

Cutting Edge Tests Your Knowledge

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1. Which of the following is not considered a "key term" to be concerned about when reviewing a payer contract for negotiation?
 - a. Type of agreement (individual, group, etc.)
 - b. Amendment
 - c. Term, termination, and renewal
 - d. Recital
2. Which of the following is not a true statement about provider agreements with payers?
 - a. Organization and preparation gives you the upper hand in most negotiations.
 - b. The effective date is the date the agreement was signed.
 - c. It's acceptable to ask the payer questions about their products, employer groups, and number of insured during a negotiation.
 - d. Determine the acceptability of offered rates before reading the entire contract.
3. Dr. Clark is asked to be on standby for an emergent surgery being performed by Dr. Louis. If Dr. Clark is on standby for 72 minutes, how many units of standby can be billed?
 - a. 0 units – standby is not a valid code
 - b. 1 unit
 - c. 2 units
 - d. 3 units
4. Which is the correct CPT® code for an obstetric transvaginal ultrasound performed at eight weeks gestation?
 - a. 76830
 - b. 76817
 - c. 76815
 - d. 76856
5. Which choice below represents the correct way to code an E/M visit with an FNST for a patient presenting with decreased fetal movement? Dr. Jane Doe, a private practice OB/GYN, performed all services.
 - a. 99213-25, 59025-26
 - b. 99213-25, 59025-TC
 - c. 99213, 59025-26
 - d. 99213-25, 59025
6. A patient presents to the office complaining of headaches. The physician examines the patient and states in the assessment that the patient has hypertension due to congestive heart failure. Which of the following is the correct code assignment?
 - a. 401.9, 428.0
 - b. 402.91, 428.0
 - c. 402.90
 - d. 401.1, 428.0
7. A patient presents to the office today for follow-up treatment of Cushing's disease. During the examination, the patient complains of headaches and pain in the abdomen and back. The physician assessment specifies the patient has benign hypertension secondary to Cushing's disease. Which diagnosis code(s) would be the most appropriate to report?
 - a. 401.9, 255.00
 - b. 255.00, 405.99, 784.0
 - c. 405.19
 - d. E24.8, I11.0
8. On day 17 of an inpatient admission, a 15-year-old patient is managed for anticoagulation, which was predominantly done by the provider through counseling the patient. Time was appropriately documented with greater than 50 percent of the total time, exclusive to VAD management, for a total of 45 minutes while the patient was on the telemetry floor. Later that same day, the VAD was managed separately with the following capture:

Alarms: High power alarm 12-17-12 in setting of RAMP study and increasing RPM to septal position on echo, Pump settings: RPM 2500, Alarm settings: Low flow <2 L/min; high power > 4.5 L/min, Pump performance: Flows 3.5 L/min to 4L/min (Hct 37) on 2500 RPM power 3.2-3.7 watts

Which CPT® codes should be reported for this encounter?
 - a. 99232, +99356, 93750
 - b. 99233-25, 93750
 - c. 99253-25, 93750
 - d. 99232-25, 93750

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9. A patient arrives to the outpatient setting while remaining on transplant list status. The alarm on the VAD appears to be malfunctioning. The provider on call meets with the patient and parent to access the VAD equipment. The provider solely documents the interrogation of the VAD completely. Which CPT® code(s) should you report?
 - a. 99213-25, 93750
 - b. 99241-25, 93750
 - c. 93750
 - d. 99243
10. The physician performs a cervical paravertebral facet joint injection with fluoroscopy. Proper coding is:
 - a. 64490
 - b. 64490, 77003
 - c. 64479
 - d. 0228T
11. The physician performs a cervical injection of an anesthetic agent using ultrasonic guidance. What is the proper coding?
 - a. 64479
 - b. 64479, 77003
 - c. 0228T
 - d. 0228T, 77003
12. When choosing an E/M service level for outpatient (99241-99245) or inpatient (99251-99255) consultations, what are the minimal requirements for history, exam, and MDM?
 - a. You must meet 2 of 3 components.
 - b. You must meet 3 of 3 components.
 - c. It depends on whether the patient is new or established.
 - d. All consult services are reported by time.
13. Which of the following is NOT one of the required documentation elements to support coding a consultation service?
 - a. Request
 - b. Reason
 - c. Referral
 - d. Report
14. The physician places a Holter monitor for 48-hour EEG recording on Tuesday for a Medicare patient. The patient returns Thursday, at which time the physician performs his interpretation and report. Assuming you are reporting for the global service, which is the proper coding and DOS?
 - a. 93224, DOS Tuesday
 - b. 93224, DOS Thursday
 - c. 93227, DOS Tuesday
 - d. 93227, DOS either Tuesday or Thursday
15. Dr. Smith operates a cardiology practice and is a covered entity under HIPAA. XYZ Compliance, LLC is a company that provides auditing and compliance risk analysis services. You are Dr. Smith's compliance officer. Dr. Smith contracts with XYZ for your annual compliance audit to ensure that his coding, documentation, and billing procedures are appropriate. This effort will involve the disclosure of PHI, so Dr. Smith asks for you to look over the agreement to ensure you are compliant with HIPAA privacy and security policies and procedures. To facilitate the secure transfer of records to XYZ, you intend to transmit records via a free online file transfer service (transferbigfiles.com) that not only provides secure access to the records (to XYZ), but will store the records for retrieval for a period of one month, which is the amount of time anticipated for the audit in the event that XYZ would need to re-download the records. Based upon the changes in the final rule, what **NEW CONCERN** would you have relative to the anticipated disclosure of PHI to XYZ?
 - a. Ensuring that XYZ executes a business associate agreement
 - b. Identifying the specific individuals that XYZ intends to subcontract and executing a business associate agreement with those individuals
 - c. Executing a business associate agreement with transferbigfiles.com
 - d. Ensuring XYZ has appropriate HIPAA privacy and security policies and procedures in place
16. Scenario: DataStorage is a business associate of Dr. Jones. Sally Smith, a former patient of Dr. Jones, has requested a complete copy of her medical records. After a search, Dr. Jones determines that Sally Smith's records have been archived electronically with DataStorage. Dr. Jones forwards Sally Jones' request to DataStorage. DataStorage maintains the records in PDF format.

Can DataStorage release the records directly to Sally Smith?

 - a. Yes
 - b. No, the records must be sent to Dr. Jones, who is then permitted to release them to the patient.
 - c. No, a business associate can never disclose PHI to anyone.
 - d. Both B and C are correct.
17. Use the same scenario in question 16, but this time Sally Smith demands her records to be produced in Microsoft® Word Document format. What is DataStorage's obligation to comply with her request?
 - a. DataStorage is obligated to provide the records in the format requested by the patient.
 - b. DataStorage is only obligated to provide ePHI in a readable format.
 - c. DataStorage would only be obligated to provide the records to Sally Smith as PDF files.
 - d. Both answers B and C are correct.

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18. The OIG is looking at same-day readmissions for patients with the same:
- a. Allergies
 - b. Surgery
 - c. Diagnosis or chief complaint
 - d. Attending doctor
19. Which of the following is not something important to know about the payer with which you are preparing to negotiate a contract?
- a. Major employer group accounts
 - b. Existence of Medicare Advantage business
 - c. State of incorporation
 - d. In-network hospitals and ancillary providers
20. Which of the following is most recommended for contract language on a key term of a payer agreement?
- a. Accept liability for the payer
 - b. Allow unilateral amendments by the payer
 - c. Specific allowances for how non-RBRVS valued services are paid
 - d. Prior approval by provider on the payer's ability to assign the agreement