

2011 Midterm

- _____ 1. Many coding professionals go on to find work as:
a. Accountant c. Medical Assistants
b. Consultant d. Financial Planning
- _____ 2. The minimum necessary rule is based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. This means that
a. Providers should allow all staff members to access any record without restriction
b. Providers should develop safeguards to prevent unauthorized access
c. Practices should send records without releases
d. All of the above
- _____ 3. HITECH was enacted as part of the American Recovery and Reinvestment Act in what year?
a. 2007 c. 2009
b. 2010 d. 2010
- _____ 4. What is PHI?
a. Physician-health care interchange c. Private health insurance
b. Protected health information d. Provider identified incident-to
- _____ 5. Muscle is attached to bone by what method?
a. Tendons, ligaments, and directly to bone
b. Tendons and aponeurosis
c. Tendons, aponeurosis and directly to bone
d. Tendons, ligaments, aponeurosis, and directly to bone
- _____ 6. What is affected by myasthenia gravis?
a. Neuromuscular junction c. Muscle/bone connection
b. Muscle belly d. Bone
- _____ 7. An abdominal aortic aneurysm is significant because
a. It is indicative of an underlying heart disorder that needs treatment
b. Pooling blood in an aneurysm can cause clots
c. It is a weakness in a large artery and its rupture can be deadly
d. The aorta feeds many important organs in the abdomen
- _____ 8. Lacrimal glands are responsible for which of the following?
a. Production of tears c. Production of vitreous
b. Production of zonules d. Production of mydriatic agents
- _____ 9. A surgeon performs an "escharotomy." This procedure is best described as:
a. Removal of scab tissue resulting from burns or other injuries
b. Removal of a basal cell carcinoma
c. Debridement of a pressure ulcer
d. Removal of a fingernail
- _____ 10. Arthritis is an inflammation of what?
a. Muscle c. Joint
b. Nerve d. Tendon
- _____ 11. This is a procedure to visualize the contents of the mediastinum:
a. Mediastinoscopy c. Median rhinoscopy
b. Mediastinotomy d. Medialization

12. The operative overlapping of tissue to repair a defect in the diaphragm is called:
 - a. Imbrication
 - b. Immobilization
 - c. Immersion
 - d. Immunodiffusion
13. The inflammation of the membrane that lines the abdominal cavity and covers the abdominal organs is called:
 - a. Peritonitis
 - b. Ulcerative colitis
 - c. Diverticulosis
 - d. Diverticulitis
14. A vesiculotomy is defined as:
 - a. Removal of an obstruction from the vas deferens
 - b. Surgical cutting into the seminal vesicles
 - c. Removal of one of the seminal vesicles
 - d. A incision into the prostate
15. A sialography is an x-ray of :
 - a. Sinuses
 - b. Liver
 - c. Salivary glands
 - d. Ventricles of the brain
16. The parties that are responsible for overseeing changes and modifications to the ICD-9-CM?
 - a. AAPC and AMA
 - b. AMA and CMS
 - c. NCHS and CMS
 - d. WHO and CMS
17. What is an example of an eponym?
 - a. Neuropathy
 - b. Paget's disease
 - c. Salpingo-oophoritis
 - d. Xanthoma
18. The terms malignant, benign, in situ, and uncertain behavior are all terms used when coding what?
 - a. Lump
 - b. Neoplasm
 - c. Seeds
 - d. Skin
19. Refer to the ICD-9-CM Tabular List of Diseases and identify a code/category that contains a note indicating not to code a specific diagnosis and that it should be coded elsewhere.
 - a. 015.0
 - b. 625.0
 - c. 780.61
 - d. 830
20. The word "and" should be interpreted to mean _____ when it appears in a title.
 - a. "and" or "or" – patient may have either or both
 - b. "and" – patient must have both
 - c. instead of
 - d. do not use
21. What diagnosis code(s) should be reported for diabetic retinopathy in a patient with type I diabetes?
 - a. 250.5, 362.01
 - b. 250.51, 362.01
 - c. 362.01, 250.5
 - d. 362.01
22. When do you code acute respiratory failure as a secondary diagnosis?
 - a. The patient has any other condition at the same time
 - b. When it is determined to be the cause of the shortness of breath
 - c. Never
 - d. When it occurs after admission
23. When the type of diabetes mellitus is not documented in the medical note, what is used as the default type?
 - a. Type II
 - b. Type I
 - c. Can be Type I or II
 - d. Secondary

24. 23-year-old has come into the Emergency Department with a cut on his leg. He tells the physician and nurses that he has AIDS. What ICD-9-CM code(s) should be reported?
 - a. 891.0, 042
 - b. 891.0, V08
 - c. 042, 891.0
 - d. V08, 891.0
25. 50-year-old in surgery had a mass removed from his chest. The surgeon has it sent to pathology for determination of it being pre-cancerous. Results come back as the mass being benign. What ICD-9-CM code(s) should be reported?
 - a. 786.6, 238.8
 - b. 229.8
 - c. 239.89
 - d. 234.8
26. A patient comes in to the ED with weakness on the left side and aphasia. Tests are ordered and the patient is admitted for having an impending cerebrovascular accident (CVA). What ICD-9-CM code(s) should be reported?
 - a. 436
 - b. 780.79, 784.3
 - c. 434.91
 - d. 435.9
27. Oncologist decides not to give chemotherapy to a patient that has metastatic bone cancer with an unknown primary site due to dehydration. The patient will receive rehydration IV for treatment. What ICD-9-CM code(s) should be reported?
 - a. 170.9, 276.51, 199.1
 - b. 276.51, 198.5, 199.1
 - c. 198.5, 276.51
 - d. 276.51, 199.1, 198.5
28. Code diabetes mellitus coma due to malignant neoplasm of pancreas. Patient uses insulin routinely but is not dependent. What ICD-9-CM code(s) should be reported?
 - a. 250.30, 157.9
 - b. 250.31, 157.9, V58.67
 - c. 249.30, 157.9, V58.67
 - d. 157.9, 249.30
29. An HIV positive patient was admitted with skin lesions on the chest and back. Biopsies were taken, and the pathologic diagnosis was Kaposi's sarcoma. Leukoplakia of the lips and splenomegaly were also noted on physical examination. Discharge diagnoses: (1) HIV infection, (2) Kaposi's sarcoma, back and chest, (3) leukoplakia. What ICD-9-CM code(s) should be reported?
 - a. 042, 176.0, 528.6, 789.2
 - b. V08, 176.0, 789.2
 - c. 176.0, 528.6, 789.2
 - d. 042, 582.6, 176.0
30. Why would an external cause code be reported?
 - a. Illness and injuries
 - b. Causes of injury, poisoning, and other adverse affects
 - c. Causes of neoplasms, hypertension and medications
 - d. Only for the cause of accidents
31. A patient presents for swelling, tenderness, and erythema at the upper extremity injection site following Hepatitis B vaccination. The patient has a local infection. What ICD-9-CM code(s) should be reported?
 - a. 999.39
 - b. 995.3
 - c. 686.9
 - d. 995.27
32. An X-ray is performed for pain in the finger. The X-ray report shows a fractured finger that is dislocated. What ICD-9-CM code(s) should be reported?
 - a. 816.10
 - b. 816.00, 834.00
 - c. 816.00
 - d. 816.10, 834.00
33. Patient had complete spontaneous abortion two days ago and is returning to the ED for continuing bleeding. When examined there was still products of conception that were not completely expelled. She was admitted to perform a D&C. What ICD-9-CM code(s) should be reported?
 - a. 634.91
 - b. 635.92
 - c. 639.1
 - d. 634.92

- _____ 34. A 32-year-old is 21 weeks pregnant presents (antepartum) with vaginal bleeding. The patient has been admitted to the observation unit to rule out a spontaneous abortion. What ICD-9-CM code(s) should be reported?
- a. 640.93
 - b. 623.8, V22.2
 - c. 634.93
 - d. 641.93
- _____ 35. What three components are considered when Relative Value Units are established?
- a. Physician work, Practice expense, Malpractice Insurance
 - b. Geographic region, Practice expense, Malpractice Insurance
 - c. Geographic region, Conversion factor, Physician fee schedule
 - d. Physician work, Physician fee schedule, Conversion factor
- _____ 36. CPT® Category III codes are reimbursable at what level of reimbursement?
- a. 10%
 - b. 100%
 - c. 85%
 - d. Reimbursement, if any, is determined by the payer
- _____ 37. What chapter in the HCPCS Level II manual lists the code for Wheelchairs?
- a. Transportation Services including Ambulance (A0000-A0999)
 - b. Orthotic Procedures and Devices (L0000-L4999)
 - c. Durable Medical Equipment (E0100-E9999)
 - d. Prosthetic Procedures (L5000-L9999)
- _____ 38. What agency maintains and distributes HCPCS Level II codes?
- a. AMA
 - b. CMS
 - c. HIPAA
 - d. BCBS
- _____ 39. HCPCS Level II includes code ranges which consist of what type of codes?
- a. Category II codes, temporary national codes, miscellaneous codes, permanent national codes.
 - b. Dental codes, morphology codes, miscellaneous codes, temporary national codes, permanent national codes.
 - c. Permanent national codes, dental codes, category II codes.
 - d. Permanent national codes, miscellaneous codes, dental codes, and temporary national codes.
- _____ 40. How often are HCPCS Level II codes updated?
- a. quarterly
 - b. annually
 - c. bi-annually
 - d. three times a year
- _____ 41. A patient is seen in the OR for an arthroscopy of the medial compartment of his left knee. What is the correct coding to report for the Anesthesia services?
- a. 01400
 - b. 01402
 - c. 29870-LT
 - d. 29880-LT
- _____ 42. What is the correct code for a Mayo type procedure to correct a hallux valgus?
- a. 28290
 - b. 28292
 - c. 28293
 - d. 28285
- _____ 43. What is the correct CPT® coding for a cystourethroscopy with brush biopsy of the renal pelvis?
- a. 52007
 - b. 52005
 - c. 52000, 52007
 - d. 52005, 52007
- _____ 44. What are services provided in the home by an agency considered?
- a. Facility
 - b. Nonfacility
 - c. Nursing
 - d. Non covered

- _____ 45. How are new additions and revisions indicated in your CPT® manual each year?
- a. Italic print
 - b. Red print
 - c. Green print
 - d. Bold print
- _____ 46. How are ambulance modifiers used?
- a. They identify mileage traveled during the encounter.
 - b. They identify emergency or non-emergency transport types.
 - c. They identify the time elements of the ambulance service.
 - d. They identify ambulance place or origin and destination.
- _____ 47. A patient is taken to surgery for the removal of a squamous cell carcinoma of the right thigh. Pathology indicated that this carcinoma is a metastasis of a previous squamous cell carcinoma of the trunk. What is the correct diagnostic code for today's procedure?
- a. 173.7
 - b. 198.2
 - c. 198.5
 - d. 173.5
- _____ 48. What CPT® code(s) would best describe the treatment of 9 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
- _____ 49. The patient is here to see us about some skin tags of her neck and both underarms. She has had these lesions for some time and they are irritated by her clothing, they itch and at times have burning sensation to them. We discussed the treatments options along with the risks. Informed consent was obtained and we proceeded. We removed 16 skin tags from the right axilla, 16 skin tags from the left axilla, 10 from the right neck and 17 from the left neck. What CPT® and ICD-9-CM codes should be reported?
- a. 11057, 216.5, 216.4
 - b. 11200, 216.5, 216.4
 - c. 11200, 11201 x 4, 11201-52, 701.9
 - d. 11200, 11201 x 5, 701.9
- _____ 50. Patient is a 69-year-old woman with a biopsy proved squamous cell carcinoma of her left forearm measuring 2.3 cm in greatest diameter. The area was marked with 4 mm gross normal margins. This area was removed as drawn, and the surgeon then incised his planned rhomboid flap, elevating the full-thickness flap into the defect and closing the sites in layers using 3-0 Monocryl, 4-0 Monocryl and 5-0 Prolene. The patient tolerated the procedure well. Final measurements were 2.7 cm x 2.1 cm.
- a. 14020
 - b. 14020, 11603-51
 - c. 13101, 11603-51
 - d. 15100, 11603-51
- _____ 51. A 14-year-old boy was thrown against the window of the car on impact. The resulting injury was a star shaped pattern cut into the top of his head. On presentation to the ED, the MD on call for plastic surgery was asked to evaluate the injury and repair it. The surgeon performed an expanded problem focused H&P. Medical Decision Making was moderate. The total length of the intermediate repair was 5+ 4+ 4+ 5 cm. The star like shape allowed the surgeon to pull the wound edges together nicely in a natural Y plasty in two spots. What CPT® code(s) should be reported for the repair?
- a. 14041
 - b. 14040
 - c. 13121
 - d. 12035

- _____ 52. Patient presents to the emergency department with multiple lacerations due to a knife fight at the local bar. After examination it was determined that these lacerations could be closed using local anesthesia. The areas were prepped and draped in the usual sterile fashion. The surgeon documented the following closures; 7.6 cm simple closure of the right forearm; 5.7 intermediate closure of the upper right arm; 6.5 simple closure of the right wrist; 4.7 complex closure of the right neck; 10.3 intermediate closure of the upper chest; 8.9 cm intermediate closure of the right abdominal area; 4.2 complex closure of the right ear and 3.9 intermediate closure of the right cheek.
- a. 13152, 13132, 12036, 12052, 12005
 - b. 13132, 13131, 12052, 12034, 12034, 12002, 12032, 12004
 - c. 13132, 13152, 12047
 - d. 13152, 13131, 12036, 12004

- _____ 53. Operative Report
PREOPERATIVE DIAGNOSIS: Basosquamous cell carcinoma, scalp.
POSTOPERATIVE DIAGNOSIS: Basosquamous cell carcinoma, scalp.
PROCEDURE PERFORMED: Excision of basosquamous cell carcinoma, scalp with Yin-Yang flap repair

ANESTHESIA: Local, using 4 cc of 1% lidocaine with epinephrine.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: Less than 5 cc.

SPECIMENS: Basosquamous cell carcinoma, scalp sutured at 12 o'clock, anterior tip

INDICATIONS FOR SURGERY: The patient is a 43-year-old white man with a biopsy-proven basosquamous cell carcinoma of his scalp measuring 2.1 cm. I marked the area for excision with gross normal margins of 4 mm and I drew my planned Yin-Yang flap closure. The patient observed these markings in two mirrors, so he can understand the surgery and agreed on the location and we proceeded.

DESCRIPTION OF PROCEDURE: The area was infiltrated with local anesthetic. The patient was placed prone, his scalp and face were prepped and draped in sterile fashion. I excised the lesion as drawn to include the galea. Hemostasis was achieved with the Bovie cautery. Pathologic analysis showed the margins to be clear. I incised the Yin-Yang flaps and elevated them with the underlying galea. Hemostasis was achieved in the donor site using Bovie cautery. The flap rotated into the defect with total measurements of 2.9 cm x 3.2 cm. The donor sites were closed and the flaps inset in layers using 4-0 Monocryl and the skin stapler. Loupe magnification was used. The patient tolerated the procedure well.

What CPT® and ICD-9-CM codes should be reported?

- a. 14060, 172.3
 - b. 14040, 173.4
 - c. 14041, 172.4
 - d. 14020, 173.4
- _____ 54. A malignant lesion of the forehead measuring 1.0 cm was removed. The operative report states that skin margins are 1.1 cm on all sides. Layered closure was performed. How is this coded?
- a. 11644, 12052-51
 - b. 11602, 12052-51
 - c. 11604
 - d. 11602, 12051-51
- _____ 55. A 27-year-old presents with right-sided thoracic myofascial pain. A 25 gauge 1.5 inch needle on a 10 cc controlled syringe with 0.25% bupivacaine was used. After negative aspiration, 2 cc were injected into each point. A total of four points were injected. A total of 8 cc of bupivacaine was used on the rhomboid major, rhomboid minor, and levator scapular muscles. What CPT® code(s) should be used for this procedure?
- a. 20550 x 4
 - b. 20553
 - c. 20552
 - d. 20552, 20553-51

- _____ 56. A 49-year-old female presented with chronic de Quervain's and has been unresponsive to physical therapy, bracing or cortisone injection. She has opted for more definitive treatment. After induction of anesthesia, the patient's left arm was prepared and draped in the normal sterile fashion. Local anesthetic was injected using a combination 2% lidocaine and 0.25% Marcaine. A transverse incision was made over the central area of the first dorsal compartment. The subcutaneous tissues were gently spread to protect the neural and venous structures. The retractors were placed. The fascial sheath of the first dorsal compartment was then incised and opened carefully. The underlying thumb abductor and extensor tendons were identified. The tissues were dissected and the extensor retinaculum of the first extensor compartment was incised. The fibrotic tissue was incised and the tendons gently released. The tendons were freely moving. Sub q tissues were closed with 3-0 Vicryl and the skin with 3-0 Prolene subcuticular closure. Steri-strips, Xeroform and dry sterile dressings were applied. What CPT® code(s) should be reported?
- a. 25001 c. 25118
b. 25000 d. 25085
- _____ 57. A 22-year-old female sustained a dislocation of the right elbow with a medial epicondyle fracture while on vacation. The patient was put under general anesthesia and the elbow was reduced and was stable. The medial elbow was held in the appropriate position and was reduced in acceptable position and elevated to treat non-surgically. A long arm splint was applied. The patient is referred to an orthopedist when she returns to her home state in a few days. What CPT® code(s) should be reported?
- a. 24575-54, 24615-54-51 c. 24577-54, 24600-54-51
b. 24576-54, 24620-54-51 d. 24565-54, 24605-54-51
- _____ 58. A 45-year-old presents to the operating room with a right index trigger finger and left shoulder bursitis. The left shoulder was injected with 1 cc of Xylocaine, 1 cc of Celestone, and 1 cc of Marcaine. An incision was made over the A1 pulley in the distal transverse palmar crease, about an inch in length. This was taken through skin and subcutaneous tissue. The A1 pulley was identified and released in its entirety. The wound was irrigated with antibiotic saline solution. The subcutaneous tissue was injected with Marcaine without epinephrine. The skin was closed with 4-0 Ethilon suture. Clean dressing was applied. What CPT® code(s) should be reported?
- a. 26055-F6, 20610-76-LT c. 26055-F6, 20610-51-LT
b. 20552-F6, 20605-52-LT d. 20553-F6, 20610-51-LT
- _____ 59. A 74-year-old male presented with ankle avascular necrosis of the talus with collapse of the body. After general anesthesia and sterile prep, the patient was placed prone. A lateral incision was made. The fibula was dissected and approximately 6 cm of the fibula was removed. There were a lot of free fragments of bone around the subtalar joint and the talus itself. Those bones were removed and there was a large defect consistent with avascular necrosis of the body of the talus. An egg-shaped bur was introduced and the articulating cartilage of the ankle joint was excised and debrided off. The subtalar joint was then approached and resection of the articulating surface of the subtalar joint was completed. A bone graft was prepared on the back table. We made two large blocks to fill the defect in the talus and then additional small fragments of cortical cancellous bone to fill in smaller defects around the talus and ankle itself. Fixation was performed in the calcaneocuboid. The talar screw was inserted, followed by fixation of the talonavicular, tibiotalar and more additional compression. The ankle screws were inserted more proximally. The wound was irrigated and closed in layers. What CPT® code(s) should be reported?
- a. 28730, 20900-51 c. 28705, 20902-51
b. 28715, 20902-51 d. 28725, 20900-51
- _____ 60. What CPT® code(s) should be reported for a major thoracotomy for post-op hemorrhage?
- a. 32110 c. 32310
b. 32100 d. 32120

- _____ 61. What ICD-9-CM code(s) should be reported for RSV, respiratory syncytial virus?
- a. 754.0
 - b. 471.0
 - c. 466.0
 - d. 079.6
- _____ 62. An 18-month-old patient is seen in the ED unable to breathe due to a toy he swallowed which had lodged in his throat. Soon brain death would occur if an airway is not established immediately. The ED physician performs an emergency tracheostomy, transtracheal. What CPT® and ICD-9-CM code(s) should be reported?
- a. 31601, 348.89
 - b. 31601, 31603, 938
 - c. 31603, 934.8
 - d. 31603, 938
- _____ 63. What CPT® code should be reported for extensive excision of seven nasal polyps?
- a. 30115
 - b. 30110, 30115 x 6
 - c. 30115 x 7
 - d. 30115, 30115-51 x 6
- _____ 64. Most nasal passages have how many turbinates present on the lateral wall of each nasal cavity?
- a. 2
 - b. 3
 - c. 5
 - d. 6
- _____ 65. Where in the respiratory system is the carina located?
- a. Left bronchus
 - b. Sphenoid sinus
 - c. Tracheal bifurcation
 - d. Inferior turbinate
- _____ 66. A patient underwent bilateral nasal/sinus diagnostic endoscopy. Finding the airway obstructed the physician fractures the middle turbinates and performs surgical endoscopy with total ethmoidectomy and bilateral nasal septoplasty. What CPT® and ICD-9-CM codes should be reported?
- a. 30930, 31255-51, 30520-51
 - b. 31255-50, 30520-50, 51
 - c. 31231, 30130-51, 31255-50
 - d. 31255, 30520-51
- _____ 67. A 55-year-old female smoker presents with cough, hemoptysis, slurred speech, and weight loss. Chest x-ray done today demonstrates a large, unresectable right upper lobe mass, and brain scan is suspicious for metastasis. Under fluoroscopic guidance, a needle biopsy of the lung lesion is performed for histopathology and tumor markers. A diagnosis of small cell carcinoma is made and chemoradiotherapy is planned. What CPT® and ICD-9-CM codes should be reported?
- a. 32405, 77002-26, 786.50, 786.3, 784.5, 783.21
 - b. 32405, 77002-26, 162.9
 - c. 32405, 77002-26, 786.6
 - d. 32405, 77002-26, 162.3
- _____ 68. A patient with partial vocal cord paralysis requires bilateral removal of the arytenoids cartilage to improve breathing. The laryngoscope with operating microscope is inserted. Adequate visualization is established and the arytenoids cartilage is exposed by excision of the mucosa overlying it. What diagnosis and procedure code(s) should be reported for this procedure?
- a. 31561, 31600, 478.33
 - b. 31560, 478.30
 - c. 31561, 478.33
 - d. 31560, 69990, 478.0
- _____ 69. What is the term for the divider between the heart chamber walls?
- a. SA node
 - b. Bundle branch
 - c. Septum
 - d. Mitral
- _____ 70. A physician performs a four-vessel autogenous (one venous, three arterial) coronary bypass on a patient who had a previous CABG two years ago, utilizing the saphenous vein and the left and right internal mammary arteries. Select the CPT® codes for this procedure.
- a. 33535, 33510-51, 33530, 35600
 - b. 33534, 33518, 33530
 - c. 33535, 33517, 33530, 35600
 - d. 33535, 33517, 33530

Name: _____

ID: A

- ____ 71. Physician changes the battery on a patient's dual chamber permanent pacemaker.
- a. 33212
 - b. 33213-52
 - c. 33213-52, 33233-51
 - d. 33213, 33233-51
- ____ 72. Aortography and bilateral extremity angiography was performed. The physician placed the catheter in aorta at level of the renal arteries and injected contrast for the aortography and repositioned the catheter just above the bifurcation for angiography of the extremities.
- a. 36200, 75630-26
 - b. 36200, 75625-26, 75716-26
 - c. 36200, 75625-26, 75710-50-26
 - d. 36200, 75716-26
- ____ 73. A 35 year-old patient presented to the ASC for PTA of an obstructed hemodialysis AV graft in the venous anastomosis and the immediate venous outflow. The procedure was performed under moderate sedation administered by the physician that performed the PTA. The physician performed all aspects of the procedure, including radiological supervision and interpretation. Code for all services performed.
- a. 35460, 99144, 75978-26
 - b. 35492, 75978-26
 - c. 35476, 75978-26
 - d. 35476, 99144, 75978-26
- ____ 74. What is included in all vascular injection procedures?
- a. Catheters, drugs, and contrast material
 - b. Selective catheterization
 - c. Just the procedure itself
 - d. Necessary local anesthesia, introduction of needles or catheters, injection of contrast media with or without automatic power injection, and/or necessary pre-and postinjection care specifically related to the injection procedure.

75. CLINICAL SUMMARY: The patient is a 55-year-old female with known coronary disease and previous left anterior descending and diagonal artery intervention, with recent recurrent chest pain. Cardiac catheterization demonstrated continued patency of the stented segment but diffuse borderline changes in the ostial/proximal portion of the right coronary artery.

PROCEDURE: With informed consent obtained, the patient was prepped and draped in the usual sterile fashion. With the right groin area infiltrated with 2% Xylocaine and the patient given 2 mg of Versed and 50 mcg of fentanyl intravenously for conscious sedation and pain control, the 6-French catheter sheath from the diagnostic study was exchanged for a 6-French sheath and a 6-French JR4 catheter with side holes utilized. The patient initially received 3000 units of IV heparin, and then IVUS interrogation was carried out using an Atlantis Boston Scientific probe. After it had been determined that there was significant stenosis in the ostial/proximal segment of the right coronary artery, the patient received an additional 3000 units of IV heparin as well as Integrilin per double-bolus injection. A 3.0, 16-mm-long Taxus stent was then deployed in the ostium and proximal segment of the right coronary artery in a primary stenting procedure with inflation pressure up to 12 atmospheres applied. Final angiographic documentation was carried out and then the guiding catheter pulled, the sheath upgraded to a 7-French system because of some diffuse oozing around the 6-French-sized sheath, and the patient is now being transferred to telemetry for post coronary intervention observation and care.

RESULTS: The initial guiding picture of the right coronary artery demonstrates the right coronary artery to be dominant in distribution, with luminal irregularities in its proximal and mid third with up to 50% stenosis in the ostial/proximal segment per angiographic criteria although some additional increased radiolucency observed in that segment.

IVUS interrogation confirms severe, concentric plaque formation in this ostial/proximal portion of the right coronary artery with over 80% area stenosis demonstrated. The mid, distal lesions are not significant with less than 40% stenosis per IVUS evaluation.

Following the coronary intervention with stent placement, there is marked increase in the ostial/proximal right coronary artery size with no evidence for intimal disruption, no intraluminal filling defect, and TIMI III flow preserved.

CONCLUSION: Successful coronary intervention with drug-eluting Taxus stent placement to the ostial/proximal right coronary artery.

- | | |
|---------------------------------|------------------------------------|
| a. 92980-RC, 92978-RC | c. 92980-RC, 92978-51-RC |
| b. 92980-RC, 92984-RC, 92978-RC | d. 92982-RC, 92981-RC, 92978-51-RC |

2011 Midterm Answer Section

1. ANS: B

Rationale: The coding profession has evolved significantly over the past several decades into a career path with unlimited possibilities. Many professionals who have learned coding have also gone on to roles as consultants, educators, or medical auditors. There are endless possibilities in an ever changing field.

PTS: 1 DIF: Moderate

2. ANS: B

Rationale: The minimum necessary standard requires covered entities to evaluate their practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of protected health information.

PTS: 1 DIF: Moderate

3. ANS: C

Rationale: The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology.

PTS: 1 DIF: Moderate

4. ANS: B

Rationale: Protected health information under the Health Information Portability and Accountability Act (HIPAA) is any information, whether oral or recorded, in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse relating to the past, present, or future physical or mental health or condition of an individual, the provision of health services to that individual, or payment around those services. Only health information at the individual level is covered; health information of groups is not.

PTS: 1 DIF: Moderate

5. ANS: C PTS: 1 DIF: Moderate

6. ANS: A PTS: 1 DIF: Moderate

7. ANS: C PTS: 1 DIF: Moderate

8. ANS: A

PTS: 1 DIF: Moderate

9. ANS: A PTS: 1 DIF: Moderate

10. ANS: C PTS: 1 DIF: Moderate

11. ANS: A PTS: 1 DIF: Moderate

12. ANS: A PTS: 1 DIF: Moderate

13. ANS: A PTS: 1 DIF: Moderate

14. ANS: B PTS: 1 DIF: Moderate

15. ANS: C PTS: 1 DIF: Moderate

16. ANS: C

Rationale: CHS and CMS oversee the changes and modifications to the ICD-9-CM.

PTS: 1 DIF: Easy

17. ANS: B

Rationale: An eponym is a word derived from someone's name. Paget's disease is disorder that involves abnormal bone destruction and regrowth, which results in deformity and was described by surgeon and pathologist Sir James Paget.

PTS: 1 DIF: Easy

18. ANS: B

Rationale: Neoplasm codes in ICD-9-CM are classified as malignant, carcinoma in situ, uncertain, unknown, or benign.

PTS: 1 DIF: Easy

19. ANS: B

Rationale: The code 625.0 excludes psychogenic dyspareunia (302.76), indicating that the diagnosis psychogenic dyspareunia is not reported with code 625.0 but with code 302.76.

PTS: 1 DIF: Moderate

20. ANS: A

Rationale: Per convention guidelines Section 1.A.7, answer A is correct. It states the word "and" should be interpreted to mean either "and" or "or" when it appears in a title.

PTS: 1 DIF: Moderate

21. ANS: B

Rationale: ICD-9-CM, Section I.C.3.a.4. coding guidelines states: "When assigning codes for diabetes and its associated conditions, the code(s) from category 250 must be sequenced first. Section I.C.3.a.4.a states: "Codes under subcategory 362.0 are diabetes manifestation codes, so they must be sequenced following the appropriate diabetes code. In Volume II index look up Diabetes, diabetic/retinopathy guiding you to codes 250.5 [362.01]. The fifth digit for subcategory code 250.5 is 1 since the patient has type I diabetes and there is no documentation of it being uncontrolled.

PTS: 1 DIF: Difficult

22. ANS: D

Rationale: Per the guidelines, Section I.C.8.c., there are two instances when you can code it secondary. One is when it occurs after admission. The other is when it is present on admission but does not meet the definition of principal diagnosis.

PTS: 1 DIF: Easy

23. ANS: A

Rationale: Per the ICD-9-CM book and the guidelines, Section I.C.3.a.2, when the type is not documented Type II is the default type.

PTS: 1 DIF: Easy

24. ANS: A
Rationale: Per ICD-9-CM guidelines, Section I.C.1.a.2.b: If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition should be the principal diagnosis. The other diagnosis would be 042.
- PTS: 1 DIF: Moderate
25. ANS: B
Rationale: The scenario has a mass being sent to pathology in which the results came back as benign. In the alphabetic index look up Neoplasm/chest (wall)/Benign guiding you to code 229.8.
- PTS: 1 DIF: Moderate
26. ANS: D
Rationale: In the alphabetic index look up Accident/cerebrovascular/impending guiding to code 435.9.
- PTS: 1 DIF: Moderate
27. ANS: B
Rationale: Per ICD-9-CM Guidelines, Section I.C.2.c.3, When the admission/encounter is for management of dehydration due to the malignancy or therapy, or a combination of both, and only the dehydration is being treated (intravenous rehydration), the dehydration is sequenced first, followed by the code(s) for the malignancy. When information is not available about where the primary site of the cancer is, the secondary site is coded first followed by code 199.1.
- PTS: 1 DIF: Difficult
28. ANS: C
Rationale: The patient has the diabetes due to the pancreas cancer so the diabetes is coded as secondary diabetes. In the alphabetic index, locate Diabetes/coma/due to secondary diabetes. This takes you to 249.3 with a check mark to look for a fifth digit. The fifth digit choice is 0 since there is no documentation of this patient being a Type I diabetic (Section I.C.3.a.3). For patients who routinely use insulin, code V58.67 (Section I.C.3.7.b). We will next code the malignant neoplasm that caused the diabetes. In the Neoplasm table, locate pancreas/Malignant/ Primary guiding you to code 157.9. In this case, since they are treating the diabetic coma, we sequence it first then the cause. If the reason for the encounter was for treatment of the neoplasm, that would be sequenced first.
- PTS: 1 DIF: Difficult
29. ANS: A
Rationale: Code 042 is assigned for all HIV infections. When the purpose of the admission is to treat the HIV infection or HIV-related conditions, code 042 is designated as the principal diagnosis. In the alphabetic index you would choose skin under Kaposi's sarcoma due to the patient having skin lesions. Splenomegaly was not one of the Discharge diagnoses, but since it was noted in the exam it can be reported.
- PTS: 1 DIF: Difficult
30. ANS: B
Rationale: In the guidelines for Chapter 19 if the ICD-9-CM book, External causes of injuries and poisonings are reported for the cause of injury, poisoning, and other adverse effects.
- PTS: 1 DIF: Easy

31. ANS: A
Rationale: In the alphabetic index locate Infection/due to or resulting from/ injection, inoculation, infusion, transfusion, or vaccination. This directs you to 999.39. Cross-reference in the tabular list to ensure correct coding.
- PTS: 1 DIF: Moderate
32. ANS: C
Rationale: When a fracture and dislocation occurs in the site, only the fracture code is reported.
- PTS: 1 DIF: Moderate
33. ANS: A
Rationale: Per ICD-9-CM guidelines, Section I.C.11.k.1, Fifth digit one, incomplete, indicates that all off the products of conception have not been expelled from the uterus. Section I.C.11.k.5, Subsequent admissions for retained products of conception following a spontaneous or legally induced abortion are assigned the code from category 634 or 635 with a fifth digit "1". This advice is appropriate when the patient was discharged previously with a discharge diagnosis of complete abortion. In the alphabetic index, look up Abortion/spontaneous guiding you to code 634.9, the fifth digit is 1.
- PTS: 1 DIF: Moderate
34. ANS: A
Rationale: In the alphabetic index, look up Pregnancy/complicated/hemorrhage/ before 22 completed weeks NEC guiding you to code 640.9. The fifth digit is 3. Code V22.2 is reported when the physician documents that the medical condition is not related to the pregnancy. The spontaneous abortion code is not reported since it is documented as a rule out.
- PTS: 1 DIF: Moderate
35. ANS: A
Rationale: Per CMS - Relative value units (RVUs) – RVUs capture the three following components of patient care: Physician work RVU, Practice Expense RVU, and Malpractice RVUs.
- PTS: 1 DIF: Moderate
36. ANS: D
Rationale: Per AMA, no relative value units (RVUs) are assigned to these codes. Payment for these services or procedures is based on the policies of payers.
- PTS: 1 DIF: Moderate
37. ANS: C
Rationale: A wheelchair is considered durable medical equipment.
- PTS: 1 DIF: Moderate
38. ANS: B
Rationale: CMS has been delegated to maintain and distribute HCPCS Level II codes.
- PTS: 1 DIF: Moderate

39. ANS: D

Rationale: HCPCS Level II codes consist of permanent national codes, miscellaneous codes, dental codes, and temporary national codes.

PTS: 1 DIF: Moderate

40. ANS: A

Rationale: CMS maintains HCPCS quarterly updates.

PTS: 1 DIF: Moderate

41. ANS: A

Rationale: In the CPT® Index, first look up Anesthesia then knee. You are given multiple codes to choose from. When you turn to these codes in the Anesthesia section and review them, it is code 01400 you would report. This represents Anesthesia for arthroscopic procedures performed on the knee.

PTS: 1 DIF: Moderate

42. ANS: B

Rationale: In the CPT® Index, first look up the term Mayo procedure. The code you are directed to use is 28292.

PTS: 1 DIF: Moderate

43. ANS: A

Rationale: In the CPT® Index, first look up Cystourethroscopy, biopsy, and then brush. The code you are directed to use is 52007.

PTS: 1 DIF: Moderate

44. ANS: A

Rationale: The introduction to the CPT® includes instructions for Place of Service and Facility Reporting. Services provided in the home by an agency are considered facility services.

PTS: 1 DIF: Moderate

45. ANS: C

Rationale: New additions and revisions are indicated in your CPT® manual each year by green print.

PTS: 1 DIF: Moderate

46. ANS: D

Rationale: Transportation (ambulance) services utilize modifiers made up of two letters identifying the origin and the destination according to the guidelines in the A section of the HCPCS manual.

PTS: 1 DIF: Moderate

47. ANS: B

Rationale: Use the Neoplasm Table in the ICD-9-CM alphabetic index. Look under skin. Since this is a metastasis of a prior CA, use the code from the secondary column.

PTS: 1 DIF: Easy

48. ANS: D

Rationale: In the Index, look for Destruction, Warts and you are directed to CPT® code range 17110-17111. The guidelines under Destruction state flat warts and plantar warts are both included in the definition of lesions. Warts are considered benign lesions so they are code from code range 17110-17111. A total of 15 lesions were destroyed by cryosurgery. Code 17111 represents the destruction of 15 or more lesions.

PTS: 1 DIF: Moderate

49. ANS: D

Rationale: In the CPT® Index, look for Removal, Skin Tags and you are directed to code range 11200-11201. Code selection is based on the number of skin tags removed. A total of 59 skin tags were removed. Code 11200 is reported for the first 15. 11201 is reported for each remaining 10 (or part thereof). 11200, 11201 x 5 is correct. Modifier 51 is not required for an add-on code. Since the code description of 11201 includes "part thereof" it is not necessary to append a modifier 52 if the full 10 is not reached. In the ICD-9-CM look for Tag, skin and you are directed to 701.9.

PTS: 1 DIF: Moderate

50. ANS: A

Rationale: Rhomboid flap is a flap in the shape of a rhomboid used for a rotation flap. A rotation flap is considered an adjacent tissue transfer. In the CPT® Index, look under Skin Graft and Flap, Tissue Transfer and you are directed to code range 14000-14350. Code selection is based on location and flap size. The size of the flap is calculated in square cm and includes both the size of the primary defect and secondary defect created by the flap. The final measurements in this case are 2.7 cm x 2.1 cm which equals 5.67 cm². 14020 would be the correct code.

PTS: 1 DIF: Moderate

51. ANS: D

Rationale: Guidelines in the Adjacent Tissue Transfer or Rearrangement state that they are not to be used when the repair of a laceration results in a configuration such as a Y plasty. Instructions in the guidelines for repair state to add up all the lengths. Based on the documentation, the total length would be 18 cm. An intermediate repair of this proportion would be described by code 12035.

PTS: 1 DIF: Moderate

52. ANS: A

Rationale: First it is important to separate the simple, intermediate and complex closures in the scenario. Next it is necessary to look at each body area involved within each closure type. By adding the simple closures of the right forearm of 7.6 cm and the simple closure of the right wrist of 6.5 cm you would code 12004 for the total of 14.10 cm. Next the intermediate closures are separated by area with the arm of 5.7 cm, the upper chest of 10.3 cm and the right abdominal area of 8.9 cm are added together totally 24.90 cm for CPT® 12036, leaving the cheek to be coded as 12052. Last we turn our attention to the complex closure of the neck and ear, because they are in different body areas they are coded separately with CPT® 13152 for the ear and 13132 for the neck.

PTS: 1 DIF: Difficult

53. ANS: D

Rationale: Rationale: In CPT®, Yin-Yang flap repair falls under Adjacent Tissue Transfer codes, based on the measurement calculating to 9.28 sq cm (2.9 cm x 3.2 cm = 9.28 sq cm) and the location of the scalp the correct CPT® code is 14020. For the ICD-9-CM, using the neoplasm table under skin, then scalp you are directed to 173.4. Basosquamous cell carcinoma is clinically between a basal cell carcinoma and a squamous cell carcinoma, but it is still a malignancy and would be coded accordingly.

PTS: 1 DIF: Difficult

54. ANS: A

Rationale: CPT® guidelines under Excision—Malignant Lesions state that closure other than simple can be coded separately. Excision codes are based on location and size. The documented size is 1.0 cm with 1.1 cm on all sides, making the total size with two margins to be a 3.2 cm excision on the forehead (11644). The intermediate closure is also based on location and size; and reported with code 12052, with modifier 51 Multiple procedures.

PTS: 1 DIF: Difficult

55. ANS: B

Rationale: In the CPT® index, look up Injection/Trigger Points/Three or More Muscles. You are referred to 20553. Review the code to verify accuracy. 20553 covers the three muscles (rhomboid major, rhomboid minor and scapular muscles) that had a total of four (multiple) trigger point injections. Codes for trigger point injections are determined by the number of muscles involved not the number of injections administered.

PTS: 1 DIF: Moderate

56. ANS: B

Rationale: The report states that the extensor retinaculum of the first extensor compartment was incised. Look in the CPT® index under Incision/Wrist/Tendon Sheath 25000-25001. Code 25000 shows de Quervains disease in the description. Code 25001 refers to the flexor tendon and this involved the extensor tendon making 25000 correct.

PTS: 1 DIF: Moderate

57. ANS: D

Rationale: In the CPT® index, look up Fracture/Humerus/Epicondyle/Closed Treatment. You are referred to code 24560-24565. Review the codes to choose the appropriate service. 24565 is the correct code to report an epicondyle fracture that was manipulated (reduced) without surgically incising to perform the procedure. In the CPT® book, look up Dislocation/Elbow/Closed Treatment. You are referred to 24600-24605, and 24640. Review the codes to choose appropriate service. 24605 is the correct code since patient was put under general anesthesia to perform the procedure. Modifier 54 is used to report the physician performed the surgical portion. The patient is referred to an orthopedist for follow up care. Modifier 51 is used to report that multiple procedures were performed.

PTS: 1 DIF: Difficult

58. ANS: C

Rationale: In the CPT® book, look up Trigger Finger Repair. You are referred to 26055. Review the code to verify accuracy. In the CPT® book look up Injection/Joint. You are referred to 20600-20610. Review the codes to choose appropriate service. 20610 is the correct code since the shoulder was injected. Modifier F6 is used to report the right index finger that was repaired. Modifier LT is used to indicate the left shoulder joint. Modifier 51 is used to indicate multiple procedures were performed.

PTS: 1 DIF: Difficult

59. ANS: B

Rationale: The physician fused the talonavicular, the calcaneocuboid and subtalar joints. The code can be found in the CPT® index under Arthrodesis/Talus/Triple 28715. Allograft was taken from the fibula for the arthrodesis, 20902. Modifier 51 is required to indicate multiple procedures during the same session.

PTS: 1 DIF: Difficult

60. ANS: D

Rationale: In the CPT® Index, look for Thoracotomy, for Post-op Complication. This directs us to code 32120. Since post-op hemorrhage is considered a complication, code 32120 is the correct code to report.

PTS: 1 DIF: Easy

61. ANS: D

Rationale: RSV stands for respiratory syncytial virus. Look in the ICD-9-CM Alphabetic Index (volume 2) under respiratory syncytial virus. This directs us to code 079.6. When we check this in the tabular listing (volume 1), we see that code 079.6 is correct for reporting RSV.

PTS: 1 DIF: Easy

62. ANS: D

Rationale: In the CPT® Index, look for Trachostomy, Emergency and you are directed to code range 31603-31605. Code selection is based on the approach. In this case, the approach is transtracheal making 31603 the correct code choice. Since the toy is a foreign body, look up in volume 2 of ICD-9-CM, Foreign Body, swallowed and you are directed to 938. Verification in the Tabular List confirms code selection.

PTS: 1 DIF: Moderate

63. ANS: A

Rationale: In the CPT® Index, look up Excision, Polyp, Nose, Extensive which directs you to 30115. In the code descriptor for 30115 is indicates polyps plural. Thus, we would not report 30115 multiple times.

PTS: 1 DIF: Moderate

64. ANS: B

Rationale: There are three turbinates on each side of the nose: superior, middle and inferior. These turbinates may become swollen and require surgery to restore airflow.

PTS: 1 DIF: Moderate

65. ANS: C

Rationale: The carina is located at the tracheal bifurcation. The tracheal bifurcation is the opening of the bronchi as it splits into left and right.

PTS: 1 DIF: Moderate

66. ANS: B

Rationale: According to the CPT® guidelines for coding of endoscopies, a surgical sinus endoscopy includes a sinusotomy and diagnostic endoscopy. Code 31255 represents a total ethmoidectomy and code 30520 the septoplasty. The fracturing of the turbinates would be inclusive to the procedures and not reported separately. Modifier 50 indicates these procedures were both performed bilaterally and modifier 51 is reported with code 30520 to indicate multiple procedures performed at same session, for maximum reimbursement.

PTS: 1 DIF: Difficult

67. ANS: D

Rationale: In the CPT® Index, look up biopsy, lung, needle. This directs us to use code 32405. Code 77002 is the appropriate code for the fluoroscopic guidance as indicated by the parenthetical statement under code 32405 and by reviewing the code descriptor for 77002. We have a diagnosis of small cell carcinoma of the lung which is code 162.3. The signs and symptoms are no longer codes since we do have this definitive diagnosis (ICD-9-CM Guidelines Section I.B.6) Brain metastasis is suspected but not confirmed so it would not be reported. The chemotherapy is planned but not performed so it would not be reported either.

PTS: 1 DIF: Difficult

68. ANS: C

Rationale: In the CPT index look up laryngoscopy, then direct. When we look to these codes in the Respiratory section 31515-31571 we find 31561 is appropriate for a direct operative laryngoscopy with arytenoidectomy using an operating microscope. Indexing for ICD-9-CM – look in volume 2 under paralysis then vocal cord, then bilateral (partial). We are directed to code 478.33 which is accurate when checked in volume 1.

PTS: 1 DIF: Difficult

69. ANS: C

Rationale: The heart is divided into right and left sides by a septum, which is a muscular wall.

PTS: 1 DIF: Easy

70. ANS: D

Rationale: Since this is a combo graft, codes 33517-33523 must be coded for the venous portion of the graft. Also, this is a Redo more than one month after the original surgery, so the add-on code 33530 is appropriate.

PTS: 1 DIF: Moderate

71. ANS: D

Rationale: CPT® guidelines state, “when the battery of a pacemaker ... is changed, it is actually the pulse generator that is changed” It should be reported with one code for removal and another for replacement of the battery or pulse generator.

PTS: 1 DIF: Moderate

72. ANS: B

Rationale: Since the catheter was repositioned and separate studies were performed, both the aortography and the extremity angiography are reported. Modifier 26 reports the professional service.

PTS: 1 DIF: Moderate

73. ANS: C

Rationale: Moderate sedation is bundled, so it would not be reported. 35460 is for open procedure. Venoplasty includes three zones for AV fistulas: the A/V graft and peripheral veins, the central veins, and the vena cava. Only one venoplasty is reported for the A/V graft and peripheral veins. Modifier 26 reports the professional services.

PTS: 1 DIF: Difficult

74. ANS: D

Rationale: CPT guidelines under Vascular Injection Procedures state the above listed in d as being included.

PTS: 1 DIF: Difficult

75. ANS: A

Rationale: Stent placement (92980) and IVUS (92978) are reportable. No 51 modifier on IVUS as it is an add-on code. IVUS can be reported for each vessel when performed in multiple vessels; therefore, RC is appended to 92978 to indicate the right coronary artery.

PTS: 1

DIF: Difficult