

2019 CCS-P Self-Assessment Items

To receive credit, complete the self-review located in the CEU center. Any manually submitted self-review documentation will not be accepted.

1. A patient was just discharged from the hospital after a 7 day stay. The attending physician listed her diagnoses as 'ascites due to liver cirrhosis and chronic viral hepatitis B'. What diagnosis codes are assigned?
 - a. K71.51, K74.60
 - b. B18.1, K74.60, R18.8
 - c. B18.1, K74.60
 - d. B18.2, K74.69

2. The provider documented a diagnosis of atrial fibrillation with rapid ventricular response. What diagnosis code(s) is/are assigned?
 - a. I48.2, I49.9
 - b. I48.0
 - c. I48.0, I48.8
 - d. I48.2

3. A 76-year-old man presents to his primary care provider's office with fever, dysuria and pelvic pain. The provider documents 'UTI and hydronephrosis with obstruction due to ureteral calculus'. What diagnosis code(s) is/are assigned?
 - a. N13.2, N39.0
 - b. N39.0, N13.30, N20.1
 - c. N13.6
 - d. N13.6, N20.1

4. The provider documented current, acute myeloid leukemia (AML) in John's health record after his visit 12/10. What diagnosis code is assigned?
 - a. C92.00
 - b. C95.90
 - c. C92.01
 - d. C92.92

5. Dr. Smith sees a patient in the hospital and documents the following diagnosis in his discharge summary: transient ischemic attack due to right carotid artery stenosis. What diagnosis code(s) is/are assigned?
 - a. I65.21, G45.9
 - b. I65.23, G45.9
 - c. I65.21
 - d. G45.9

6. The final diagnosis on a colonoscopy report was 'hyperplastic rectal polyp with focal adenomatous changes'. What diagnosis code(s) is/are assigned?
 - a. K62.1
 - b. K63.5
 - c. D12.8
 - d. K62.1, D12.8

7. An 80-year-old resident of the Main Street nursing home, developed a stage 1 Kennedy ulcer of the right heel. What diagnosis code is assigned?

- a. L89.601
- b. L89.611
- c. L97.419
- d. L97.409

8. Mary came to the ED because she was having coffee ground hematemesis. An EGD was done and the physician listed the following diagnoses: Acute upper GI hemorrhage, ulcerative esophagitis, and duodenitis.

What diagnosis codes are assigned?

- a. K22.11, K29.81
- b. K92.2, K22.10, K29.80
- c. K22.10, K29.80
- d. K22.10, K22.8, K29.80, K92.2

9. The diagnosis of Munchausen's syndrome by proxy was noted in the provider's office note from his last encounter. What diagnosis code is assigned?

- a. F68.10
- b. F68.8
- c. F68.12
- d. F68.A

10. Dr. Jones sees one of his patient's in the hospital and submits a claim form for his visit which lists the diagnosis of: sepsis due to E. coli urinary tract infection. What diagnosis code(s) is/are assigned?

- a. A41.51, N39.0
- b. A41.51, N39.0, B96.20
- c. A41.9, N39.0, B96.20
- d. A41.51

11. A 25-year-old male presented to his primary physician for an appointment. The physician's documentation indicated a diagnosis of diabetes type 1.5 as the reason for the visit. What diagnosis code is assigned?

- a. E11.9
- b. E13.9
- c. E10.9
- d. E11.8

12. The final diagnosis found on a mammogram was 'radial sclerosing lesion of the right breast'. What diagnosis code is assigned?

- a. N64.89
- b. D49.3
- c. D24.1
- d. N63.10

13. Robert was seen in the hematology clinic for treatment. His provider documented nutritional anemia and anemia. What diagnosis code(s) is/are coded?

- a. D64.9
- b. D53.9, D64.9
- c. D53.9
- d. D64.89

14. The provider documents that the patient is being treated for a 'non-traumatic subdural hygroma'. What diagnosis code is assigned?
- a. D18.1
 - b. G96.0
 - c. G93.9
 - d. D49.7
15. Assign the CPT code for laparoscopic paracolostomy hernia repair of reducible hernia that includes placement of mesh.
- a. 49654
 - b. 49655
 - c. 49656
 - d. 44346
16. A patient is seen for a duodenal resection with side-to-side duodenojejunostomy. What code would be reported for the bowel resection and the anastomosis?
- a. 44125
 - b. 44130
 - c. 44120
 - d. 44126
17. Assign the correct CPT code for a quadratus lumborum block?
- a. 64999
 - b. 64449
 - c. 64450
 - d. 20552
18. Assign the correct CPT code for a trigger point injection(s) within the left multifidus muscle, the trapezius muscle bilaterally, and the levator muscle bilaterally.
- a. 20550
 - b. 20551
 - c. 20553-50
 - d. 20553
19. The patient has a therapeutic dilation of Schlemm's Canal and a goniotomy performed on the same eye to treat glaucoma. What is/are the correct CPT code(s)?
- a. 66174
 - b. 66174, 65820
 - c. 65820
 - d. 66175, 65820
20. Assign the correct CPT code for a patient who presents for placement of a triple-lumen catheter into the inferior vena cava (IVC) for temperature management for an adult?
- a. 36555
 - b. 36556
 - c. 36558
 - d. 36561

21. A surgeon performs a primary repair of the anterior talofibular ligament (ATFL) and the calcaneofibular ligament (CFL) through the same incision. Assign the correct CPT code.
- a. 27680
 - b. 27681
 - c. 27695
 - d. 27696
22. A 25-year-old woman came in for Achilles tendon lengthening. The physician performed a Hoke technique percutaneous Achilles tendon lengthening. Assign the correct CPT code.
- a. 27605
 - b. 27606
 - c. 27685
 - d. 27686
23. A patient is being seen for a metatarsal scarf osteotomy. What CPT procedure code is assigned?
- a. 28295
 - b. 28296
 - c. 28297
 - d. 29298
24. Subsequent intensive care codes 99478-99480 can be reported for a baby who is over 28 days old but within the weight limit of these codes.
- a. True
 - b. False
25. A patient is being seen for an anterior labral repair and debridement with the removal of a loose body documented as greater than 5 mm by arthroscopy. What CPT procedure code(s) is/are assigned?
- a. 29806
 - b. 29819
 - c. 29806, 29819
 - d. 23455
26. Dr. Jones treated a patient for an open low anterior resection of the colon and colostomy procedure. What CPT procedure code is assigned?
- a. 44140
 - b. 44141
 - c. 44143
 - d. 44146
27. A patient is being seen for a bilateral maxillary antrostomy, total ethmoidectomy, sphenoidotomy, and frontal sinusotomy. What CPT procedure code(s) is/are assigned?
- a. 31257-50, 31276-50, 31256-50
 - b. 31257, 31276, 31256
 - c. 31257-50
 - d. 31257-50, 31276-50

28. In the 2019 Physician Fee Schedule Final Rule, CMS finalized its policy to create a new HCPCS G code for:
- Dermatology
 - Podiatry
 - Primary care services
 - All of the above
29. A tangential biopsy is defined as:
- A biopsy performed with a larger bore needle to obtain a core sample of tissue for histopathologic evaluation.
 - A biopsy that uses a punch tool to remove a full-thickness cylindrical sample of skin.
 - A biopsy performed with a sharp blade to remove a sample of epidermal tissue with or without portions of underlying dermis.
 - A biopsy performed with a sharp blade to remove a full-thickness sample of tissue via a vertical incision or wedge, penetrating deep to the dermis, into the subcutaneous space.
30. The effective date in the 2019 Physician Fee Schedule Final Rule for allowing practitioners the choice to use the current framework specified under the 1995 or 1997 guidelines, medical decision-making, or time as a basis to determine the appropriate level of office/outpatient E/M visit is:
- January 1, 2019
 - January 1, 2020
 - January 1, 2021
 - None of the above