS: B PTS: 1

85. ANS: B PTS: 1

86. ANS: C

CT codes are selected based on the area being imaged, whether contrast is used, and in what sequence. Documentation shows the CT was performed to confirm a diagnosis pertaining to the orbital bones, code sequence 70480-70482. Since it was done without contrast and then repeated with contrast, the correct code is 70482. The physician provided only the professional component which is reported with modifier 26.

In the ICD-9-CM alphabetic index, Abscess; subperiosteal refers you to abscess bone.

Periosteum is the membrane over bones so subperiosteal is referring to bone, reported with 730.0. There is also a note to "see also Osteomyelitis." Osteomyelitis is an infection in the bone and indexed under it is orbital, 376.03. Vol. 1 states code 730.0 is used for "abscess any bone except accessory sinus." The orbital bones in part define the accessory sinus so this would not be the correct code. Go next to 376.03, which is described as "orbital osteomyelitis," to find the correct code. Also code the infectious organism, identified as Staphylococcus, 041.10.

PTS: 1

87. ANS: D PTS: 1

88. ANS: B PTS: 1

89. ANS: C PTS: 1

90. ANS: D PTS: 1

91. ANS: C PTS: 1

92. ANS: C  
The post coital test is described by code 89300 Semen analysis; presence and/or motility of sperm including Huhner test (post coital), and is listed in the index under "Huhner." It is not specified as a complete. The second test ordered to be performed on the sperm sample is a hamster penetration test, specified by code 89329 Sperm evaluation; hamster penetration test. This can be found in the index under "hamster penetration test."

PTS: 1

93. ANS: C  
Drug Testing guidelines state, "Use 80100 for each multiple drug class chromatographic procedure;" and, "Use 80102 for each procedure necessary for confirmation."

PTS: 1

94. ANS: C PTS: 1

95. ANS: C PTS: 1

96. ANS: D PTS: 1

97. ANS: D PTS: 1

98. ANS: A

Monthly end stage renal disease related services are based on the patient's age and number of visits during the month and the location where the service is rendered. Documentation shows the patient is 7 years old and was seen three times in the nephrologist's office. This would be reported with code 90955.

PTS: 1

99. ANS: D  
Nonselective debridement is performed to remove devitalized tissue from a wound. From the CPT® index, go to Debridement, wound, non-selective. Non-selective debridement is known as mechanical debridement, which is performed using wet-to-moist dressings, enzymatic chemicals and/or abrasion. Non-selective debridement should not be confused with debridement services, reported with codes 11040 and 11041, which require surgical removal using a scalpel or dermatome.

PTS: 1

100. ANS: D  
There is no documentation to support the nurse did anything other than administer the vaccine by subcutaneous injection (90471). The vaccines product MMRV is coded with CPT® code 90710.

PTS: 1