2012 Midterm

Multiple Choice
Identify the choice that best completes the statement or answers the question.

____ 1. What type of provider goes through approximately 26 $^{1}/_{2}$ months of education and is licensed to practice medicine with the oversight of a physician?
a. Nurse Practitioner (NP)
b. Physician Assistant (PA)
c. Fellow
d. Intern

____ 2. The ____describes whether specific medical items, services, treatment procedures, or technologies are considered medically necessary under Medicare.
a. National Coverage Determinations
b. Medicare Physician Fee Schedule
c. §1862(a)(1) of the Act
d. Internet Only Manual

____ 3. LCD's only have jurisdiction in their ____ area.
a. National
b. State
c. Regional
d. District

____ 4. ABN stands for
a. Advance Beneficiary Notice
b. Admitting Beneficiary Notice
c. Advisory Beneficial Notice
d. Advanced Benefits Notification

____ 5. HIPAA was made into law in what year?
a. 1992
b. 1995
c. 1997
d. 1996

____ 6. Who is responsible for enforcing the HIPAA security rule?
a. OIG
b. HHS
c. OCR
d. CMS

____ 7. What will the scope of a compliance program depend on?
a. The insurance carrier the physician is contracted with
b. How many patients are seen in the office on a daily basis
c. Size and resources of the physician's practice
d. The guidelines set forth in the OIG compliance plan are not to be altered

____ 8. According to the OIG, internal monitoring and auditing should be performed by what means?
a. periodic audits
b. audits when problems are brought to the attention of the compliance officer
c. audits on all denials
d. a baseline audit

____ 9. The 2012 OIG Work Plan prioritizes which of the following topics for review?
a. Dystrophic nail care
b. Lesion removal
c. E/M services during the global surgery periods
d. Fracture repair

____ 10. According to the 2011 AAPC____, credentialed coders prove recession-proof in which it shows coders salaries rose 4 percent to an average of $46,800
a. Specialty survey
b. Credentialing survey
c. Salary survey
d. CPC review guide

____ 11. The AAPC offers over 440 local chapters across the country and in the Bahamas for the purpose of
a. Networking
b. Financial management
c. Dues
d. Regulations

____ 12. An abdominal aortic aneurysm is significant because

a. It is indicative of an underlying heart disorder needing treatment
b. Pooling blood in an aneurysm can cause clots
c. It is a weakness in a large artery and rupture can be deadly
d. The aorta feeds many important organs in the abdomen

____ 13. 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

____ 14. The mediastinum contains all of the following except:
a. Heart
b. Trachea
c. Lungs
d. Thymus

____ 15. The term "pneumomediastinum" describes what condition?
a. Inflammation of the mediastinum
b. Puncture of the alveoli of the lungs
c. Presence of a cyst or tumor in the mediastinum
d. The presence of air in the mediastinum

____ 16. 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

____ 17. The term "episiotomy" best describes a procedure of what type?
a. An incision made in the perineum to enlarge the passage for the fetus during delivery
b. A procedure to initiate cervical ripening prior to labor
c. Surgical removal of an oviduct
d. Removal of lining from the cervix

____ 18. Which gland is located on the superior surface of the kidney?
a. Pineal gland
b. Pituitary gland
c. Parathyroid gland
d. Adrenal gland

____ 19. What is the function of the thyroid gland?
a. It secretes hormones regulating body metabolism and blood calcium
b. It secretes hormones regulating the secretion of insulin and hemoglobin
c. It secretes hormones regulating mood and growth hormones
d. It secretes hormones regulating the immune system and blood calcium

____ 20. Which of the following is true about the tympanic membrane?
a. It separates the middle ear from the inner ear
b. It separates the external ear from the middle ear
c. It sits within the middle ear
d. It sits within the inner ear

____ 21. 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

____ 22. Removal of waste products from the blood is:
a. Hemophilia
b. Hemodialysis
c. Hemophoresis
d. Hemochromotosis

____ 23. A condition where the thyroid is overactive is called:
a. Thyrotoxicosis
b. Ketosis
c. Panhypopituitarism
d. Thyroiditis

____ 24. Who are the parties responsible for overseeing changes and modifications to ICD-9-CM?
a. AAPC and AMA
b. AMA and CMS
c. NCHS and CMS
d. WHO and CMS

____ 25. `What is teh meaning of "provider" in the ICD-9-CM guidelines refers to?
a. the hospital
b. the physician
c. insurance Company
d. the patient

____ 26. Category code 387, otosclerosis, includes what other disorder?
a. otopathy
b. otorrhea
c. otospongiosis
d. tinnitus

____ 27. What is an example of an injury that would be considered a superficial injury?
a. blister
b. laceration
c. nerve injury
d. venomous insect bite

____ 28. Refer to the ICD-9-CM Tabular List of Diseases and identify the 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

____ 29. Refer to the ICD-9-CM Alphabetic Index to Diseases and identify a main term with an instructional note that another term that may be referenced providing additional index entries.
a. Hypertension
b. Arthritis
c. Fracture
d. Tingling sensation

____ 30. When a patient has a condition that is both acute and chronic and there are separate entries for both, how is it reported?
a. Code only the acute code
b. Code both sequencing the chronic first
c. Code both sequencing the acute first
d. Code only the chronic code

____ 31. According to the coding guidelines for SIRS, Septicemia and Sepsis what must be documented to assign a code from subcategory 995.9?
a. The term sepsis or SIRS
b. The term sepsis or shock
c. The term SIRS or Bacteremia
d. The term systemic inactive response syndrome

____ 32. What diagnosis code(s) should be reported for pneumonia due to SARS?
a. 480.3
b. 480.3, 079.82
c. 486
d. 486, 079.82

____ 33. Patient comes in to the Emergency Department with right upper quadrant abdominal pain. The physician suspects gallstones and orders a CT scan of abdomen. What diagnosis code(s) should be reported?
a. 789.01, 574.20
b. 789.01
c. 574.20
d. 574.20, 789.01

____ 34. What diagnosis code(s) should be reported for localized arthritis in both knees?
a. 715.36-LT, 715.36-RT
b. 715.39
c. 715.36
d. 715.39-LT, 715.39-RT

____ 35. A patient was seen in the physician's office and was diagnosed with "influenza with pneumonia." Tthe physician selected 486. Refer to your ICD-9-CM Tabular List of Diseases to verify code 486. Is it correct to report code 486? Why?
a. No, there is a combination code 487.0 includes influenza with pneumonia
b. No, the influenza code, 487.1 also needs to be reported on the claim.
c. Yes, code 486 is a combination code assigned to "influenza with pneumonia."
d. Yes, since the physician selected 486, it must be reported.

____ 36. When the type of diabetes mellitus is not documented in the medical note, what is used as the default type?
a. Type II
c. Can be Type I or II

b. Type I
d. Secondary

____ 37. What ICD-9-CM code is used for the first episode of an acute myocardial infarction?
a. 410.1
c. 410.11
b. 410.90
d. 410.91

____ 38. 70-year-old with COPD is admitted to the hospital for acute exacerbation of chronic bronchial asthma?
a. 493.22
c. 493.92,
b. 493.92, 496
d. 493.22, 491.21

____ 39. Patient presents to the physician for an injection to relieve low back pain from a car accident. What ICD-9-CM code(s) should be reported?
a. 724.2
c. 724.2, 338.11
b. 338.11, 724.2
d. 338.21, 724.2

____ 40. A patient is admitted after being found unresponsive at home. The patient had right-sided hemiplegia and aphasia from a previous CVA... The physician documents a current CVA as the final diagnosis and the patient is transferred for rehabilitation. What ICD-9-CM code(s) should be reported?
a. 434.91
c. 434.91, 438.20, 438.11
b. 436, 432.90, 784.3
d. 436, 438.20, 438.11

____ 41. 63-year-old came in to the ED with severe shortness of breath and goes into respiratory failure. He was intubated and admitted for further treatment. Chest x-ray shows he has pulmonary effusion. What ICD-9-CM code(s) should be reported?
a. 518.81, 511.9
c. 511.9, 518.81
b. 518.81
d. 518.81, 786.05, 511.9

____ 42. A patient is coming in for followup of his essential hypertension and cardiomegaly. Both conditions are stable and he is told to continue with his medications. What ICD-9-CM code(s) should be reported?
a. 402.90. 429.3
c. 402.90
b. 401.9, 429.3
d. 401.1, 429.3

____ 43. What type of fracture is considered traumatic?

a. Pathologic fracture
c. Stress fracture
b. Malunion fracture
d. Compound fracture

____ 44. Under what 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

____ 45. What does the abbreviation CKD stand for?
a. Chronic Kidney Dysfunction
c. Chronic Kidney Disease
b. Congenital Kidney Disorder
d. Chronic Keratoderma

____ 46. 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
c. 686.9
b. 995.3
d. 995.27

____ 47. What is the E code for a passenger involved in a MVA that lost control on the highway and hit a guardrail?
a. E812.3,
c. E816.1, E849.5
b. E815.1, E849.5
d. E819.3

____ 48. The patient is admitted for radiation therapy for metastatic bone cancer, unknown primary. She developed severe vomiting secondary to the radiation. What ICD-9-CM code(s) should be reported?
a. 198.5, 199.1
c. 198.5, 199.1, 787.03, V58.1
b. 787.03
d. V58.0, 198.5, 199.1, 787.03

____ 49. After suffering a fracture of the ankle three months ago, a 69-year-old patient presented with what was found to be a non-union fracture. She was treated with additional surgery and discharged. Which injury diagnosis code(s) would be assigned?

a. 733.82
b. 824.8, 905.4
c. 733.82, 824.8
d. 733.82, 905.4

____ 50. Ten days following a below-the-knee amputation, the patient sees her physician. The physician notes that the amputation stump is not healing and is infected. What ICD-9-CM code(s) should be reported?

a. 998.59, V49.70
b. 997.62
c. 998.89, V49.70
d. 897.1

____ 51. Per CPT® guidelines, what should professional coders seek out first when preparing to code an operative report/physician note?

a. Condition
b. Abbreviations
c. Organ or anatomical site
d. Procedure or service

____ 52. What is the code for a secondary rhinoplasty, where a small amount of work is performed on the tip of the nose?

a. 30400
b. 30430
c. 30435
d. 30462

____ 53. What is the correct CPT® code for a complete, 4 view, chest x-ray with fluoroscopy?

a. 71034
b. 71030
c. 71023
d. 71020

____ 54. What is the correct CPT® code for an MRI performed on the brain first without contrast and then with contrast?

a. 70554
b. 70553
c. 70552
d. 70551

____ 55. What are services provided in the home by an agency considered?

a. Facility
b. Nonfacility
c. Nursing
d. Non covered

____ 56. A patient presents with a recurrent seborrheic keratosis of the left cheek. The area was marked for a shave removal. The area was infiltrated with local anesthetic, prepped and draped in a sterile fashion. The lesion measuring 1.8 cm was shaved using an 11-blade. Meticulous hemostasis was achieved using light pressure. The specimen was sent for permanent pathology. The patient tolerated the procedure well. What CPT® code(s) is reported?

a. 11200
b. 11312
c. 11442
d. 11642

____ 57. Patient is a 69-year-old woman with a biopsy proven 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. What CPT® code(s) is/are reported?

a. 14020
b. 14020, 11603-51
c. 13101, 11603-51
d. 15100, 11603-51

____ 58. Patient presents to the operative suite with a biopsy proven squamous cell carcinoma of the left ankle. A decision was made to remove the lesion and apply a split thickness skin graft on the site. The lesion was excised as drawn and documented as measuring 2.4 cm with margins. Using the Padgett dermatone the surgeon harvested a split-thickness skin graft from the left thigh, which was meshed 1.5 x 1 and then inset into the ankle wound using a skin stapler. Xeroform bolster was then placed on the skin graft using Xeroform and 4-0 nylon and the lower extremity was wrapped with bulky cast padding and double Ace wrap. The skin graft donor site was dressed with OpSite. The surgeon noted the skin graft measured cm^2 in total. What CPT® code(s) are reported?

a. 15100, 11603-51, 173.7
b. 15100, 173.7
c. 15120, 13100-51, 216.7
d. 15240, 11603-51, 173.7

____ 59. Operative Report:

Pre-Operative Diagnoses: Basal Cell Carcinoma, forehead
Basal Cell Carcinoma, right cheek
Suspicious lesion , left nose
Suspicious lesion, left forehead

Post-Operative Diagnoses: Basal Cell Carcinoma, forehead with clear margins
Basal Cell Carcinoma, right cheek with clear margins
Compound nevus, left nose with clear margins
Epidermal nevus, left forehead with clear margins

INDICATIONS FOR SURGERY: The patient is a 47-year-old white man with a biopsy-proven basal cell carcinoma of his forehead and a biopsy-proven basal cell carcinoma of his right cheek. We were not quite sure of the patient's location of the basal cell carcinoma of the forehead whether it was a midline lesion or lesion to the left. We felt stronger about the midline lesion, so we marked the area for elliptical excision in relaxed skin tension lines of his forehead with gross normal margins of 1-2 mm and I marked the lesion of the left forehead for biopsy. He also had a lesion of his left alar crease we marked for biopsy and a large basal cell carcinoma of his right cheek, which was more obvious. This was marked for elliptical excision with gross normal margins of 2-3 mm in the relaxed skin tension lines of his face. I also drew a possible rhomboid flap that we would use if the wound became larger. He observed all these margins in the mirror, so he could understand the surgery and agree on the locations, and we proceeded.

DESCRIPTION OF PROCEDURE: All four areas were infiltrated with local anesthetic. The face was prepped and draped in sterile fashion. I excised the lesion of the forehead measuring 6-mm and right cheek measuring 1.3 cm as I had drawn them and sent in for frozen section. The biopsies were taken of the left forehead and left nose using a 2-mm punch, and these wounds were closed with 6-0 Prolene. Meticulous hemostasis was achieved of those wounds using Bovie cautery. I closed the cheek wound first. Defects were created at each end of the wound to facilitate primary closure and because of this I considered a complex repair and the wound was closed in layers using 4-0 Monocryl, 5-0 Monocryl and 6-0 Prolene, with total measurement of 2.1 cm. The forehead wound was closed in layers using 5-0 Monocryl and 6-0 Prolene, with total measurement of 1.0 cm. Loupe magnification was used and the patient tolerated the procedure well.

What ICD-9-CM codes are reported?

a. 173.32, 232.3, 238.2, 216.3

b. 173.32, 216.3

c. 173.20, 173.40, 216.2, 216.3
d. 172.30, 173.30, 238.2, 239.2

____ 60. The patient is seen in follow-up for excision of the basal cell carcinoma of his nose. I examined his nose noting the wound has healed well. His pathology showed the margins were clear. He has a mass on his forehead, he says it is from a piece of sheet metal from an injury to his forehead. He has an x-ray showing a foreign body, we have offered to remove it . After obtaining consent we proceeded. The area was infiltrated with local anesthetic. I had drawn for him how I would incise over the foreign body. He observed this in the mirror so he could understand the surgery and agree on the location. I incised a thin ellipse over the mass to give better access to it, the mass was removed. There was a capsule around this, containing what appeared to be a black-colored piece of stained metal , I felt it could potentially cause a permanent black mark on his forehead. I offered to excise the metal, he wanted me to, so I went ahead and removed the capsule with the stain and removed all the black stain.I consider this to be a complicated procedure. Hemostasis was achieved with light pressure. The wound was closed in layers using 4-0 Monocryl and 6-0 Prolene.

What CPT® and ICD-9-CM codes are reported?

a. 10121, 709.4, V90.10
b. 11010, 709.4, V90.10
c. 10121, 729.6, V90.10
d. 11010, 729.6, V90.10

____ 61. Operative Report
PREOPERATIVE DIAGNOSIS: Diabetic foot ulceration.
POSTOPERATIVE DIAGNOSIS: Diabetic foot ulceration.
OPERATION PERFORMED: Debridement and split thickness autografting of left foot

ANESTHESIA: General endotracheal.

INDICATIONS FOR PROCEDURE: This patient with multiple complications from Type II diabetes has developed ulcerations which were debrided and homografted last week. The homograft is taking quite nicely, the wounds appear to be fairly clean; he is ready for autografting.

DESCRIPTION OF PROCEDURE: After informed consent the patient is brought to the operating room and placed in the supine position on the operating table. Anesthetic monitoring was instituted, internal anesthesia was induced. The left lower extremity is prepped and draped in a sterile fashion. Staples were removed and the homograft was debrided from the surface of the wounds. One wound appeared to have healed; the remaining two appeared to be relatively clean. We debrided this sharply with good bleeding in all areas. Hemostasis was achieved with pressure, Bovie cautery, and warm saline soaked sponges. With good hemostasis a donor site was then obtained on the left anterior thigh, measuring less than 100 cm^2. The wounds were then grafted with a split-thickness autograft that was harvested with a patch of Brown dermatome set at 12,000 of an inch thick. This was meshed 1.5:1. The donor site was infiltrated with bupivacaine and dressed. The skin graft was then applied over the wound, measured approximately 60 cm^2 in dimension on the left foot. This was secured into place with skin staples and was then dressed with Acticoat 18's, Kerlix incorporating a catheter, and gel pad. The patient tolerated the procedure well. The right foot was redressed with skin lubricant sterile gauze and Ace wrap. Anesthesia was reversed. The patient was brought back to the ICU in satisfactory condition.

What CPT® and ICD-9-CM codes are reported?
a. 15220-58, 15004-58, 707.15, 250.80
b. 15120-58, 15004-58, 250.80, 707.15
c. 15950-78, 15004-78, 250.00, 707.14
d. 11044-78, 15120-78, 15004-78, 250.80, 707.15

____ 62. A patient has a greenstick fracture of the arm. It is treated by surgically placing a bone plate on the distal radial shaft. What ICD-9-CM code(s) should be reported?
a. 813.81
b. 813.31
c. 813.21
d. 733.12

____ 63. A 42-year-old with chronic right trochanteric bursitis is scheduled to receive an injection at the Pain Clinic. A 22-gauge spinal needle is introduced into the trochanteric bursa, and a total volume of 8 cc of normal saline and 40 mg of Kenalog was injected. What CPT® code(s) should be reported?

a. 20610-RT
b. 27093-RT
c. 20550-RT
d. 20605-RT

____ 64. A 63-year-old man sustained a gunshot wound through the right maxillary sinus penetrating through the right neck. CT scan revealed no hard evidence of arterial injury but a bullet was directly in line with the internal jugular vein. He was sent to the operating room for neck exploration to rule out vascular injury and injury to the aerodigestive tract. A sternocleidomastoid incision was performed and carried down through the platysma muscle. There was no penetration of the internal jugular vein, but a foreign body was identified resting on the internal jugular vein at approximately the level of the angle of the mandible and removed. The parotid gland was noted to have a blast injury near the tail. This was not surgically repaired or resected. Once all bleeding was controlled, a 10 French round drain was placed in the wound. The wound was copiously irrigated. The platysma muscle was closed and the skin was closed with subcuticular closure. What CPT® code(s) should be reported?

a. 20525
b. 35201
c. 20100
d. 21899

____ 65. A 50-year-old male had surgery on his upper leg one day ago and presents with serous drainage from the wound. He was taken back to the operating room for evaluation of the hematoma. His wound was explored, and there was a hematoma at the base of the wound, which was very carefully evacuated.The wound was irrigated with antibacterial solution. What CPT® and ICD-9-CM codes should be reported?

a. 10140-79, 998.12
b. 27603-78, 998.59
c. 10140-76, 998.9
d. 27301-78, 998.12

____ 66. A 47-year-old patient was previously treated with external fixation for a Grade III left tibial fracture. There is now nonunion of the left proximal tibia and he is admitted for open reduction of tibia with bone grafting. Approximately 30 grams of cancellous bone was harvested from the iliac crest. The fracture site was exposed and the area of nonunion was osteotomized, cleaned, and repositioned. Intrafragmentary compression was applied with three screws. The harvested bone graft was packed into the fracture site. What CPT® and ICD-9-CM codes should be reported?

a. 27724, 733.82, 905.4
b. 27722, 733.82
c. 27722, 733.81, 905.4
d. 27724, 733.82

____ 67. What is the largest single mass of lymphatic tissue?

a. Spleen
b. Thymus
c. Peyer's Patches
d. Tonsils

____ 68. A patient is seen in the OR for the removal of a hepatic adenoma, which has invaded the diaphragm. The resection of the diaphragm portion of the mass was repaired with primary sutures. What CPT® code(s) should be reported for the diaphragmatic mass resection?

a. 39540
b. 39545
c. 39560
d. 39561

____ 69. A 14-year-old boy presents at the Emergency Department experiencing an uncontrolled epistaxis. Through the nares, the ED physician packs his entire nose via anterior approach with medicated gauze. In approximately 15 minutes the nosebleed stops. What CPT® and ICD-9-CM codes should be reported?

a. 30903-50, 784.7
b. 30901-50, 784.7
c. 30901, 784.7
d. 30905, 784.7

____ 70. A 3-year-old girl is playing with a marble and sticks it in her nose. Her mother is unable to dislodge the marble so she takes her to the physician's office. The physician removes the marble with hemostats. What CPT® and ICD-9-CM codes should be reported?

a. 30300, 932
b. 30310, 932
c. 30150, 933.0
d. 30300, 933.0

____ 71. A patient with laryngeal spasms undergoes therapeutic injection of the vocal cords. Topical anesthesia is administered to the oral cavity, pharynx, and larynx. Using an operating microscope, a direct laryngoscope is inserted into the patient's mouth. The interior larynx is examined and the surgeon injects the vocal cords at two sites with glycerin. What CPT® and ICD-9-CM codes should be reported?

a. 31571, 478.75
b. 31570, 31571, 478.74
c. 31571, 478.6
d. 31570, 478.75

____ 72. The surgeon makes an incision in the neck near the cricothyroid membrane for an emergency tracheostomy for a patient who arrives in the emergency room with tracheal crushing injuries suffered in a car accident in which the patient was riding as the passenger. What CPT® and ICD-9-CM codes should be reported?

a. 31600, 862.39, E815.1
b. 31605, 862.29, E819.1
c. 31603, 874.02, E819.1
d. 31612, 862.39, E815.1

____ 73. What is the term for the divider between the heart chamber walls?

a. SA node
b. Bundle branch
c. Septum
d. Mitral

____ 74. In the cardiac suite, an electrophysiologist performs an EP study. With programmed electrical stimulation, the heart is stimulated to induce arrhythmia. Observed is: right atrial and ventricular pacing, recording of the bundle of His, right atrial and ventricular recording, and left atrial and ventricular pacing and recording from the left atrium.

a. 93600, 93602, 93603, 93610, 93612, 93618, 93621, 93622
b. 93619, 93621
c. 93620, 93621, 93622
d. 93620, 93618, 93621

____ 75. CLINICAL SUMMARY: The patient is a 41-year-old female with known coronary disease and recent recurrent chest pain, cardiac catheterization demonstrated subtotal occlusion of the diagonal artery at its takeoff from the left anterior descending artery with the diagonal artery taking off within the left anterior descending vessel.

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, the patient was given 2mg of Versed and 50mcg Fentanyl intravenously for conscious sedation and pain control. The right femoral artery was cannulated with a modified Seldinger technique and a 6-French catheter sheath placed. A 6-French JL3.5 catheter with no side holes was utilized as a guiding catheter. After the initial guiding picture had been obtained, the patient was given Angiomax per protocol, and a short Cross-it 100 wire was advanced to the LAD and then into the diagonal vessel. A 2.0. 15-mm-long Maverick balloon was used for dilatation of the diagonal artery ostium with inflation pressure up to 8 atmospheres applied. Final angiographic documentation was carried out after the patient received 200 mcg of intracoronary nitroglycerine. The guiding catheter was then pulled, the sheath secured in place. The patient is now being transferred to telemetry for post coronary intervention observation and care.

RESULTS: The initial guiding picture of the left coronary system demonstrates the high-grade ostial stenosis of the diagonal artery taking off within the LAD. Following the coronary intervention with balloon angioplasty there is complete resolution of the stenosis with less than 10% residual narrowing observed, no evidence for intimal disruption, no intraluminal filling defect, and good antegrade TIMI III flow preserved.

CONCLUSION: Successful coronary intervention with balloon angioplasty to the ostial/proximal segment of the second diagonal vessel.

a. 92980-LD
b. 92982-LD
c. 92980-LD, 92984-LD
d. 92995

2012 Midterm
Answer Section

MULTIPLE CHOICE

1. ANS: B
   Rationale: Physician Assistants are licensed to practice medicine with physician supervision. A PA program takes approximately 26 $^{1}/_{2}$ months to complete.

   PTS: 1 DIF: Moderate
2. ANS: A
   Rationale: The National Coverage Determinations Manual describes whether specific medical items, services, treatment procedures, or technologies are considered medically necessary under Medicare.

   PTS: 1 DIF: Moderate
3. ANS: C
   Rationale: LCD's only have jurisdiction within their regional area.

   PTS: 1 DIF: Moderate
4. ANS: A
   Rationale: ABN stands for Advance Beneficiary Notice

   PTS: 1 DIF: Moderate
5. ANS: D
   Rationale: HIPAA was adopted into law in 1996

   PTS: 1 DIF: Moderate
6. ANS: C
   Rationale: The Office for Civil Rights (OCR) enforces the HIPAA Privacy Rule,

   PTS: 1 DIF: Moderate
7. ANS: C
   Rationale: The scope of a compliance program will depend on the size and resources of the physician practice.

   PTS: 1 DIF: Moderate
8. ANS: A
   Rationale: Conduct internal monitoring and auditing through the performance of periodic audits: This ongoing evaluation includes not only whether the physician practice's standards and procedures are in fact current and accurate, but also whether the compliance program is working, *i.e.*, whether individuals are properly carrying out their responsibilities and claims are submitted appropriately.

   PTS: 1 DIF: Moderate
9. ANS: C
   Rationale: The OIG outlines a review of industry practices related to the number of evaluation and management services provided by physicians and reimbursed as part of the global surgery fee.

   PTS: 1 DIF: Moderate
10. ANS: C

Rationale: According to the 2011 AAPC Salary Survey credentialed coders prove recession-proof in which it shows coders' salaries rose 4 percent to an average of $46,800.

PTS: 1 DIF: Moderate

11. ANS: A
Rationale: The AAPC offers over 440 local chapters across the country and in the Bahamas. Through local chapters AAPC members can obtain continuing education, gain leadership skills and network.

PTS: 1 DIF: Moderate

12. ANS: C PTS: 1 DIF: Moderate
13. ANS: B PTS: 1 DIF: Moderate
14. ANS: C PTS: 1 DIF: Moderate
15. ANS: D PTS: 1 DIF: Moderate
16. ANS: A PTS: 1 DIF: Moderate
17. ANS: A PTS: 1 DIF: Moderate
18. ANS: D PTS: 1 DIF: Moderate
19. ANS: A PTS: 1 DIF: Moderate
20. ANS: B

PTS: 1 DIF: Moderate

21. ANS: B PTS: 1 DIF: Moderate
22. ANS: B PTS: 1 DIF: Moderate
23. ANS: A PTS: 1 DIF: Moderate
24. ANS: C
Rationale: CHS and CMS oversee the changes and modifications to the ICD-9-CM.

PTS: 1 DIF: Easy

25. ANS: B
Rationale: Per ICD-9-CM Official Guidelines for Coding and Reporting: In the context of these guidelines, the term provider is used throughout the guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient's diagnosis.

PTS: 1 DIF: Easy

26. ANS: C
Rationale: The includes box is a note that appears under a three-digit category code to further define or give examples of what is accepted in that category.

PTS: 1 DIF: Moderate

27. ANS: A
Rationale: In the Volume II index look up Injury. There is a Note that lists examples of a superficial injury: Abrasion, insect bite (nonvenomous), blister, or scratch.

PTS: 1 DIF: Moderate

28. ANS: B
Rationale: 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

29. ANS: D
Rationale: ICD-9-CM Alphabetical Index, Tingling sensation has a "see also" Disturbance, sensation. This is instructing you to go to another main term if additional information of the diagnosis cannot be found under the first main term.

PTS: 1 DIF: Moderate

30. ANS: C
Rationale: Per the Section 1.B.10 coding guidelines, if the same condition is described as both acute (subacute) and chronic, and separate entries exist in the Alphabetic Index at the same indentation level, code both and sequence the acute (subacute) first.

PTS: 1 DIF: Moderate

31. ANS: A
Rationale: Per the coding guidelines Section I.C.b.1.b.(v), either the term sepsis or SIRS must be documented to assign a code from the subcategory 995.9.

PTS: 1 DIF: Moderate

32. ANS: A
Rationale: ICD-9-CM, Section.I.B.11 coding guidelines indicates that a combination code is a single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation). Multiple coding should not be used when the classification provides a combination code that clearly identifies all of the elements documented in the diagnosis. In Volume II index look up Pneumonia/Sars guiding you to code 480.3.

PTS: 1 DIF: Difficult

33. ANS: B
Rationale: ICD-9-CM coding guideline Section IV.I tells us in the outpatient setting "Do not code a diagnosis documented as 'probable', 'suspected', 'questionable', 'rule out' or other similar terms indicating uncertainty. Rather code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test result(s), or other reason for the visit." In the Volume II index look up Pain/abdominal guiding you to code 789.0. In the tabular index you would assign the fifth digit 1 for right upper quadrant.

PTS: 1 DIF: Difficult

34. ANS: C
Rationale: ICD-9-CM guidelines Section I.B.14, tells us each unique ICD-9-CM diagnosis code may be reported only once for an encounter. This applies to bilateral conditions or two different conditions classified to the same ICD-9-CM diagnosis code.

PTS: 1 DIF: Difficult

35. ANS: A
Rationale: In Volume II index look up Influenza/pneumonia guiding you to code 487.0. ICD-9-CM coding guideline Section I.B.11, tell us,: "Assign only the combination code when that code fully identifies the diagnostic conditions involved or when the Alphabetical Index so directs."

PTS: 1 DIF: Difficult

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

PTS: 1 DIF: Easy

37. ANS: D
Rationale: In the alphabetic index look up Infarction/myocardium, myocardial guiding you to 410.9. Your fifth digit is 1 for the first (initial) episode.

PTS: 1 DIF: Moderate

38. ANS: A
Rationale: COPD stands for Chronic Obstructive Pulmonary Disease. In the alphabetic index look up Disease/obstructive/with asthma (chronic) guiding you to code 493.2. OR you can look up Asthma/with chronic obstructive pulmonary disease (COPD) guiding you to code 493.2. The fifth digit is 2 for the exacerbation.

PTS: 1 DIF: Moderate

39. ANS: A
Rationale: Per ICD-9-CM guidelines, Section I.C.6.a.1, if the pain is not specified as acute or chronic, do not assign codes from category 338, except for post-thoracotomy pain, postoperative pain, neoplasm related pain, or central pain syndrome.

PTS: 1 DIF: Moderate

40. ANS: C
Rationale: Per ICD-9-CM guidelines, Section I.C.7.b, The terms stroke, CVA, and cerebral infarction NOS are all indexed to the default code 434.91. ICD-9-CM guideline Section I.C.7.d.2, tells us codes from category 438 may be assigned on a health care record with codes from 430-437, if the patient has a current CVA and deficits from an old CVA.

PTS: 1 DIF: Difficult

41. ANS: A
Rationale: Per ICD-9-CM guidelines, Section I.C.8.c, Acute Respiratory Failure can be a primary diagnosis with another acute diagnosis if it is clear that the respiratory failure was responsible for the patient being admitted.

PTS: 1 DIF: Difficult

42. ANS: B
Rationale: Per ICD-9-CM guidelines, I.C.7.a.2, If the documentation does not have a casual relationship between the hypertension and heart disease (eg. Cardiomegaly due to the hypertension) then the conditions are coded separately.

PTS: 1 DIF: Difficult

43. ANS: D
Rationale: Traumatic fractures will always be coded from categories 800-829. A compound fracture is a type of open traumatic fracture found listed under the main term Fracture in the Index to Diseases. Pathologic fracture is another term for stress fracture. Malunion fracture is indexed to 733.82. Stress Fracture is indexed to 733.95.

PTS: 1 DIF: Easy

44. ANS: B
Rationale: ICD-9-CM guideline I.C.19.a.1 General E Code Coding Guidelines instructions state “An E code from categories E800-E999 may be used with any code in the range of 001-V91, which indicates an injury, poisoning, or adverse effect due to an external cause.

PTS: 1 DIF: Easy

45. ANS: C
Rationale: CKD is Chronic Kidney Disease. Category 585 in the Tabular List contains the different stages of chronic kidney disease..

PTS: 1 DIF: Easy

46. ANS: A
Rationale: In the Index to Diseases locate Infection/due to or resulting from/ injection, inoculation, infusion, transfusion, or vaccination. This refers you to 999.39. Cross-reference in the Tabular List to ensure correct coding.

PTS: 1 DIF: Moderate

47. ANS: B
Rationale: In the Index to External Causes of Injury (after the Drug Table) look up Collision/motor vehicle/guard post or guard rail guiding you to code E815. Your fifth digit is a 1 for a motor vehicle passenger. You would use an additional E code when a place of occurrence (example, home or parking lot) is documented. In this case, the location is documented as the highway. In the same index look up Accident/occurring (at) (in)/highway guiding you to code E849.5.

PTS: 1 DIF: Moderate

48. ANS: D
Rationale: The reason for the encounter is for radiation V58.0. ICD-9-CM guidelines Section I.C.2.e.2 state if a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy or radiation therapy assign code V58.0, Encounter for radiation therapy, or V58.11, encounter for antineoplastic chemotherapy, or V58.12, Encounter for antineoplastic immunotherapy as the first-listed or principal diagnosis. ICD-9-CM guidelines Section I.C.2.b states the secondary cancer is listed first since the radiation therapy is directed to the secondary site. In the Neoplasm Table find bone, secondary which is 198.5. When the site of the primary cancer is unknown, code 199.1, Neoplams, neoplastic, primary is reported. The last code is for the symptom that developed during treatment, 787.03.

PTS: 1 DIF: Difficult

49. ANS: D
Rationale: In the Index to Diseases, look for Fracture/nonunion guiding you to code 733.82; Late effect/fracture/extremity lower guiding you to code 905.4. The non-union fracture is a late effect of the initial fracture. Look in the Index to Diseases for Late/effect(s)(of)/fracture/extremity/lower. Report code 905.4 as an additional code. A fracture late effect should not be coded with the acute fracture code according to Guideline 1.B.12.

PTS: 1 DIF: Difficult

50. ANS: B
Rationale: : In the Index to Diseases, locate Infection/stump/postoperative guiding you to code 997.62.

PTS: 1 DIF: Difficult

51. ANS: D
Rationale: CPT® Instructions for the use of the CPT® codebook include “select the name of the procedure or service that accurately identifies the service performed”.

PTS: 1 DIF: Moderate

52. ANS: B
Rationale: In the CPT® Index, first look up Rhinoplasty then secondary. Here you are directed to see codes 30430-30450. When you turn to these codes in the Respiratory code section and review them, it is code 30430 you would report. This represents a small amount of work for a secondary rhinoplasty when performed on the tip of the nose.

PTS: 1 DIF: Moderate

53. ANS: A
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Rationale: In the CPT® Index, first look up X-ray then chest, then complete (Four Views) with fluoroscopy. The code you are directed to use is 71034.

PTS: 1 DIF: Moderate

54. ANS: B
Rationale: In the CPT® Index, first look up Magnetic Resonance Imaging (MRI) then brain. Here you are directed to see codes 70551-70555. When you turn to these codes in the Radiology section and review them, it is code 70553 you would report. This represents an MRI performed on the brain. First this is done without contrast materiel then with contrast material.

PTS: 1 DIF: Moderate

55. 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

56. ANS: B
Rationale: In the CPT® Index, see Shaving/Skin Lesion, you are directed to range 11300-11313. Code selection is based on location and size. This lesion is on the left cheek narrowing the range to 11310-11313. The size is 1.8 cm making 11312 the correct code choice.

PTS: 1 DIF: Moderate

57. ANS: A
Rationale: Rhomboid flap is a flap in the shape of a rhomboid used for a rotation flap skin graft. A rotation flap is considered an adjacent tissue transfer. In the CPT® Index, see Skin Graft and Flap/Tissue Transfer, 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 cm^2 (2.7 x 2.1 = 5.67). 14020 is the correct code.

PTS: 1 DIF: Moderate

58. ANS: A
Rationale: The excision of the lesion is found by looking in the CPT® Index for Excision/Lesion, Skin/Malignant, you are referred to code range 11600-11646. The lesion is on the ankle (leg) narrowing the code range to 11600-11606. The lesion is 2.4 cm making the correct code 11603. The guidelines for Excision – Malignant Lesions tell us to report reconstructive closure (15002-15261, 15570-15770) separately. In this case a split thickness skin graft was used. Look in the CPT® Index for Skin Graft and Flap/Split Graft which refers us to code range 15100-15101, 15120-15121. 15100 is the correct code choice. The diagnosis is squamous cell carcinoma. Look in the Neoplasm Table for skin/ankle and there is a note to "*see also* Neoplasm, skin, limb, lower." Skin/limb/lower gives us an option for squamous cell carcinoma (173.72). .

PTS: 1 DIF: Difficult

59. ANS: B

Rationale: For basal cell carcinoma, forehead, look in the Neoplasm Table for Skin/forehead and there is note to "see also Neoplasm, skin, face." Skin/face/basal cell carcinoma refers you to code 173.31. Nex, is a basal cell carcinoma, right cheek which also directs you to "see also Neoplasm, skin, face." (173.31). Since both basal cell carcinomas are coded with the same diagnosis code, it is only reported once. In the Index to Diseases, Nevus/compound has a morphology code of /0. Nevus/dermal/and epidermal also has a morphology code of /0. As noted in the box under Nevus, morphology codes with a /0 should be coded to "Neoplasm, skin, benign." In the Neoplasm Table, look for Skin/nose and Skin/forehead both code to Skin/face. The code from the benign column is used (216.3).

PTS: 1 DIF: Difficult

60. ANS: C

Rationale: In CPT® index, see Removal/Foreign Body/Subcutaneous Tissue, you are directed to code range 10120-10121. The surgeon indicated in the note they considered this incision and removal of foreign body to be complicated leading us code 10121. In the ICD-9-CM index, see Foreign body, subcutaneous tissue, you are directed to 729.6. There is no mention of granuloma of the skin making 709.4 incorrect. Instructions for 729.6 state to use an additional code from V90.01-V90.9 to identify the foreign body. V90.10 indicates a retained metal fragment.

PTS: 1 DIF: Difficult

61. ANS: B

Rationale: The wound was prepped with sharp debridement. Look in the CPT® Index for Creation/recipient site (range 15002-15005). Code selection is based on location and size. Then a split thickness graft was performed. Look in the CPT® Index for Skin Graft and Flap/Split Graft referring you to range 15100-15101-15120-15121. The measurement applies to the recipient area, which is stated as 60 cm^2. A split thickness autograft to the foot for the first 100 sq cm is coded with 15120. The operative note states, "The homograft is taking quite nicely, the wounds appear to be fairly clean; he is ready for autografting," indicating this is a staged procedure and modifier 58 is appended. In the ICD-9-CM Index, see Diabetic/ulcer/foot, directing you to 250.8X *[707.15]*. The 5^{th} digit 0 indicates it is Type II diabetes. Although there are complications, it does not indicate it is uncontrolled. 707.15 is used for ulcer of the foot.

PTS: 1 DIF: Difficult

62. ANS: C

Rationale: A greenstick fracture is one where the bone does not break completely through, and does not protrude through the skin. This is considered a closed fracture. The treatment is open; however, the treatment is not considered when coding for the diagnosis.

PTS: 1 DIF: Easy

63. ANS: A

Rationale: In the CPT® index, look up Injection/Joint. You are referred to 20600-20610. Review the codes to choose appropriate service. 20610 is the correct code since the injection was given in the trochanteric bursa (hip, a major joint) for drug therapy.

PTS: 1 DIF: Moderate

64. ANS: C

Rationale: In the CPT® index, look up Exploration/Neck/Penetrating Wound. You are referred to 20100. Review the code to verify accuracy. 20100 is the correct code since the patient was sent to the operating room for exploration of a gunshot (penetrating trauma) wound to identify damaged structures. This code includes removal of foreign bodies, ligation, or coagulation of minor blood vessels, damaged tissue debrided and/or repaired, and wound closure.

PTS: 1 DIF: Moderate

65. ANS: D
Rationale: In the CPT® index, look up Hematoma/Leg, Upper. You are referred to 27301. Verify the code for accuracy. Modifier 78 is appended to 27301 to indicate that an unplanned procedure related to the initial procedure was performed during the postoperative period. In the ICD-9-CM index, look up Complications/surgical procedures/hematoma. You are referred to 998.12. Review the code in the tabular section for accuracy.

PTS: 1 DIF: Difficult

66. ANS: A
Rationale: This is the repair of nonunion of a tibial fracture; therefore, you must look in the CPT® index under Repair/Tibia, 27720-27725. The correct code is 27724, Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft). This was nonunion of a fracture, 733.82 which is a late effect of a fracture of the lower extremity, 905.4.

PTS: 1 DIF: Difficult

67. ANS: A
Rationale: The spleen is the largest single mass of lymphatic tissue.

PTS: 1 DIF: Easy

68. ANS: C
Rationale: In the CPT® Index, look up Resection/Diaphragm, which directs us to code range 39560-39561. Code selection depends on the type of repair. The repair is with primary sutures which is considered a simple repair making 39560 the correct code choice.

PTS: 1 DIF: Moderate

69. ANS: A
Rationale: Epistaxis is the term for nasal hemorrhage. In the CPT® Index look up Packing/Nasal Hemorrhage which directs you to code range 30901-30906. 30903 represents anterior packing for an uncontrolled or extensive nasal hemorrhage. Modifier 50 indicates this was done in both nares (bilaterally). ICD-9-CM indexing is Epistaxis which leads us to code 784.7.

PTS: 1 DIF: Difficult

70. ANS: A
Rationale: Since the marble is a foreign body, look in the CPT® Index for Removal/Foreign Body/Nose. Here we are directed to use code 30300. For the ICD-9-CM code first look up in volume 2 of ICD-9-CM foreign body, then entering through orifice then nose or nostril. This directs us to code 932. We check 932 in volume 1 and find it to be the appropriate diagnosis code.

PTS: 1 DIF: Difficult

71. ANS: A

Rationale: In the CPT index look up laryngoscopy, then direct. When we look to these codes in the Respiratory section 31515-31571 we find 31571 is appropriate for the injection into the vocal cords using an operating microscope. Indexing for ICD-9-CM – look in volume 2 under spasm then larynx, laryngeal. We are directed to code 478.75 which is accurate when checked in volume 1.

PTS: 1 DIF: Difficult

72. ANS: B
Rationale: The correct CPT® code for an emergency criocothyroid tracheostomy is code 31605. Code 862.29 represents an injury to other specified intrathoracic organs without mention of open wound and the E code tells us this was a motor vehicle accident and the patient was the passenger in the vehicle.

PTS: 1 DIF: Difficult

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

PTS: 1 DIF: Easy

74. ANS: C
Rationale: The studies performed make up a comprehensive study (93620) which includes: evaluation with right atrial pacing and recording, right ventricular pacing and recording, and His bundle recording with induction of or attempted induction of arrhythmia. Left atrial pacing and recording (93621) and left ventricular pacing and recording (93622) are add-on codes. This is found in the CPT® index under Heart/Electrical Recording/Comprehensive.

PTS: 1 DIF: Difficult

75. ANS: B
Rationale: Percutaneous balloon angioplasty (Maverick balloon used for dilatation) performed in the left anterior descending coronary artery (LD). Cardiac catheterization is bundled into the interventional procedure, because there is no mention of a diagnostic cardiac catheterization. It appears the diagnostic cardiac catheterization was performed during another setting. The angioplasty, 92982 is reported with modifier LD. Code 92982 is found in the CPT ® index under Angioplasty/Coronary Artery/Percutaneous Transluminal 92982-92984. Conscious sedation is included in the procedure.

PTS: 1 DIF: Difficult