Cutting Edge Tests Your Knowledge

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1. An asymptomatic patient is scheduled for a colonoscopy. The patient is 50 years old. His brother had two adenomatous polyps removed three months ago. The patient has never undergone a colonoscopy and has no other personal or family history. The patient is scheduled and undergoes a complete bowel preparation, followed by a colonoscopy to the cecum. No abnormalities are found.
   a. 45378, V12.72
   b. 45378, V76.51, V18.51
   c. G0121, V76.51, V16.0
   d. 45378, V76.51, V16.0

2. An asymptomatic patient is scheduled for a colonoscopy. The patient is 45 years old. He had a polyp removed at age 40, but cannot remember the polyp's pathology. He also has a brother who was diagnosed with diverticulitis three months ago. The patient has no other personal or family history. The patient is scheduled and undergoes a complete bowel preparation, followed by a colonoscopy to the cecum. No abnormalities are found.
   a. 45378, V12.72, V18.59
   b. 45378, V76.51, V12.72, V18.59
   c. 45378, V18.59
   d. 45378, V76.51, V18.59

3. An asymptomatic Medicare patient is scheduled for a colonoscopy. The patient had an adenomatous polyp removed from the transverse colon two years ago. The patient has no other personal or family history. The patient is scheduled and undergoes a complete bowel preparation, followed by a colonoscopy to the cecum. No abnormalities are found.
   a. G0121, V76.51
   b. G0105, V76.51, V12.72
   c. G0121, V12.72
   d. G0105, V12.72

4. Which modifier should be reported when a more extensive procedure is performed within the post-operative period of another procedure, or was planned prospectively at the time of the initial procedure?
   a. 57
   b. 79
   c. 58
   d. 24

5. Which of the following modifiers should be reported to indicate the procedure was performed on the right big (great) toe?
   a. T4
   b. T9
   c. TA
   d. T5

6. Which procedure would be reported when a patient had all five toes on a single foot amputated at the metatarsals during the same operative session?
   a. 28800
   b. 28805
   c. 27888
   d. 28820

7. Which G codes and modifiers would you use if (at occupational therapy evaluation) the patient showed a disability of 73 percent impairment when it came to bathing, dressing, and feeding herself, and the therapy goal for her was to have no greater than a 22 percent disability in this regard because of co-morbidities?
   a. G8987-GPCL and G8988-GOCJ
   b. G8990-GPCL and G8991-GPCJ
   c. G8987-GOCL and G8988-GOCJ
   d. G8987-GOCK and G8988-GOCJ

8. If the patient exceeded the therapy cap of $1,900 during 2013, what additional modifier would you add to the new "therapy" G codes (G8978–G9176)?
   a. 59
   b. None
   c. KX
   d. GP

9. What didn't MCTRJCA do to help prevent increasing therapy costs?
   a. Add hospital outpatient departments as subject to the cap
   b. Add hospital outpatient departments as subject to the cap, and establish a claims-based collection system
   c. Add hospital outpatient departments as subject to the cap, and increase the existing MPPR to 50 percent
   d. Add a manual review process for any services over $3,700

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10. Which is the proper coding for adjustment of a gastric restrictive band (lap band) for a Medicare patient, occurring 95 days after the initial surgery?
    a. S2083
    b. 43999
    c. 43999, 99212-25
    d. The adjustment is not separately payable.

11. An 87-year-old man with history of falling presents for repair of fractured proximal ulna and dislocated radial head. This time he slipped on ice on the walkway in front of his house. He fell into soft snow and the impact was only on his right elbow. He sustained a Monteggia fracture. The orthopedic surgeon performed an ORIF over this site. The correct CPT® and ICD-9-CM codes to describe this scenario are:
    a. 24635-RT, 813.03, V15.88, E885.9, E849.0
    b. 24635-RT, 813.03, 832.04, V15.88, E885.9, E849.0
    c. 24620-RT, 813.13, V15.88, E888.9, E849.0
    d. 23670-RT, 813.13, E885.9, E849.0

12. Which of the following is a method to treat fractures where a fixation, such as a rod or nail, is placed across the fracture?
    a. Open
    b. Closed
    c. Endoscopy
    d. Percutaneous

13. A 28-year-old football player fell to his knees upon being tackled. The impact was so severe that he suffered a broken left tibia. A medic was called onto the field and the man was transported to the nearest ER. Two days later, an orthopedic surgeon repaired the fracture by placing four screws into the injured area under ultrasonic guidance. The correct CPT® code for this procedure is:
    a. 27750-LT
    b. 27752-LT
    c. 27756-LT
    d. 27758-LT

14. A 41-year-old woman fell off a rickety chair she was standing on and suffered a trimalleolar fracture of her right ankle. An open treatment was performed. Correct coding for this scenario is:
    a. 27816-RT, 824.6, E884.2
    b. 27822-RT, 824.6, E884.2
    c. 27822-RT, 824.7, E884.2
    d. 27823-RT, 824.7, E884.2

15. In the context of payer contract negotiations, the best person or department with whom to negotiate is:
    a. The medical director
    b. Network management
    c. A provider relations representative
    d. All of the above

16. Which of the following coding practices will not raise red flags with payers?
    a. Submitting more than one claim for one date of service
    b. Adding modifier 57 to E/M codes for the decision to perform major surgery
    c. Always billing E/M services at the same level
    d. Adding modifier 59 to all procedures billed with an E/M service

17. What should be the primary criteria for selecting the correct level of E/M service?
    a. History
    b. Examination
    c. Time
    d. Medical necessity

18. What is the correct POS for an ASC?
    a. 22
    b. 11
    c. 24
    d. 31

19. Which code(s) are submitted for cervicocerebral arch imaging, selective bilateral cervical and cerebral carotid imaging from selective common carotid catheter placements, and unilateral right vertebral selection and imaging with a catheter in the right innominate artery?
    a. 36221
    b. 36221, 36223-50, 36225
    c. 36223-50, 36225
    d. 36223-50, 36226

20. Which code(s) describes imaging of the arch, bilateral cervical carotids, bilateral cerebral carotids, and the bilateral vertebrals, including the intracranial posterior fossa vessels when performed via an arch injection?
    a. 36221
    b. 36221, 36223-50, 36225-50
    c. 36223-50, 36225-50
    d. 36224-50, 36226-50