

Pre/Post-Examination

SECTION 1

QUESTIONS 1–43

Medical Terminology

1. The cup-shaped depression on the hip joint that receives the head of the femur is the:
 - A. acetabulum
 - B. calcaneus
 - C. trochlea
 - D. medial malleolus

2. The lower third of the small intestine is the:
 - A. jejunum
 - B. tenue
 - C. ileum
 - D. duodenum

3. This term means to divert or make an artificial passage:
 - A. burr
 - B. occipital
 - C. shunt
 - D. catheter

4. This term means to identify the presence of and the amount of:
 - A. qualitative
 - B. definitive
 - C. authoritative
 - D. quantitative

5. The term that means the expansion of:
 - A. dilation
 - B. curettage
 - C. tocolysis
 - D. manipulation

6. This term means the outermost covering of the eyeball:
- A. sclera
 - B. lacrimal
 - C. ciliary
 - D. chorea
7. This term means the soft tissue around the nail border:
- A. sebaceous
 - B. dermis
 - C. lunula
 - D. perionychium
8. This term means to turn downward:
- A. flexion
 - B. adduction
 - C. circumduction
 - D. pronation

Anatomy

9. This gland is located at the base of the brain in a depression in the skull:
- A. thymus
 - B. hypothalamus
 - C. pituitary
 - D. pineal
10. Which of the following is not a part of the kidney?
- A. cortex
 - B. trigone
 - C. medulla
 - D. pyramids

11. Which of the following is an endocrine gland?
- A. spleen
 - B. bone marrow
 - C. tonsils
 - D. adrenal
12. This is nature's pacemaker:
- A. atrioventricular node
 - B. bundle of His
 - C. septum
 - D. sinoatrial node
13. This is divided into the medulla oblongata, pons, and midbrain:
- A. brainstem
 - B. diencephalon
 - C. cerebellum
 - D. cerebrum
14. This is located in the middle ear:
- A. vestibule
 - B. cochlea
 - C. auricle
 - D. stapes
15. This is located in the pharynx and contains the adenoids:
- A. oropharynx
 - B. laryngopharynx
 - C. nasopharynx
 - D. sphenoidal
16. This is another name for the bulbourethral gland:
- A. tunica albuginea
 - B. seminal vesicles
 - C. prostate
 - D. Cowper's

ICD-9-CM

17. A patient is diagnosed with bilateral otitis media:

- A. 382.9
- B. 382.4
- C. 381.63
- D. 382.02

18. A patient is diagnosed with bacterial endocarditis due to AIDS.

- A. 421.0, 042
- B. 042, 421.9
- C. 421.1, 042
- D. 042, 421.0

19. HOLTER REPORT

LOCATION: Outpatient Clinic

INDICATION: Patient with atrial fibrillation on Lanoxin. Patient with known cardiomyopathy.

BASELINE DATA: An 86-year-old man with congestive heart failure on Elavil, Vasotec, Lanoxin, and Lasix. The patient was monitored for the 24 hours in which the analysis was performed.

INTERPRETATION:

1. The predominant rhythm is atrial fibrillation. The average ventricular rate is 74 beats per minute, minimum 49 beats per minute, and maximum 114 beats per minute.
2. A total of 4948 ventricular ectopic beats were detected. There were four forms. There were 146 couplets with one triplet and five runs of bigeminy. There were two runs of ventricular tachycardia, the longest for 5 beats at a rate of 150 beats per minute. There was no ventricular fibrillation.
3. There were no prolonged pauses.

CONCLUSION:

1. Predominant rhythm is atrial fibrillation with well-controlled ventricular rate.
2. There are no prolonged pauses.
3. Asymptomatic, nonsustained, ventricular tachycardia.

- A. 427.3, 425.4
- B. 425.4, 427.3
- C. 427.31, 425.4
- D. 427.32, 425.4

20. A 51-year-old male patient had surgery to remove two separate carbuncles of the left axilla. Pathology report indicated staphylococcal infection.
- A. 680.3, 041.10
 - B. 680.9, 041.01
 - C. 680.3, 041.19
 - D. 680.9, 041.09
21. The discharge diagnoses for a patient who was admitted for dyspnea were as follows: pneumonia, *Klebsiella pneumoniae*, COPD with emphysema, multifocal atrial tachycardia, mild dementia.
- A. 482, 492.8, 427.5, 294.8
 - B. 482.0, 492.8, 496, 427.89, 294.8, 041.3
 - C. 486, 492.0, 427.89, 294.11
 - D. 482.0, 492.8, 427.89, 294.8
22. A patient with spinal stenosis at the C4-6 level with intervertebral disc displacement had a cervical discectomy, corpectomy, allograft from C4 to C6, and placement of arthrodesis (a 34-mm plate from C4 to C6).
- A. 722.90
 - B. 723.0, 722.1
 - C. 723.0, 722.0
 - D. 723.1, 722.51
23. A patient presents for an influenza vaccination and pneumococcal vaccination. Each vaccine was in a separate vial and was administered individually.
- A. V04.8, V03.89
 - B. V04.7, V03.82
 - C. V04.81, V03.82
 - D. V06.6
24. A patient with a family history of malignant neoplasm of the breast receives a screening mammography, bilaterally (77057).
- A. V76.11
 - B. V76.11, V16.3
 - C. V16.3
 - D. V10.3, V76.11

25. A patient with unstable angina, hypertension, diabetes with hypoglycemia, and a history of myocardial infarction is admitted for cardiac catheterization.
- A. 413.9, 401.9, 250.80, 412
 - B. 411.1, 401.9, 250.80, 412
 - C. 411.1, 401.0, 250.80, 412
 - D. 411.1, 401.9, 250.00, 410.9
26. A patient has staphylococcal septicemia with systemic inflammatory response syndrome (SIRS) with respiratory and acute hepatic failure.
- A. 995.92, 038.10, 518.81, 570
 - B. 038.10, 995.92, 518.81, 570
 - C. 518.81, 570, 038.10, 995.92
 - D. 038.10, 518.83, 570, 995.92

HCPCS

27. All third-party payers require the use of HCPCS codes in submissions for service provided to any patient.
- A. True
 - B. False
28. A 65-year-old male Medicare patient presents for a digital rectal examination and a total prostate-specific antigen (PSA) screening test. His father and brother had prostate cancer.
- A. G0102, V71.1, V16.42
 - B. G0103, V10.46, V16.42
 - C. G0102, 84153, V67.9, V16.42
 - D. G0102, G0103, V76.44, V16.42
- (G0103) is correct. V67.9 describes a follow-up examination after surgery or treatment.
29. An 82-year-old female Medicare patient has a single energy x-ray absorptiometry (SEXA) bone density study of two sites of the wrist. The patient has osteopenia and is complaining of wrist pain.
- A. 77079, 733.00, 719.44
 - B. 77080, 733.90, 731.0
 - C. G0130, 733.90, 719.43
 - D. 77078, 733.00, 719.44

30. A 72-year-old male Medicare patient receives 30 minutes of individual diabetes outpatient self-management training session. The patient is a newly diagnosed type II diabetic.
- A. G0109, 250.02
 - B. G0176, 250.80
 - C. 98960, 250.81
 - D. G0108, 250.00
31. A Medicare patient presents for an influenza vaccination and pneumococcal vaccination. This is the only service rendered.
- A. G0008, V04.89, V04.81
 - B. G0009, V03.89, V04.81
 - C. G0008, G0009, V06.6
 - D. G0010, G0008, V06.6, V03.82

Practice Management

32. The term OIG stands for the Office of the:
- A. Information Group
 - B. Insurance Group
 - C. Inspector General
 - D. Insurance General
33. This part of Medicare helps to cover medically necessary physician services, outpatient care, and some other medical services such as physical and occupational therapy, and some home health care:
- A. Part A
 - B. Part B
 - C. Part C
 - D. Part D
34. This is the group to which is delegated the operation of the Medicare and Medicaid programs:
- A. CMS
 - B. OG
 - C. QIO
 - D. HEW

35. This provider receives reimbursements for Medicare directly from the fiscal intermediary:
- A. PIB
 - B. PRA
 - C. PAR
 - D. PEER
36. Which of the following is NOT true about the Outpatient Prospective Payment System?
- A. Known as the APC
 - B. Was implemented in 2000
 - C. Payment rates for each APC are published in the *Federal Register*
 - D. Is applicable to non-Medicare and Medicare patients
37. A Medical Savings Account plan is part of this Medicare program:
- A. Part A
 - B. Part B
 - C. Part C
 - D. Part D

Coding Guidelines

38. According to the E/M Guidelines, this is a chronological description of the development of the patient's present illness from the first sign and/or symptom to the present.
- A. Nature of presenting problem
 - B. KC
 - C. ROS
 - D. HPI
39. This type of code is exempt from the use of modifier -51:
- A. stand-alone
 - B. add-on
 - C. indented
 - D. all of the above

40. Which of the following is NOT an example of a method of contrast that qualifies as “with contrast” and, if not included in the code description, can be reported separately?
- A. rectal
 - B. intravascular
 - C. intrathecally
 - D. intra-arterial
41. A service that is rarely provided, unusual, variable, or new may require this type of report to assist in the determination of the medical appropriateness of a service and indicates the nature, extent, need, time, effort, and equipment necessary.
- A. written
 - B. special
 - C. concurrent
 - D. detailed
42. Anesthesia time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia and ends when:
- A. Patient is no longer sedated and is under the care of the postoperative supervision
 - B. Patient is taken from the operating room and is under the care of the postoperative supervision
 - C. The anesthesiologist is no longer in personal attendance and the patient is under the care of the postoperative supervision
 - D. The patient is fully awake
43. If a distinct, separately identifiable procedure is provided in addition to an E/M service, you would add this modifier to the E/M code.
- A. -26
 - B. -32
 - C. -25
 - D. -24

SECTION 2
QUESTIONS 44–103

10000 Integumentary System

44. A 24-year-old female is seen in the office for a chronic candidal paronychia nail abscess that needs to be incised and drained. Assign code for physician services only.
- A. 10061, 681.9
 - B. 10080, 681.02
 - C. 10060, 112.3
 - D. 11400, 681.9
45. A 10-year-old boy presents for injuries caused by falling off his bike. All wounds were superficial. He has a 2-cm wound to his nose and a 1-cm wound to his cheek. He also has a 2.5-cm wound to his elbow. All injuries were simple repair by means of suture. Assign the repair code for the physician's services.
- A. 12011, 12001
 - B. 12013, 12001-51
 - C. 12013, 12002-51
 - D. 12011, 12002
46. Dr. Smith performed a bilateral radical mastectomy, including the pectoral muscles and axillary lymph nodes, on a 63-year-old female with breast cancer located on the inner breast.
- A. 19305, 174.9
 - B. 19306-50, 174.8
 - C. 19305-50, 174.8
 - D. 19307-50, 174.9
47. What CPT and ICD-9-CM codes would you use to report chemosurgery, first stage Mohs' micrographic technique, with five tissue blocks, of the skin of female genitalia, stated as uncertain behavior?
- A. 17311, 236.3
 - B. 17312, 238.2
 - C. 17311, 17312, 238.2
 - D. 17313, 236.3

48. A 40-year-old male is in for intermediate closure of wounds due to a motor vehicle accident. The patient sustained injuries to the forehead, 1.5 cm, and a 1-cm wound to the eyebrow when his head hit the steering wheel. Patient was the driver.
- A. 12011, 873.42, E819.1
 - B. 12051, 873.42, E819.0
 - C. 13131, 873.53, E819.9
 - D. 12001, 873.51
49. Which CPT code would the surgeon use to report the shaving of an epidermal lesion of the upper arm when a lesion diameter is greater than 2 cm? The post-procedure diagnosis was a benign growth.
- A. 11402, 709.9
 - B. 11200, 709.9
 - C. 11303, 216.6
 - D. 11602, 216.6
50. A 73-year-old male is admitted by Dr. Smith for an excision of a nail and nail matrix, complete, for permanent removal with amputation of a tuft of distal phalanx. A 1.8-cm single pinch skin graft was needed to cover the tip of the digit. Code the physician's services.
- A. 11752
 - B. 11750
 - C. 11750, 15050
 - D. 11752, 15050-51
51. What CPT code would you use for an initial 11% debridement of both arms resulting from burns, without general anesthesia? The diagnostic statement documented was first- and second-degree burns of the arms, but not wrists or hands.
- A. 16020, 943.21
 - B. 16025, 943.21
 - C. 16030-50, 943.23
 - D. 16030, 943.29
52. Donna, a 41-year-old female, presents for biopsies of a lesion in each breast. Dr. Smith will be doing the biopsies using fine-needle aspiration with imaging guidance. Assign the code for the physician's service only.
- A. 19102-50
 - B. 10022 × 2
 - C. 10021
 - D. 19103-50

53. Katie is seen in the clinic by Dr. Smith for several scars on her face caused by summer acne, caused by the sun. Dr. Smith decides to do an epidermal chemical peel of the face. Assign the code for the physician's service.
- A. 15780, 692.72
 - B. 15781, 706.1
 - C. 15789, 706.1
 - D. 15788, 692.72

20000 Musculoskeletal System

54. Richard, a 34-year-old male, fell from a 4-foot scaffolding and hit his heel on the bottom rung of the support, fracturing his calcaneus in several locations. The orthopedic surgeon manipulated the bone pieces back into position and secured the fracture sites by means of percutaneous fixation.
- A. 28415, 825.1, E881.0
 - B. 28405, 825.1, E881.1
 - C. 28406, 825.0, E881.1
 - D. 28456, 825.0, E881.0
55. Sammy, a 5-year-old male, tumbled down the stairs at daycare, striking and fracturing his coccygeal bone. The physician manually manipulated the bone into proper alignment and told Sammy's mother to have the child sit on a rubber ring to alleviate the pain.
- A. 27510, 805.7, E880.0
 - B. 28445, 805.7, E880.9
 - C. 27202, 805.6, E880.0
 - D. 27200, 805.6, E880.9
56. Alice, a 42-year-old female, is a carpenter at the local college. While on a ladder repairing a window frame, the weld on the rung of the metal ladder loosened and she fell backward and down a distance of 8 feet. She landed on her left hip, resulting in a dislocation. With the patient under general anesthesia, the Allis maneuver is used to repair an anterior dislocation of the right hip. The pelvis is stabilized and pressure applied to the thigh to reduce the hip and bring it into proper alignment.
- A. 27250, 835.00
 - B. 27252, 835.03, E881.0
 - C. 27253, 835.01, E881.1
 - D. 27254, 835.02, E881.0

57. A 13-year-old female sustained multiple tibial tuberosity fractures of the left knee while playing soccer at her local track meet. The physician extended the left leg and manipulated several fragments back into place. The knee was then aspirated. A long-leg knee brace was then placed on the knee. Assign code for the physician service only.
- A. 27334
 - B. 27550
 - C. 27538
 - D. 27330
58. Under general anesthesia, 5-year-old Michael's tarsal dislocation was reduced by means of manipulation. Two-view intraoperative x-rays demonstrated that the tarsus was in correct alignment, and a short leg cast was then applied. (Code only the reduction service.)
- A. 28545, 29405
 - B. 28545, 29405, 73620
 - C. 28540, 73620
 - D. 28545
59. Dr. Clark applied a cranial halo to Gordon to stabilize the cervical spine in preparation for x-rays and subsequent surgery. The scalp was sterilized and local anesthesia injected over the pin insertion sites. Posterior and anterior cranial pins are inserted and the halo device attached. Assign code(s) for the physician service only.
- A. 20664
 - B. 20661, 96372
 - C. 20661
 - D. 20664, 96372
60. Samantha was playing in the back yard when her brother fired a pellet gun at her leg at close range. The pellet penetrated the skin and lodged in the muscle underlying the area. The physician removed the pellet without complication or incident.
- A. 20520, 891.1, E922.4
 - B. 20525, 891.1, E922.0
 - C. 10120, 891.2, E922.0
 - D. 10121, 891.0

61. Kevin comes in with a hematoma on his shoulder that he has had for some time. After an exam was performed of the shoulder area, the physician performs an I&D of the hematoma, which is located just below the fascia. Code the physician's services.
- A. 23030, 682.3
 - B. 10140, 686.9
 - C. 10060, 682.3
 - D. 10160, 686.9
62. Marsha is admitted to same-day surgery after having an abnormal shoulder x-ray in the clinic yesterday. The physician decides to do a diagnostic arthroscopy.
- A. 29806, 793.0
 - B. 29805, 793.7
 - C. 23066, 793.7
 - D. 23100, 793.4
63. Cole comes into the orthopedic department today with his mother after falling from the top bunk bed, where he and his brother were wrestling. Cole is having pain in his left lower leg and is unable to bear weight on it. Cole is taken to the x-ray department. After the physician talks with the radiologist regarding the diagnosis of sprained ankle, the physician decides to apply a walking short leg cast from just below Cole's knee to his toes.
- A. 29405, 845.00, E884.4
 - B. 29515, 845.00, E888.9
 - C. 29355, 959.7, E884.4
 - D. 29425, 845.00, E884.4

30000 Respiratory System and Cardiovascular System

64. PREOPERATIVE DIAGNOSIS: Deviated septum.

PROCEDURE PERFORMED:

1. Septoplasty.
2. Reduction of inferior turbinates.

The patient was taken to the operating room and placed under general anesthesia. The fracture of the inferior turbinates was first performed to do the septoplasty. Once this was done, the septoplasty was completed and the turbinates were placed back in their original position. The patient was taken to recovery in satisfactory condition. Code the physician's procedure(s) and the diagnosis.

- A. 30520, 30130, 470
- B. 30520, 30130-51, 470
- C. 30520, 30140-51, 802.0
- D. 30520, 30140-51-52, 470

65. The patient is seen in the clinic for chronic sinusitis. The physician decides to schedule an endoscopic sinus surgery for the next day. The patient arrives to same-day surgery, and the physician performs an endoscopic total ethmoidectomy with an endoscopic maxillary antrostomy with removal of maxillary tissue. Postoperative diagnosis includes chronic ethmoidal and maxillary sinusitis. Code the procedure(s) and diagnosis.

- A. 31254, 31256-51, 473.9
- B. 31255, 31267-51, 461.9
- C. 31255, 31267-51, 473.9
- D. 31200, 31225-51, 473.9

66. Faye, an 88-year-old female, is taken to same-day surgery for a possible small chicken bone stuck in her larynx. The physician does a direct laryngoscopy to check the larynx. On inspection, a small bone fragment is seen obstructing the larynx. The physician using an operating microscope removes the bone fragment. The patient is sent home in satisfactory condition.

- A. 31526, 933.1, E915
- B. 31531, 933.1, E912
- C. 31530, 935.0, E912
- D. 31511, 933.1, E912

67. OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Ventilator dependency, aspiration pneumonia.

PROCEDURE PERFORMED: Tracheostomy.

DESCRIPTION OF PROCEDURE: After consent was obtained, the patient was taken to the operating room and placed on the operating room table in the supine position. After an adequate level of general endotracheal anesthesia was obtained, the patient was positioned for tracheostomy. The patient's neck was prepped with Betadine and then draped in a sterile manner. A curvilinear incision was marked approximately a fingerbreadth above the sternal notch in the area just below the cricoid cartilage. This area was then infiltrated with 1% Xylocaine with 1:100,000 units of epinephrine. After several minutes, sharp dissection was carried down through the skin and subcutaneous tissue. The subcutaneous fat was removed down to the strap muscles. Strap muscles were divided in the midline and retracted laterally. The cricoid cartilage was then identified. The thyroid gland was divided in the midline with the Bovie, and then the two lobes were retracted laterally, exposing the anterior wall of the trachea. The space between the second and third tracheal rings was then identified. This was infiltrated with local solution. A cut was then made through the anterior wall. The endotracheal tube was then advanced superiorly. An inferior cut into the third tracheal ring was then done to make a flap. This was secured to the skin with 4-0 Vicryl suture.

A no. 6 Shiley cuffed tracheostomy tube was then placed and secured to the skin with ties as well as the tracheostomy strap. The patient tolerated the procedure well and was taken to the critical care unit in stable condition. Report the procedure(s) and diagnosis(es).

- A. 94002, 60220, 31600-51, 507.0
- B. 31500, 31600-51, 507.8
- C. 31600, 507.0
- D. 94002, 31502-51, 31600-51, 518.81, 507.0

68. Carl, a 58-year-old male, is taken to the operating room to remove his permanent pacemaker after successfully getting his heart back to normal sinus rhythm.

- A. 33236, V53.6
- B. 33238, V53.4
- C. 33243, V53.32
- D. 33233, V53.31

69. This 70-year-old male is admitted for coronary ASHD. A prior cardiac catheterization showed numerous native vessels to be 70% to 100% blocked. The patient was taken to the operating room. After opening the chest and separating the rib cage, a coronary artery bypass was performed using five venous grafts and four coronary arterial grafts. Code the graft procedure(s) and the diagnosis.

- A. 33536, 33517-51, 414.9
- B. 33533, 33522, 414.05
- C. 33536, 33522, 414.01
- D. 33514, 414

70. What CPT code(s) would be used to report an arterial catheterization?

- A. 36600
- B. 36620, 36625
- C. 36620
- D. 36640

71. This patient is taken to the operating room for a ruptured spleen (spontaneous). Repair of the ruptured spleen with a partial splenectomy is done.

- A. 38101-58, 38115-51-58, 289.59
- B. 38115, 289.59
- C. 38120, 865.04
- D. 38129, 865.14

72. This 60-year-old female was seen previously for a biopsy of her cervical lymph nodes. The biopsy came back showing abnormal cells of uncertain behavior. The decision was made to do a lymphadenectomy. The patient was brought to the operating room and put under general anesthesia. After completing a radical neck dissection, the lymph nodes were excised. The patient was returned to recovery in satisfactory condition. Code the lymphadenectomy only.
- A. 38720, 38570-51, 228.1
 - B. 38720, 38500-51, 238.79
 - C. 38571, 228.1
 - D. 38724, 238.8
73. A 58-year-old patient has a PICC line with a port placed for chemotherapy infusion. Fluoroscopic guidance was used to gain access and check placement. Assign code(s) for the service only. The patient is diagnosed with pancreatic cancer with mets to the lung and lower lobe of the liver. All are being treated.
- A. 36568, 77001, 157.9, 197.0
 - B. 36570, 77002, 157.9, 155.2, 162.5
 - C. 36571, 77001, 157.9, 197.0, 197.7
 - D. 36556, 77001, 157.9, 155.2, 162.5

40000 Digestive System

74. OPERATIVE REPORT

PROCEDURE: Excision of parotid tumor or gland or both.

Once the patient was successfully under general anesthesia, Dr. Green, assisted by Dr. Smith, opened the area in which the parotid gland is located. After carefully inspecting the gland, the decision was made to excise the total gland because of the size of the tumor (5 cm). With careful dissection and preservation of the facial nerve, the parotid gland was removed. The wound was cleaned and closed, and the patient was brought to recovery in satisfactory condition. The diagnosis on the pathology report listed a primary cancer of the gland. Report only Dr. Smith's service.

- A. 42410-80, 11041, 142.0
- B. 42426-62, 210.2
- C. 42420-80, 142.0
- D. 11426, 239.0

75. A 9-year-old boy is in for a tonsillectomy because of chronic tonsillitis and possible adenoidectomy. On inspection of the adenoids, they were found not to be inflamed; then we did a tonsillectomy only.
- A. 42820, 474.10
 - B. 42825, 474.00
 - C. 42830, 42825-51, 474.10
 - D. 42826, 42835-51, 474.02
76. What code would you use to report a rigid proctosigmoidoscopy with guidewire?
- A. 52260
 - B. 45386
 - C. 45339
 - D. 45303
77. A 62-year-old female presents to Acute Surgical Care for a sigmoidoscopy. The physician inserts a flexible scope into the patient's rectum and determines the rectum is clear of any polyps. The scope is advanced to the sigmoid colon, and a total of three polyps are found. Using the snare technique, the polyps are removed. The remainder of the colon is free of polyps. The flexible scope is withdrawn. The polyps were benign.
- A. 45383, 211.3
 - B. 44110, 153.9
 - C. 45338, 211.3
 - D. 44111, 153.3
78. This patient is in for multiple external hemorrhoids. After inspection of the hemorrhoids, the physician decides to excise all the hemorrhoids.
- A. 46250, 455.3
 - B. 46615, 455.0
 - C. 46255, 455.3
 - D. 46083, 455.5

79. OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Barrett's esophagus with severe dysplasia, possible carcinoma.

POSTOPERATIVE DIAGNOSIS: Same.

PROCEDURE PERFORMED: Exploratory laparotomy, needle biopsy of liver lesion, immobilization of stomach with pyloroplasty and placement of feeding tube.

OPERATIVE NOTE: With the patient under general anesthesia, the abdomen was prepped and draped in a sterile manner. Midline incision was made from the xiphoid to below the pubis. Sharp dissection was carried down into the peritoneal cavity, and hemostasis was maintained with electrocautery. We began by exploring the abdominal cavity. The liver was carefully palpated. The area that had been identified on CT was at the very apex of the right lobe of the liver. We could feel this area, and it did not have a thickened feel to it but was more consistent with an area of hemangioma. There was a small secondary lesion on the undersurface of the right lobe. A biopsy was taken, and it did return a diagnosis of hemangioma. The rest of the liver appeared normal, and in my opinion we did not need to proceed with anything further. We thus began with mobilization of the stomach, taking down the greater curvature vessels, preserving the gastroepiploica. We carried our dissection all the way up into the hiatal hernia, preserving the blood supply to the spleen and not injuring it. We were then able to detach the left gastric artery such that the stomach was tethered on its other vasculature but appeared completely viable. All these vessels were taken down with clamps and ligatures of 2-0 silk. We then circumferentially went around the esophagus and carried our dissection all the way back toward the pylorus. We then had the entire stomach freed up from the pylorus all the way up to the diaphragm. The stomach appeared viable with reasonable circulation. A Heineke-Mikulicz pyloroplasty then was performed to open the pylorus in one direction and close it in another using interrupted 3-0 silk sutures to complete the pyloroplasty. With this accomplished, we then picked up the jejunum approximately 40 or 50 cm beyond the ligament of Treitz and placed a red rubber feeding tube using a Witzel technique; this was a number 18-2. This was attached to the skin and brought out through a separate stab incision. The abdominal cavity was then checked for hemostasis, and everything appeared to be intact. We then closed the incision using running 0 loop nylon. We closed the skin with staples. A sterile dressing was applied. Code the biopsy of the liver lesion and pyloroplasty only.

- A. 49000, 43800, 47001, 44015
- B. 43800, 47001-51, 150.9
- C. 43800, 47001
- D. 43800, 47001-51

80. OPERATIVE REPORT

PROCEDURE: Upper gastrointestinal endoscopy.

PREOPERATIVE DIAGNOSIS: Upper gastrointestinal bleeding.

POSTOPERATIVE DIAGNOSIS: Multiple serpiginous ulcers in the gastric antrum and body, not bleeding.

FINDINGS: The video therapeutic double-channel endoscope was passed without difficulty into the oropharynx. The gastroesophageal junction was seen at 42 cm. Inspection of the esophagus revealed no erythema, ulceration, exudates, stricture, or other mucosal abnormalities. The stomach proper was entered. The endoscope was advanced to the second duodenum. Inspection of the second duodenum, first duodenum, duodenal bulb, and pylorus revealed no abnormalities. Retroflexion revealed no lesion along the cardia or lesser curvature. Inspection of the antrum, body, and fundus of the stomach revealed no abnormality, except there were multiple serpiginous ulcerations in the gastric antrum and body. They were not bleeding. They had no recent stigmata of bleeding. Photographs and biopsies were obtained. The patient tolerated the procedure well.

- A. 43258, 531.9
- B. 43234, 531.30
- C. 43239, 531.90
- D. 43239, 532.9

81. How would you code an excision of a ruptured appendix with generalized peritonitis?

- A. 44970, 540.0
- B. 44950, 540.9
- C. 44960, 540.0
- D. 44960-22, 540.1

82. Kevin is admitted to same-day surgery today for a cholecystectomy. Once the abdomen was insufflated and under direct vision, the gallbladder was shelled from its fossa using electrocautery and removed through the upper midline incision. Assign code(s) for the physician service only.

- A. 47600
- B. 47562, 47550
- C. 47560
- D. 47562

83. INDICATION: Sean is a 2-year-old boy who was born with a partial thickness left-sided cleft lip.

PROCEDURE: This 2-year-old male was taken to the operating room for plastic repair of an incomplete cleft lip.

- A. 40702-52, 749.12
- B. 40700, 749.12
- C. 30460, 749.20
- D. 40525, 749.20

50000 Urinary, Male Genital System, Female Genital System, and Maternity Care and Delivery

84. OPERATIVE REPORT

DIAGNOSIS: Acute renal insufficiency.

PROCEDURE: Renal biopsy.

The patient was taken to the operating room for a needle biopsy of the right and left kidneys.

- A. 49000-50, 585.9
- B. 50555-50, 584.9
- C. 50542-LT, 50542-RT, 593.9
- D. 50200-50, 593.9

85. What CPT code would you use to report a biopsy of the bladder by means of a scope inserted through the urethra and into the bladder?

- A. 52354
- B. 52204
- C. 52224
- D. 52250

86. OPERATIVE REPORT

DIAGNOSIS: Large bladder neck obstruction.

PROCEDURE PERFORMED: Cystoscopy and electrosurgical transurethral resection of the prostate.

The patient is a 78-year-old male with obstructive symptoms and subsequent urinary retention. The patient underwent the usual spinal anesthetic, was put in the dorsolithotomy position, prepped, and draped in the usual fashion. Cystoscopic visualization showed a marked high-riding bladder. Median lobe enlargement was such that it was difficult even to get the cystoscope over. Inside the bladder, marked trabeculation was noted. No stones were present. The urethra was well lubricated and dilated. The resectoscopic sheath was passed with the aid of an obturator with some difficulty because of the median lobe. Electrosurgical TURP of the median lobe was performed, getting several big loops of tissue, which helped to improve visualization. Anterior resection of the roof was carried out from the bladder neck. Bladder-wall resection was taken from the 10 to 8 o'clock position. This eliminated the rest of the median lobe tissue as well. The patient tolerated the procedure well. Code the procedure(s) performed and the diagnosis.

- A. 52601, 52001-51, 596.0
- B. 52601, 52001-51, 753.6
- C. 52601, 52000-59, 596.0
- D. 52601, 52000, 753.6

87. What codes would you use to code reconstruction of the penis for straightening of chordee?

- A. 54435, 607.89
- B. 54328, 752.63
- C. 54360, 752.63
- D. 54300, 607.89

88. Clamp circumcision with regional dorsal penile block.

- A. 54160
- B. 54150
- C. 54150-52
- D. 54161

89. Jim is a 42-year-old male in for a bilateral vasectomy that will include three postoperative semen examinations.

- A. 52402, V26.52
- B. 52648, V26.52
- C. 55250, V25.2
- D. 55250, 89300 × 2, V25.2

90. Patient is seen for a Bartholin's gland abscess. The physician performed an I&D of the abscess.
- A. 56420, 616.3
 - B. 50600, 616.2
 - C. 53060, 616.3
 - D. 56405, 616.4
91. This 21-year-old female is seen at the clinic today for a colposcopy. The physician will take multiple biopsies of the cervix uteri. Assign code(s) for the physician service only.
- A. 56821
 - B. 57421
 - C. 57455
 - D. 57456
92. Sarah is a 37-year-old female diagnosed with an ectopic pregnancy. The patient was taken to the operating room for treatment of a tubal ectopic pregnancy, abdominal approach.
- A. 59130, 633.20
 - B. 59150, 633.10
 - C. 59120, 633.11
 - D. 59121, 633.10
93. What code(s) would you use to report a cesarean delivery including the postpartum care?
- A. 58611, 59430
 - B. 59410
 - C. 59515
 - D. 59622

60000 Endocrine System, Nervous System, Eye and Ocular Adnexa

94. OPERATIVE REPORT

DIAGNOSIS: Malignant tumor, thyroid.

PROCEDURE: Thyroidectomy, for tumor excision.

The patient was prepped and draped. The neck area was opened. With careful radical dissection of the neck completed, one could visualize the size of the tumor. The decision was made to remove the entire thyroid.

The pathology report later indicated that the tumor was malignant.

- A. 60240, 193
- B. 60271, 193
- C. 60220, 164.0
- D. 60254, 193

95. What code would you use to report burr hole(s) to drain an abscess of the brain?

- A. 61253, 324.1
- B. 61150, 324.0
- C. 61156, 324.0, 041.11
- D. 61151, 324.1

96. The patient was brought to the operating room to repair an aneurysm of the intracranial artery by balloon catheter.

- A. 61698, 437.0
- B. 61697, 437.4
- C. 61710, 437.2
- D. 61700, 437.1

97. OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Obstructed ventriculoperitoneal shunt in patient with obstructive hydrocephalus.

PROCEDURE PERFORMED: Revision of shunt. Replacement of ventricular valve and peritoneal end. Entire shunt replacement.

PROCEDURE: Under general anesthesia, the patient's head, neck, and abdomen were prepped and draped in the usual manner. An incision was made over the previous site where the shunt had been inserted in the posterior right occipital area. This shunt was found to be nonfunctioning and was removed. The problem was that we could not get the ventricular catheter out without probably producing bleeding, so it was left inside. The peritoneal end of the shunt was then pulled out through the same incision. Having done this, I placed a new ventricular catheter into the ventricle. I then attached this to a medium pressure bulb valve and secured this with 3-0 silk to the subcutaneous tissue. We then went to the abdomen and made an incision below the previous site, and we were able to trocar the peritoneal end of the shunt by making a stab wound in the neck and then connecting it up to the shunt. This was then connected to the shunt. Pumping on the shunt, we got fluid coming out the other end. I then inserted this end of the shunt into the abdomen by dividing the rectus fascia, splitting the muscle, and dividing the peritoneum and placing the shunt into the abdomen. One 2-0 chromic suture was used around the peritoneum. The wound was then closed with 2-0 Vicryl, 2-0 plain in the subcutaneous tissue, and surgical staples on the skin. The stab wound on the neck was closed with surgical staples. The head wound was closed with 2-0 Vicryl on the galea and surgical staples on the skin. A dressing was applied. The patient was discharged to the recovery room.

- A. 63740, 996.2, 331.3
- B. 62256, 996.56, 331.3
- C. 62160, 996.2, 331.5
- D. 62230, 996.2, 331.4

98. OPERATIVE REPORT DIAGNOSIS: Herniated disc.

PROCEDURE: Hemilaminectomy L4-5 and L5-S1.

The patient was taken to the operating room prepped and draped in the usual fashion. Once the lower back area was opened, after decompression of the nerve roots, the interspace at L4-5 was entered and the disc fragment was excised. Next, the interspace at L5-S1 was entered and disc fragments were excised as well. The patient tolerated the procedure well.

- A. 63045, 63048, 722.2
- B. 63040, 63043, 839.00
- C. 63030, 63035, 722.10
- D. 63040, 63043, 722.10

99. Delores, a 67-year-old female, is seen today for destruction of a ulcer of her cornea. The lesion is removed by thermocauterization. Assign codes for the professional service only.
- A. 65400, 371.01
 - B. 65450, 370.00
 - C. 65435, 370.00
 - D. 65410, 371.9
100. What CPT and ICD-9-CM codes would you use to code the removal of a foreign body embedded in the eyelid?
- A. 65210, 374.86
 - B. 67413, 374.82
 - C. 67801, 374.82
 - D. 67938, 374.86
101. Kristie is a 14-year-old female with a diagnosis of chronic otitis media. The patient was taken to same-day surgery and placed under general anesthesia. Dr. White inserted ventilating tubes bilaterally. The patient tolerated the procedure well.
- A. 69421-50, 69433-51, 382.1
 - B. 69420-50, 382.4
 - C. 69436-50, 382.9
 - D. 69436-50, 382.02
102. Kristie, a 15-year-old female, is seen today for removal of bilateral ventilating tubes that Dr. White inserted 1 year ago. Patient required general anesthesia. Assign code for the physician service only.
- A. 69205-50, V52.8
 - B. 69424-79, 381.10
 - C. 69424-50, V53.09
 - D. 69424-50-78, 381.10
103. What CPT code would you use for a revision mastoidectomy resulting in a radical mastoidectomy?
- A. 69502
 - B. 69511
 - C. 69602
 - D. 69603

SECTION 3
QUESTIONS 104–150**Evaluation and Management (E/M)**

104. A consultation is requested for a 90-year-old patient whose ophthalmologist recently diagnosed her with bilateral senile cataracts. The service was provided in the consultant's office. Her regular ophthalmologist has recommended surgical removal of the cataracts and implantation of lenses. Her ophthalmologist has referred her for presurgical clearance. The patient has benign hypertension and requires clearance prior to surgery. During the history, the patient states that she has had decreasing vision in both eyes over the last year or two but has always had excellent vision. She began wearing glasses in the past year, with minimal improvement in vision. She cannot recall any eye trauma in the past. Patient denies any headaches, blurry vision, diplopia, or unusual tearing or drainage from the eyes. Patient notes that a brother also had cataracts some years back. There is a family history of hypertension. The internal medicine physician conducted a detailed history and physical exam, including vision, and confirmed the diagnosis of the patient's ophthalmologist. The physician noted stable hypertension no risk for anesthesia/surgery. The medical decision making was of low complexity. Assign codes for the physician services only.
- A. 99253, V72.84, 401.0, 366.15
 - B. 92002, V72.81, 366.10, 401.0
 - C. 99245, V72.84, 401.9, 366.15
 - D. 99243, V72.81, 366.10, 401.1
105. The attending physician requests a consultation for an inpatient from an interventional radiologist for an opinion about a 63-year-old male with abnormal areas within the liver. The patient reported right upper quadrant sharp pain for almost two weeks. He has also had some bouts of nausea and feeling fatigued. Patient denies any unexplained weight loss, shortness of breath, palpitations or rashes; admits to periodic indigestion; remainder of 10-system review is negative. Patient states no previous surgical history; he denies tobacco use and admits to 1-2 beers per week; family history is negative for liver disorders to his knowledge. His liver enzymes were elevated. Previous liver scan revealed multiple low attenuation areas within the liver (infection versus tumor). The laboratory studies were creatinine, 0.9; hemoglobin, 9.5; PT and PTT, 13.0/31.5 with an INR of 1.2. The comprehensive physical examination showed that the lungs were clear to auscultation and the heart had regular rate and rhythm. The mental status was oriented times three. Organ systems examined included: GI, lymphatic, GU, ENMT, musculoskeletal, skin and temperature noted as intermittent low-grade fever, up to 101° F, usually occurred at night. The CT-guided biopsy was considered appropriate and recommended for this patient. The medical decision making was of high complexity. Assign codes for the physician services.
- A. 99245, 794.30, 789.0, 790.5
 - B. 99254, 794.8, 789.00, 790.99
 - C. 99223, 794.8, 789.00, 790.99
 - D. 99255, 794.8, 789.01, 790.5

106. A cardiology consultation is requested by Dr. Attending for a 71-year-old inpatient for recent onset of dyspnea on exertion and chest pain. The history reveals that the patient cannot walk three blocks without exhibiting retrosternal squeezing sensation with shortness of breath. She relates that she had the first episode 3 months ago, which she attributed to indigestion. Upon questioning, patient denies any weight loss, visual disturbances, hearing loss, nausea, vomiting or diarrhea. States that prior to current complaint had no episodes of palpitations or chest pain and no breathing difficulties. Admits to some nocturia. Has no problems with headaches, bruising, excessive thirst or intolerance to temperatures. Admits to some joint pain, with no specific diagnosis. Her medical history is negative for stroke, tuberculosis, cancer, or rheumatic fever but includes seborrheic keratosis and benign positional vertigo. History of immature cataracts, OU. She has no known allergies. She lives alone and indicates one sibling, a sister now deceased, did have some kind of heart problems. A comprehensive physical examination reveals a pleasant, elderly female in no apparent distress. She has a blood pressure of 150/70 with a heart rate of 76. Weight is 131 pounds, and she is 5 foot 4 inches. Head and neck reveal JBP less than 5 cm. Normal carotid volume and upstroke without bruit. Chest examination shows clear to auscultation with no rales, crackles, crepitations, or wheezing. The complete cardiovascular single system examination was documented and revealed a normal PMI without RV lift. Normal S1 and S2 with an S3, without murmur, are noted. The medical decision making complexity is high based on the various diagnosis options. Assign codes for the physician services.

- A. 99223
- B. 99245
- C. 99255
- D. 99254

107. A new patient presents to the emergency department with an ankle sprain received when he fell while inline skating. The patient is in apparent pain, and the ankle has begun to swell. He is unable to flex the ankle. The patient reports that he did strike his head on the sidewalk as a result of the fall. The physician completes an expanded problem focused history and examination. The medical decision making complexity is low. Assign codes for the physician services.

- A. 99232
- B. 99282
- C. 99202
- D. 99284

108. An 89-year-old female patient is admitted to the skilled nursing facility after being seen in the office earlier today. The daughter brought the patient to the office. As a part of the history, conducted with the patient's daughter, it is found that the patient was diagnosed with dementia last year. The patient was moved to this city from Anytown so that the daughter could care for her mother. The patient is noncontributory, and the physician relies on medical record documentation brought in by the daughter from her mother's previous physician. Due to patient's state, unable to obtain review of systems and PFSH limited to information from daughter and records. Of late, the patient has become more and more withdrawn and noncommunicative. She has wandered away from the daughter's home twice in the last week and on the last occasion was found walking on the street. After a comprehensive examination, it was decided that the patient would be admitted to the nursing facility today. The physician spent 45 minutes with the patient and in preparation of the medical documentation for admittance to the nursing facility. The medical decision making was of moderate complexity.

- A. 99310, 331.0
- B. 99327, 294.8
- C. 99305, 294.8
- D. 99306, 331.0

109. The physician provides a service to a new patient in a custodial care center. The patient is a paraplegic who has pneumonia of moderate severity. Patient has no other complaints aside from cough related to pneumonia. After taking the patient's history, the physician performed an expanded problem-focused examination. The examination focused on the respiratory and cardiovascular systems, based on the patient's current complaint and past history of tachycardia. The medical decision making was of low complexity.

- A. 99326, 487.0
- B. 99325, 486, 344.1
- C. 99342, 485, 344.1
- D. 99308, 481

110. A 64-year-old male presents for a complete physical. There are no new complaints since my previous examination on 06/09 of last year. The patient spends 6 hours a week golfing and reports a brisk and active retirement. He does not smoke and has only an occasional glass of wine. He sleeps well but has been having nocturia times three. On physical examination, the patient is a well-developed, well-nourished male. The physician continues and provides a complete examination of the patient lasting 45 minutes, based on his age requirements.

- A. 99387, V70.4
- B. 99403, V70.3
- C. 99450, V70.4
- D. 99396, V70.0

111. A new patient is seen in the office with complaints of a fever, chills, and difficulty breathing. The patient states that he has not been well for several weeks now and has progressively gotten weaker. He has not been able to work for the past week and before that was frequently absent from work over the course of 2 weeks. He is uncertain how long fever has been present but believes that it has been approximately 4 days. He does not have a thermometer at home and does not know what his temperature has been. He has been sleeping in a living room recliner because when he lies down, he has increased difficulty breathing. The detailed history and detailed examination centered on the respiratory and cardiovascular systems. The upper respiratory findings included URI, nasal discharge, and pharyngeal erythema. A rapid test pack was used to diagnose the viral infection. Chest x-ray showed patchy bilateral infiltrates. The physician diagnosed the patient with influenza. The medical decision making complexity was low.

- A. 99203, 487.1, 786.29, 793.1
- B. 99213, 487.0, 786.50
- C. 99205, 488.0, 786.09
- D. 99215, 486, 793.1

112. A new patient is admitted to the observation unit of the local hospital after a 10-foot fall from a ladder. The patient struck his head on the side of the garage as he fell into a hedge that somewhat broke his fall. He has significant bruising on the left side of his body and complains of a 5/10 pain under his left arm. Other than presenting complaints, a complete review of systems is otherwise negative. Patient has no prior surgical history and is in generally good health. The patient's family history is positive for hypertension. Patient denies tobacco use, admits to social consumption of alcohol. A series of x-rays has been ordered in addition to an MRI. The physician completed a history and a comprehensive physical examination. It was decided to admit the patient to observation based on some evidence that he may have hit the left side of his head during the fall. The medical decision making is moderately complex. The patient may be discharged the next day. Code only the initial physician's services.

- A. 99222
- B. 99219
- C. 99235
- D. 99220

113. An established patient is seen in the emergency department by his attending physician after a car accident in which the patient (who was the driver) hit the steering wheel of the automobile with significant enough force to fold the steering wheel backward. The patient complains of significant pain in the right shoulder. Patient denies headache, visual disturbance, chest or abdominal pain. Patient has no past hospital admissions. After a detailed history and detailed physical examination, the physician thought the patient may have sustained a right rotator cuff injury. The medical decision making was low complexity. The patient was then admitted to the hospital for further care.
- A. 99283, 727.61, E819.9
 - B. 99243, 840.0, E819.1
 - C. 99221, 840.4, E819.0
 - D. 99253, 840.7

Anesthesia

114. If anesthesia service were provided to a patient who had mild systemic disease, what would the physical status modifier be?
- A. P1
 - B. P2
 - C. P3
 - D. P4
115. The qualifying circumstances code indicates a healthy 72-year-old female.
- A. 99100
 - B. 99116
 - C. 99135
 - D. 99140
116. This type of sedation decreases the level of the patient's alertness but allows the patient to cooperate during the procedure.
- A. topical
 - B. local
 - C. regional
 - D. moderate
117. The national unit values for anesthesia services are listed in this publication:
- A. BVR by AS
 - B. RVG by ASA
 - C. ASA by RVG
 - D. RVP by ASA

118. When reporting anesthesia services for two procedures performed on the same patient during the same operative procedure, you would do the following to calculate the unit value of the services:
- A. Add the units of the two procedures together.
 - B. Subtract the procedure with the lowest unit value from the procedure with the highest unit value.
 - C. Report only the units for the lowest unit value procedure.
 - D. Report only the units for the highest unit value procedure.
119. Anesthesia provided for an anterior cervical discectomy with decompression of a single interspace of the spinal cord and nerve roots and including osteophyctomy (63075).
- A. 00620
 - B. 00630
 - C. 00600
 - D. 00640
120. The anesthesiologist personally performed the anesthesia service. An 11-month-old with bilateral cleft lip and palate has shown slow growth but is generally in good health. She underwent attempted preliminary closure with bilateral lip adhesions, which dehisced. She subsequently underwent unilateral lip adhesion, which also dehisced. She presents now for definitive repair.
- A. 00102-P1; 99100
 - B. 00102-AA-P1; 99100
 - C. 00172-AA-P1; 99100
 - D. 00172-P1; 99100
121. The anesthesia service was performed by the CRNA with an anesthesiologist medically directing 3 concurrent cases. Report both the anesthesiologist service and the CRNA service. The patient's physical status was -P2. This young child who has developmental delay was noted to have a decreased level of consciousness. Evaluation by her pediatrician using an outside CT scan demonstrated enlarged ventricles with the rest of her shunt system intact. The patient was brought to our hospital for further evaluation and treatment. We recommended to the family the operative evaluation of the shunt. The risks of the procedure include death, coma, paralysis, bleeding, and infection. They understand and wish to proceed.
- A. 00220-QK-P2; 00220-QX-P2
 - B. 00600-P2-QK; 00220-P2-QX
 - C. 00220-P2-QK; 00220-P2-QX
 - D. 00220-QK-P2 x 2

70000 Radiology

122. A 62-year-old male comes into the clinic complaining of shortness of breath. The physician orders a chest x-ray, frontal and lateral. The x-ray results were inconclusive.
- A. 71015, 786.09
 - B. 71020, 786.05
 - C. 71035, 786.9
 - D. 71020 × 2, 786.05
123. A patient is in for an MRI (magnetic resonance imaging) of the pelvis with contrast material(s). Assign code for the physician service only.
- A. 72193
 - B. 72198
 - C. 72196
 - D. 72159
124. What code(s) would you use for an endoscopic catheterization of the biliary ductal system for the professional radiology component?
- A. 43271, 74328
 - B. 74328-26
 - C. 74300-26
 - D. 74330-26
125. Jennifer is a 29-year-old pregnant female in for a follow-up ultrasound with image documentation of the uterus. Assign code service only.
- A. 74740
 - B. 76816
 - C. 76815
 - D. 76856
126. What codes would you use for complex brachytherapy isodose calculation for a patient with prostate cancer?
- A. 77776, 184
 - B. 77300, 185
 - C. 77327-22, 186
 - D. 77328, 185

127. Therapeutic radiology treatment planning is the "prescription" for a patient who will start radiation therapy for a cancerous neoplasm of the adrenal gland. What CPT code would you use for a complex treatment planning?
- A. 60540
 - B. 77315
 - C. 77263
 - D. 77401
128. Because of the number of headaches this 50-year-old female had been experiencing, her physician ordered a CT of her head, without contrast materials.
- A. 70450, 784.0
 - B. 70460, 784.0
 - C. 70470, 780.4
 - D. 70496, 784.1
129. A patient presents to the clinic for a barium enema that was ordered by his physician. Once the patient drinks the barium, the patient will be taken to radiology for a colon x-ray, including KUB. Assign code for the service only.
- A. 74000
 - B. 74241
 - C. 74270
 - D. 74247
130. A woman has a bilateral screening mammogram. The film is digitized (CAD, computer-aided detection) for the physician's further review. Assign the appropriate service and diagnosis codes.
- A. 77056, 77051, V76.11
 - B. 77057, 77051, V76.12
 - C. 77057, V76.12
 - D. 77057, 77052, V76.12

80000 Pathology and Laboratory

131. A patient presents to the laboratory at the clinic for the following tests: thyroid-stimulating hormone, comprehensive metabolic panel, and an automated hemogram with manual differential WBC count (CBC). How would you code this lab?
- A. 84443, 80053, 85027, 85007
 - B. 80050
 - C. 84443
 - D. 84445, 80051, 85025

132. An 80-year-old female patient presented to the laboratory for a lipid panel that includes measurement of total serum cholesterol, lipoprotein (direct measurement, HDL and LDL), and triglycerides.
- A. 82465, 83718, 84478
 - B. 82465-52, 83718, 84478
 - C. 80061
 - D. 80061, 83721
133. Philip has end-stage renal failure and comes to the clinic lab today for his monthly urinalysis (qualitative, microscopic only).
- A. 81015, 586
 - B. 81001, 584.9
 - C. 81015, 585.6
 - D. 81003, 585.6
134. This 33-year-old male has been suffering from chronic fatigue. His physician has ordered a TSH test.
- A. 80418, 780.71
 - B. 80438, 780.79
 - C. 80440, 780.71
 - D. 84443, 780.79
135. Surgical pathology, gross examination, or microscopic examination is most often required when a sample of an organ, tissue, or body fluid is taken from the body. What CPT codes would you use to report biopsy of the colon, hematoma, pancreas, and a tumor of the testis?
- A. 88304, 88304, 88309, 88309
 - B. 88305, 88303, 88307, 88309
 - C. 88305, 88304, 88307, 88309
 - D. 88307, 88304, 88309
136. A patient presents to the clinic laboratory for a protime test due to long-term use of Coumadin.
- A. 85210, V58.62
 - B. 85610, V58.83, V58.61
 - C. 85230, V58
 - D. 85210, V58.61

137. The patient presented to the laboratory at the clinic for the following blood tests ordered by her physician: albumin (serum), bilirubin (total), and BUN (quantitative). Assign code(s) for the service only.
- A. 82044, 82248, 84520
 - B. 82040, 82252, 84525
 - C. 82040, 82247, 84520
 - D. 82044, 82247, 84540
138. A 70-year-old male who suffers from atrial fibrillation has been on long-term use of digoxin. He comes into the lab today to check his serum digoxin level.
- A. 80100, V58.83, V58.65, 427.31
 - B. 80102, 427.31
 - C. 80299, V58.83, V58.69, 427.32
 - D. 80162, V58.83, V58.69, 427.31
139. This 68-year-old female suffers from chronic liver disease and needs a hepatic function panel performed every 6 months. Tests include total bilirubin (82247), direct bilirubin (82248), total protein (84155), alanine aminotransferases (ALT and SGPT) (84460), aspartate aminotransferases (AST and SGOT) (84450), and what other lab tests? Also choose the correct ICD-9-CM code to support the medical necessity of this lab test.
- A. 80061, 83718, 571.5
 - B. 82040, 82247, 571.9
 - C. 84295, 84450, 571.0
 - D. 82040, 84075, 571.9
140. Edgar is status post kidney transplant and comes into the clinic lab for a follow-up creatinine clearance.
- A. 82540, V42.0
 - B. 82575, V42.0
 - C. 82565, 586
 - D. 82570, 585.6

90000 Medicine

141. A 64-year-old male comes in for his flu (split virus, IM) and pneumonia (23-valent, IM) vaccines. Code only the immunization administration and diagnoses for the vaccines.
- A. 90471, 90472, V04.81, V03.82
 - B. 90471 × 2, V06.6
 - C. 90471, 90472, V06.6
 - D. 90471, 90472, 90658, 90732, V04.81, V03.82

142. Code the substance of DTP given intramuscularly to a 10-year-old. Assign code(s) for the service only.
- A. 90700, 90471
 - B. 90702
 - C. 90701, 90471
 - D. 90701
143. Katie is a 9-year-old female who comes into the clinic to have her first ophthalmologic exam. The services provided included examination of the external eye and adnexa and general medical observation.
- A. 99203, V72.2
 - B. 92002, V72.0
 - C. 92002, 99203, V72.0
 - D. 92004, V72.60
144. Katie is back for a 2-year follow-up comprehensive ophthalmologic exam. The physician provides a gas-permeable, extended-wear contact lens for the right eye. She is to follow up in 1 week to see how her contact is working. Code the exam and the supply of a contact lens.
- A. 92014, V2513-RT
 - B. V2513-RT
 - C. 92014, V2530-RT
 - D. 92014, V2512-RT
145. This 70-year-old male is taken to the emergency room with severe chest pain. The physician provided an expanded problem-focused history and examination. While the physician is examining the patient, his pressure drops and he goes into cardiac arrest. Cardiopulmonary resuscitation is given to the patient, and his pressure returns to normal; he is transferred to the intensive care unit in critical condition. Code the cardiopulmonary resuscitation and the diagnosis. The medical decision making was of low complexity.
- A. 99282, 92950, 427.5
 - B. 99283, 92970, 427.5
 - C. 92950, 427.5
 - D. 92960, 427.5
146. The patient is taken to the operating room for insertion of a Swan-Ganz catheter. The physician inserts the catheter for monitoring cardiac output measurements and blood gases.
- A. 36013, 93503
 - B. 36013
 - C. 93508
 - D. 93503

147. Dr. Green orders a sleep study for Dan, a 51-year-old male who has been diagnosed with obstructive sleep apnea. The sleep study was done with C-PAP (continuous positive airway pressure), included 6 parameters, and was attended by the technologist.

- A. 95806, 786.03
- B. 95807, 780.53
- C. 95811, 327.23
- D. 95806, 780.57

148. Ann is a 58-year-old female with end-stage renal failure. She receives dialysis Tuesdays, Thursdays, and Saturdays each week. Code a full month of dialysis for the month of December of 8 encounters.

- A. 90951, 593.9
- B. 90960, 585.6
- C. 90960-52, 585.6
- D. 90970, 586

149. OPERATIVE REPORT

PROCEDURE PERFORMED: Primary stenting of 70% proximal posterior descending artery stenosis.

INDICATIONS: Atherosclerotic heart disease.

DESCRIPTION OF PROCEDURE: Please see the computer report. Please note that a 2.5 × 13-mm pixel stent was deployed.

COMPLICATIONS: None.

RESULTS: Successful primary stenting of 70% proximal posterior descending artery stenosis with no residual stenosis at the end of the procedure.

- A. 92980-RC, 92981, 414.01
- B. 92982-RC, 414.9
- C. 92980-RC, 413.9
- D. 92980-RC, 414.01

150. Dr. Barrette is a neuroradiologist who has taken Betty, a 42-year-old female, with a diagnosis of carotid stenosis, to the operating room to perform a thromboendarterectomy, unilateral with a patch graft. During the surgery, the patient is monitored by electroencephalogram (EEG). Code the monitoring only.

- A. 35301, 95955, 433.10
- B. 35301-50, 433.30
- C. 95955, 433.10
- D. 95955