1. Sue, an employee at ABC facility, has a company laptop that is stolen from her car. PHI is on the laptop; however, the laptop does have a password locking it. What steps must be taken?
   a. None: Because there is a password on the laptop, it’s protected.
   b. Notification of the theft must be reported to the organization because it was company property, but no other steps need to be taken.
   c. Breach notification rules must be followed; a password does not suffice to protect PHI.
   d. A letter to the OCR identifying that a theft of a laptop occurred meets notification requirements.

2. The OIG categorized vulnerabilities discovered during the HIPAA audit pilot program into three categories. What are the categories?
   a. Administrative, Privacy, and Security
   b. Breach Notification, Privacy, and Willful Neglect
   c. Technical, Administrative, and Privacy
   d. Administrative, Technical, and Physical

3. All of the following are useful tools for summarizing a new payer agreement, except:
   a. “Red light/green light,” color-coded alphabetical listing of payer participation
   b. Copies of the full agreement
   c. Online payer log-ins
   d. Predicted payment under the agreement by procedure code

4. Which of the following events are important to remember to effectively monitor your contracts over time?
   a. Initial term period and renewal dates
   b. Medicare fee schedule updates
   c. Effective dates of built-in rate escalators
   d. All of the above

5. Which statement best describes what to do if your actual payments are different from your expected contractual allowances?
   a. If it’s within $10 of the expected amount, it’s an acceptable discrepancy.
   b. Appeal on a claim-by-claim basis.
   c. Contact the payer contract negotiator to have the agreement loaded correctly.
   d. Change your expected amounts to reflect the actual payments.

6. This diagnosis usually will not support medical necessity for fluorescein angiography:
   a. Diabetic retinopathy
   b. Cataract
   c. Sudden visual loss
   d. Macular edema

7. Visual field testing:
   a. Is a unilateral procedure
   b. Requires a detailed drawing in the medical record
   c. Is not supported for medical necessity by recent eye injury
   d. May be necessary to diagnose glaucoma

8. Code this scenario: A patient presents to the ophthalmologist for a follow-up EO on his left eye due to vitreous degeneration.
   a. 92225-76-LT, 379.21
   b. 92225-LT, 379.24
   c. 92226-LT, 379.21
   d. 92226, 379.24

9. Acute pain management may be billed separately under which condition?
   a. It’s used as the mode of anesthesia.
   b. The patient requires pain management.
   c. The surgeon provided pain management.
   d. It’s separate from surgical anesthesia and requested by the surgeon.

10. Which code describes a continuous infusion of an anesthetic agent to the femoral nerve?
    a. 64445
    b. 64446
    c. 64447
    d. 64448

11. Posterior placement of pedicle screws and rods at L2-S1 is reported using which instrumentation code?
    a. +22840
    b. +22842
    c. +22843
    d. +22845
12. Code the following: A C5 corpectomy, including C4-C5 and C5-C6 discectomies with use of the operating microscope, and C4-C6 anterior cervical fusion with expandable titanium cage filled with morselized local bone graft, and placement of a C4-C6 plate.
   a. 63081, +69990, 22551, +22552, 22554, +22846, +20930
   b. 63081, 22551, +22552, 22554, +22585, +22846, +20936
   c. 63081, +69990, 22554, +22585, +22845, +22851, +20936
   d. 63081, 22554, +22585, +22846, +22851, +22851, +20936

13. Scenario:
   CC: Established patient with a long history of IDDM on renal dialysis 3 x weekly. Patient is seen and evaluated by the physician. Blood drawn for lipid panel and A1C tests. Documentation is reviewed and the following levels are documented:
   History level – Expanded problem-focused
   Exam level – Expanded problem-focused
   MDM – Moderate
   CPT® code(s) submitted: 99213, 36415, 80061, 83036
   ICD-9-CM code(s) submitted: 250.40

   Reviewing the above findings and codes submitted, which of the following statements is true?
   a. Coding is not correct; the office visit should be 99214 based on MDM. Diagnosis coding is correct. Coaching is necessary to capture the correct office level.
   b. All coding is correct. The provider should be coached on how to keep up this level of documentation.
   c. CPT® codes are correct. Diagnosis coding is not correct. Per ICD-9-CM guidelines, code 250.40 needs an additional code to report the type of manifestation. The provider should be coached on how to correctly document DM with manifestations.
   d. Coding is not correct, the office visit should be 99214 based on MDM. Diagnosis coding is not correct. Per ICD-9-CM guidelines, 250.40 needs an additional code to report the type of manifestation. Coaching is necessary to capture the correct office level and correct coding of DM with manifestations.

14. Scenario

   SUBJECTIVE:
   CC: Here for skin biopsy
   HPI: Here for excision of facial lesion
   ROS: Constitutional negative for fever or chills
   Allergies: Penicillins, Keflex

   OBJECTIVE:
   Vitals:
   T: 98.2 F; BP: 161/79 mm HG; P 52 bpm

   Procedures:
   Diagnosis: Skin lesion, NOS
   Operative report: Informed consent obtained in writing. The patient expressed understanding of the potential risks and complications discussed including pain, bleeding, infection, swelling, scarring and need for additional surgery. Sterile technique was observed. Wound care instructions were given to the patient.

   LOCATION: Right cheek
   LESION SIZE: 7 mm (0.70 cm)
   METHOD OF REMOVAL: surgical excision using #15 scalpel blade
   PREP: Betadine x 3
   ANESTHESIA: 1% lidocaine with epinephrine (2 cc buffered with sodium bicarbonate) infiltrated locally
   EXCISION LEVEL: Through the dermis into the subcutaneous fat
   PATHOLOGY: Pending
   TYPE OF CLOSURE: Intermediate
   SUBCUTANEOUS CLOSURE: Buried, vertical mattress using 4-0 vicryl
   EPIDERMAL CLOSURE: Simple running stitch using 5-0 nylon
   FINAL DEFECT LENGTH: 1.5 cm
   COMPLICATIONS: None
   CPT® codes submitted: 99212-25, 11441-59, 12051-59
   ICD-9-CM code submitted: 239.2

   Based on the documentation and above code selections, which of the following is true?
   a. All coding EXCEPT 12051 is correct. The documentation of the procedure is excellent. The closure should not be separately reported, as it is included in the lesion excision. The physician should be coached on lesion excision/repair reporting.
   b. Coding for a separate E/M is not warranted, as documentation does not support it. Procedure documentation does not state the exact size of the excision (lesion + margins). Repair code 12051 is appropriately documented, but leads to questions on the excision code. Coaching should be performed in regard to reporting separately identifiable E/M services on the same day as a procedure and on how to correctly document excision of lesions.
   c. All coding is correct, and the documentation is excellent. The provider should be coached on how to keep documenting in this manner.
   d. All coding is correct except for 99212. This service is not documented correctly for a separately billable service. Documentation of the procedure is excellent. Coaching on when to bill a separate E/M service is necessary.

16. Unit 980 dispatched to ABC County ED for a patient going to ABC ED. On arrival, a 47-year-old, white male patient with a c/c of unresponsive was found. Pt was involved in a three vehicle MVC with multiple patients. Pt was the driver of a mid-sized car. It was unknown if pt was restrained due to heavy damage. Pt vehicle had no airbag deployment. Pt was in full spinal precautions. Pt ventilations being assisted through ET tube with a BVM at 15 liters on arrival to ED. Pt chest X-rays showed some broken ribs. Pt also had arterial bleed to the back of his head. Pt is being transported to ABC ED for a higher level of care. Pt did code en route to hospital and is in critical condition.
Pt has unknown medical Hx. KNDA.
Pt is unresponsive. Pt is found in room three of hospital ED in a supine position on LSB. Pt airway is secured with a 7.0 ET tube. Pt breathing at 10 times a minute with assisted ventilations using a BVM at 15 liters. Pt vitals are stable. Pt has a strong radial pulse. Pt pupils are constricted with the left one reactive and right one unreactive. Pt has equal and clear BBS. Pt has no JVD or trachea deviation. Pt has some broken ribs on his left side. Pt abdomen is soft and non tender. Pt pelvis and hips are stable. Pt has a 2” LAC to back of head. No other injuries are noted at this time.
Pt was placed on stretcher from the hospital bed using a two-man lift and LSB. Pt was in full spinal precautions. Pt was placed in supine position. Pt airway is secured and being ventilated using a BVM at 15 liters. Pt has an IO in his right tibia and a pressure bag with NS wide open. Pt also has a 20 gauge in the left AC NS wide open. Pt EKG shows sinus rhythm. Pt vitals obtained in route. Pt ETCO2 monitored in route and in normal limits. Pt was kept warm with plenty of blankets. 14 gauge IV was started in route in left forearm with normal saline and wide open. Sally RN rode to hospital in back of ambulance due to high risk of another patient code.
Pt is transported urgent without incident to ABC ED. Pt was moved from stretcher to a hospital bed using a two-man lift and draw sheet. Pt report was given at hospital in room. Pt was transported to ABC ED due to high mechanism of injury and to a higher level of care.

What service best describes the above scenario?
- a. Emergency advanced life support
- b. Specialty care transport
- c. Emergency advanced life support level 2
- d. Emergency basic life support

17. Unit 980 dispatched to Hwy XX eastbound going toward Smartsville, approx. two miles from Yourtown limits, for a MVC with multiple pt injuries. On arrival, pt was found slumped over in the driver’s side front seat. The pt was trapped between the steering wheel and the driver seat. The pt, a 47-year-old, white male, was unconscious, but breathing shallow at less than eight times a minute with agonal respirations. The patient appeared to have a head injury due to the large amounts of blood loss. A witness on scene stated that the patient was helping another motorist who hit a deer when both his vehicle and the vehicle that hit the deer were struck from behind by a tractor trailer. Police and fire rescue were on scene. Pt was extricated from the vehicle in a reasonable amount of time. It’s unknown if pt was wearing seatbelt due to the wreckage. No airbags deployed. There was heavy damage to the driver’s side and rear of the vehicle.

Unknown medical Hx. The patient was unconscious due to heavy bodily damage in a motor vehicle incident. Pt was found slumped over in the driver’s seat. Pt had a compromised airway from being unconscious. Pt was breathing shallow and less than eight times a minute. Pt pulse was slow and thread, but present at the carotid artery. Pt pupils were dilated.
Pt had a LAC and bleeding from the back of his head. Pt had negative trachea deviation or JVD. Pt had abnormal symmetry noted to the right side of his thorax. Pt hips and pelvis were stable. Pt limbs were unremarkable. Pt was moving good air in all fields with assisted ventilations. No other injuries were found on scene. Pt coded en route to hospital and CPR was initiated using ACLS guidelines. Pt was extricated from vehicle on the driver side using a LSB. Pt was placed on stretcher in full spinal precautions. Pt placed in back of ambulance where a rapid head-to-toe assessment was performed. Pt was placed on 15 liters of oxygen using a BVM. Pt was placed on monitor and has a bradycardia rhythm. Pt IV was established using a EZ IO in the right tibia tuberosity. Pt was given approximately 200 ml of NS using a pressure bag. Pt intubated using a 7.0 endotracheal tube. 1 mg of Epi 1/10000 was given when pt went into an asystole rhythm. CPR was established and ACLS guidelines were followed. Pt responded well to interventions and regained a pulse and started breathing against the ET tube that was placed. Pt was transported to ABC ED urgent without incident. Pt was moved from stretcher to hospital bed using a two-man lift and LSB. The pt report was given to the nurse in room 3. Pt was transported to ABC County ED due to inclement weather for life threatening injuries sustained in a MVC with heavy damage.

What service best describes the above scenario?
- a. Emergency advanced life support
- b. Specialty care transport
- c. Emergency advanced life support level 2
- d. Emergency basic life support

18. The respiratory condition most often treated at pediatric EDs is:
- a. Congestive heart failure exacerbation
- b. Exacerbation of COPD
- c. Lung carcinoma
- d. Acute exacerbation of asthma

19. Which is true about pediatric critical care?
- a. It’s never provided in pediatric EDs.
- b. It’s not time-based for children.
- c. It requires documentation of at least 30 minutes of critical care time to be coded.
- d. It’s always coded for asthma treatment.

20. Which of the following describes acute sinusitis?
- a. The condition has occurred for fewer than four weeks.
- b. The condition has occurred for four to 12 weeks.
- c. The condition has occurred for more than 12 weeks (with or without acute exacerbation).
- d. The patient has suffered four or more acute episodes in a year.