2013 Midterm - CPC

1. Many coding professionals go on to find work as:
   a. Accountant   c. Medical Assistants
   b. Consultant   d. Financial Planning

2. A medical record contains information on all but what areas?
   a. Observations   c. Treatment outcomes
   b. Medical or surgical interventions   d. Financial records

3. Local Coverage Determinations are administered by ____?
   a. Each regional MAC   c. LMRP’s
   b. NCD’s   d. State Law

4. 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. What does this mean?
   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

5. The minimum necessary rule applies to
   a. Disclosures to or requests by a health care provider for treatment purposes.
   b. Disclosures to the individual who is the subject of the information.
   c. Uses or disclosures that are required by other law.
   d. Covered entities taking reasonable steps

6. Muscle is attached to bone by what method?
   a. Tendons, ligaments, and directly to bone
   b. Tendons and cartilage
   c. Tendons, aponeurosis and directly to bone
   d. Ligaments, aponeurosis, and directly to bone

7. What is affected by myasthenia gravis?
   a. Neuromuscular junction   c. Muscle/bone connection
   b. Muscle belly   d. Bone

8. Which bone(s) have trochanters?
   a. Humerus   c. Femur
   b. Tibia   d. Both A and C

9. Which of the following best describes constituent components of the human lymphatic system?
   a. Lymph nodes, lymphatic vessels, spleen, thoracic duct
   b. Lymph nodes, lymphatic vessels, tonsils, liver
   c. Lymph nodes, lymphatic vessels, bone marrow, kidneys
   d. Lymph nodes, lymphatic vessels, thymus gland, pancreas

10. The term “hemic” specifically refers to what bodily fluid?
    b. Lymph   d. Interstitial fluid
11. What distinguishes a “sentinel” node from other lymph nodes?
   a. A sentinel node is swollen or diseased
   b. A sentinel node is the first lymph node in a group of nodes to be reached by metastasizing cancer cells
   c. A sentinel node stores white blood cells
   d. A sentinel node contains both afferent and efferent lymph vessels

12. The structure of the male anatomy carrying sperm out of the epididymis is called:
   a. Vas deferens
   b. Seminal vesicles
   c. Tunica vaginalis
   d. Testicles

13. What is the function of the Cowper’s glands?
   a. Produces sperm food
   b. Delivers spermatozoa to the urethra
   c. Promotes maturation of the egg
   d. Helps lubricate the urethra

14. A deficiency of cells in the blood is defined as:
   a. Erythremia
   b. Phagocytosis
   c. Cytopenia
   d. Bacteremia

15. Bone marrow harvesting is a procedure to obtain bone marrow from a donor. Bone marrow collected from a close relative is:
   a. Autologous
   b. Allogenic
   c. Autoinfusion
   d. Alloplasty

16. The root word for mouth is:
   a. Gloss/o
   b. Bucc/o
   c. Stomat/o
   d. Dent/o

17. A surgical procedure creating an opening into the jejunum is defined as a:
   a. Colostomy
   b. Gastrojejunostomy
   c. Gastroenterostomy
   d. Jejunostomy

18. Where would a subungual hematoma be located?
   a. Mouth – under the tongue
   b. Under the toenail/fingernail
   c. Scalp
   d. Bottom of the foot

19. Impetigo is best described as:
   a. A dry, scaly condition of the skin
   b. A bacterial skin infection
   c. Severe itching
   d. Acute eruption of vesicles along the path of a nerve

20. Arthritis is an inflammation of what?
   a. Muscle
   b. Nerve
   c. Joint
   d. Tendon

21. The dome-shaped muscle under the lungs flattening during inspiration is the:
   a. Bronchus
   b. Diaphragm
   c. Mediastinum
   d. Pleura

22. What type of code is assigned when the provider documents a reason for a patient seeking health care that is not an injury or disease?
   a. E code (E000-E999)
   b. Volume 3 code
   c. Nonspecific code
   d. V code (V01.0-V91.99)

23. A hospital coder will use what volume(s) of the ICD-9-CM book to code an inpatient procedure?
   a. Volumes 2 & 3
   b. Volume 3
   c. Volumes 1 & 2
   d. Appendix and Index only
24. What does ICD-9-CM stand for?
   a. International Code Diagnosis-9-Coding Medical
   b. International Class Diagnosis -9th book-Clinical Medicine
   c. Infections Classified Diseases-9th revision-Clinical Modification
   d. International Classification of Diseases-9th Revision-Clinical Modification

25. Patient with postoperative anemia due to acute blood loss during the surgery needs a blood transfusion. What ICD-9-CM code is reported?
   a. 280.0  
   b. 285.1  
   c. 285.8  
   d. 281.9

26. What ICD-9-CM code is used for the first episode of an acute myocardial infarction?
   a. 410.1  
   b. 410.90  
   c. 410.11  
   d. 410.91

27. What diagnosis code is reported for “secondary neoplasm of the descending colon”?
   a. 153.2  
   b. 230.2  
   c. 239.0  
   d. 197.5

28. Can V codes be listed as a primary code?
   a. No; V codes are never listed as primary codes
   b. No; V codes are always reported as secondary codes
   c. No; V codes are reported for external injuries and where it happened which is always listed as secondary.
   d. Yes; V codes can be sequenced as primary and secondary codes

29. Where can you find the Table of Drugs and Chemicals?
   a. Volume 1 of the ICD-9-CM codebook
   b. Volume 2 of the ICD-9-CM codebook
   c. Volume 3 Index to Procedures of the ICD-9-CM codebook
   d. CPT® codebook

30. In which circumstances 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. What would be considered an adverse effect?
   a. Wound infection after surgery
   b. Hemorrhaging after a vaginal delivery
   c. Shortness of breath when running
   d. Rash developing when taking penicillin

32. What publications are copyrighted and maintained by AMA?
   a. CPT®, codebook, HCPCS Level II codebook, ICD-9-CM codebook
   b. CPT® codebook
   c. AHA Coding Clinic
   d. CPT® codebook and CPT® Assistant

33. How often is HCPCS Level II permanent national codes updated?
   a. annually
   b. quarterly
   c. bi-annually
   d. three times a year

34. What does “non-facility” describe when calculating Physician Fee Schedule payments?
   a. hospitals
   b. nursing homes
   c. non-hospital owned physician practices
   d. hospital owned physician practices

35. What is the correct anesthesia CPT® code for surgery performed on the frontal lobe of the brain?
   a. 00218
   b. 00216
   c. 00212
   d. 00210
36. 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

37. What is the correct CPT® code for the wedge excision of a nail fold of an ingrown toenail?
   a. 11720  
   b. 11750  
   c. 11765  
   d. 11760

38. The Table of Drugs in the HCPCS Level II book indicates various medication routes of administration. What abbreviation represents the route where a drug is introduced into the subdural space of the spinal cord?
   a. IM  
   b. SC  
   c. INH  
   d. IT

39. What is the correct HCPCS Level II code for parenteral nutrition solution amino acid, 3.5%?
   a. B4176  
   b. B4172  
   c. B4168  
   d. B4178

40. What agency maintains and distributes HCPCS Level II codes?
   a. AMA  
   b. CMS  
   c. HIPAA  
   d. CPT® Assistant

41. What temporary HCPCS Level II codes are required for use by Outpatient Prospective Payment System (OPPS) Hospitals?
   a. C codes  
   b. G codes  
   c. H codes  
   d. Q codes

42. What codes are reported voluntarily to payers to provide evidence-based performance-measure data?
   a. CPT® Category I codes  
   b. CPT® Category II codes  
   c. CPT® Category III codes  
   d. HCPCS Level II codes

43. What is the correct diagnostic code to report treatment of a melanoma in-situ of the left arm?
   a. 173.60  
   b. 232.6  
   c. 172.6  
   d. 238.2

44. A patient is taken to surgery for removal of a squamous cell carcinoma of the right thigh. What is the correct diagnosis code for today’s procedure?
   a. 173.70  
   b. 198.2  
   c. 198.5  
   d. 173.72

45. What is the correct diagnosis code to report a non-healing open surgical wound of the right leg from a previous excision of a squamous cell carcinoma?
   a. 173.70  
   b. 998.83  
   c. 998.59  
   d. V10.83

46. A patient presents to the office with a suspicious lesion of the nose. The physician takes a biopsy of the lesion and pathology determines the lesion to be an uncertain dysplastic nevus. What is the correct diagnosis code to report?
   a. 173.30  
   b. 216.3  
   c. 239.2  
   d. 238.2

47. Joe has a terrible problem with ingrown toenails. He goes to the podiatrist to have a nail removed along with the nail matrix. What CPT® code is reported?
   a. 11730  
   b. 11750  
   c. 11752  
   d. 11720

48. What CPT® code(s) would best describe 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. What CPT® codes are reported for the destruction of 16 premalignant lesions and 10 benign lesions using cryosurgery?
   a. 17000, 17003 x 2  c. 17004
   b. 17110, 17003  d. 17111

50. While whittling a piece of wood, the patient sustained an avulsion injury to a portion of his left index finger and underwent formation of a direct pedicle graft with transfer from his left middle finger. Immobilization was accomplished with a plaster splint. What CPT® codes is reported?
   a. 15574  c. 15750
   b. 15740  d. 15758

51. A patient presents to the physician with multiple burns. After examination the physician determines the patient has 3rd degree burns of the anterior portion of his left leg, below the knee extending to the foot (4.5%). He also has 3rd degree burns of the anterior portion of the left side of his chest (4.5%). The patient also has 2nd degree burns of the posterior portion of his back and left arm (13.5%). What ICD-9-CM codes are reported?
   a. 945.29, 945.19, 948.31
   b. 942.34, 945.31, 948.31
   c. 945.10, 945.13, 942.12, 943.30, 942.24, 948.31
   d. 945.39, 942.32, 942.24, 943.20, 948.20

52. A patient presents to the physician to discuss her acne and ask the physician about a suspicious lesion of the left ear. The patient and physician discuss further treatment of the acne and agree to take a biopsy of the lesion of the ear. Billing was sent prior to receiving the pathology report. What ICD-9-CM code(s) is/are reported?
   a. 706.1, 238.2  c. 706.1, 239.2
   b. 706.1  d. 706.1, 173.20

53. A patient has a greenstick fracture of the radial shaft. It is treated by surgically placing a bone plate on the distal radial shaft. What ICD-9-CM code is reported?
   a. 813.81  c. 813.21
   b. 813.31  d. 733.12

54. The acronym BKA means:
   a. bilateral-knee arthritis  c. bilateral-knee amputation
   b. bursitis knee & arthritis  d. below-knee amputation

55. A patient presents to the ED with back pain and is diagnosed with a lumbar sprain. What ICD-9-CM code is reported?
   a. 847.2  c. 724.6
   b. 846.0  d. 724.2

56. A(n) ___________ fixation with pins, screws, plates, or wires (is) are placed directly on the bone to immobilize a fractured bone and to maintain alignment while it heals.
   a. reduction  c. manipulation
   b. internal  d. casting

57. The patient fell and fractured his femoral shaft in three places. He has to have an ORIF of the left femur with an intramedullary nail and interlocking screws (peritrochanterically). The orthopedist also places the leg in a plaster splint prior to leaving the OR. What CPT® code(s) is reported?
   a. 27245  c. 27513
   b. 27507  d. 27506

58. 44-year-old male with biplanar deformity, acquired limb length discrepancies and tibial nonunion has undergone deformity correction. He now requires exchange of an external fixation strut 45 days postoperatively. The intraoperative mounting parameters, deformity parameters, and initial strut settings are inserted into the computer prior to Jim’s discharge and a daily schedule is generated for him to perform the gradual deformity correction necessary. What CPT® code(s) should be reported?
   a. 20696  c. 20694
   b. 20697  d. 20692, 20697
59. A patient is given Xylocaine, a local anesthetic, by injection in the thigh above the site to be biopsied. A small bore needle is then introduced into the muscle, about 3 inches deep, and a muscle biopsy is taken. What CPT® code is reported for this service?
   a. 20205  
   b. 20206  
   c. 20225  
   d. 27324

60. The patient presents today for closed reduction of the nasal fracture. The depressed right nasal bone was elevated using heavy reduction forceps while the left nasal bone was pushed to the midline. This resulted in good alignment of the external nasal dorsum. What CPT® code is reported for this procedure?
   a. 21325  
   b. 21310  
   c. 21315  
   d. 21337

61. A 22-year-old female has a retained Kirschner wire in the left little finger. Using local anesthetics, the left upper extremity was thoroughly cleansed with Betadine. The end portion of the little finger was opened by a transverse incision through the subcutaneous tissue to the bone. The retained Kirschner wire was located within the distal phalanx. It was removed and closed with sutures. What CPT® code is reported?
   a. 10120-F4  
   b. 20680-F4  
   c. 20670-F4  
   d. 10121-F4

62. A 63-year-old man presents with a neck mass to be excised. The neck mass was palpated and an incision was then made and carried down through the dermis with electrocautery. The subcutaneous tissue of the skin was opened encountering an organized mass with a benign appearance of a lipoma. Using careful blunt and sharp dissection, the mass measuring 5 cm was completely excised around its entire circumference leaving the capsule intact. The mass was removed from its posterior attachments using electrocautery. What CPT® code is reported for this procedure?
   a. 11426  
   b. 21552  
   c. 11626  
   d. 21555

63. What CPT® code is reported for a major thoracotomy for post-op hemorrhage following an endoscopic upper lobectomy?
   a. 32110  
   b. 32100  
   c. 32310  
   d. 32120

64. Johnny has a penny removed from his left nostril in the doctor’s office. What CPT® code is reported?
   a. 30320  
   b. 30300  
   c. 30100  
   d. 30160

65. What ICD-9-CM code is reported for a patient that has RSV, respiratory syncytial virus?
   a. 480.1  
   b. V04.82  
   c. 466.11  
   d. 079.6

66. What ICD-9-CM code is reported for pyopneumothorax with fistula?
   a. 510.0  
   b. 510.9  
   c. 512.89  
   d. 512.1

67. A patient presents with wheezing and shortness of breath. After evaluating the patient, the physician determines the patient is suffering from an exacerbation of his asthma. The physician orders nebulizer treatments to be administered in his office. According to the ICD-9-CM guidelines for coding signs and symptoms, what is/are the correct ICD-9-CM code(s)?
   a. 493.92  
   b. 493.91, 786.07, 786.05  
   c. 786.07, 786.05  
   d. 493.91

68. What is the term for the divider between the heart chamber walls?
   a. SA node  
   b. Bundle branch  
   c. Septum  
   d. Mitral

69. A patient suffering from an abdominal aortic aneurysm involving a renal artery undergoes endovascular repair using modular prosthesis with two docking limbs. Select the CPT® code(s) for this procedure.
   a. 34805  
   b. 0078T, 0079T  
   c. 34803  
   d. 34802
70. A physician places a centrally inserted, tunneled central venous access device with a subcutaneous pump in a 7-year-old patient.
   a. 36561  
   b. 36563  

71. Patient presents to her physician 10 weeks following a true posterior wall myocardial infarction. The patient is still symptomatic. What is the correct ICD-9-CM code for this condition?
   a. 414.8  
   b. 410.62  

72. ____ is a term standing for enlargement of the heart.
   a. Cardiorenal  
   b. Angiomegaly  

73. Repair of coronary vessel is called:
   a. Endarterectomy  
   b. Angioplasty  

74. 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, radial artery 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  

75. A patient presented to the ED and was found to have a ruptured abdominal aortic aneurysm. He was taken to emergency surgery; a physician performed a direct repair. The physician documented that the aneurysm involved the common iliac. Select the proper CPT® code for this procedure.
   a. 34800  
   b. 35092  

   c. 35103  
   d. 35102