

## 2019 CCS 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. Lumbar and lumbosacral foraminal stenosis of the lumbar spine is documented in the office note completed by Dr. Jones. What diagnosis code(s) is/are assigned?
  - a. M48.061
  - b. M48.00
  - c. M48.061, M48.07
  - d. M48.07, M48.00
  
2. The provider documented a diagnosis of Takotsubo syndrome and hypertension. What diagnosis code(s) is/are assigned?
  - a. I51.81, I11.9
  - b. I10
  - c. I51.81, I10
  - d. I51.81
  
3. What code(s) is/are assigned for a diagnosis documented by the provider for a patient who is status post decompressive craniectomy with preservation of bone flap due to acute traumatic subdural hematoma and readmitted with a subdural hygroma following traumatic brain injury without loss of consciousness?
  - a. G96.0
  - b. G96.0, S06.5X0S
  - c. G96.0, S06.5X9S
  - d. Z87.820
  
4. It is appropriate to assign code Z41.2, Encounter for routine or ritual male circumcision, in addition to a code from subcategory Z38.0-, Single liveborn infant when a newborn has a routine circumcision done in the hospital during the birth episode?
  - a. True
  - b. False
  
5. What code is assigned for the diagnosis of posterior capsular opacity of the right eye?
  - a. H26.491
  - b. H26.40
  - c. H26.492
  - d. H26.20
  
6. The provider documented a diagnosis of degenerative changes of the cervical spine. What diagnosis code is assigned?
  - a. G31.89
  - b. M47.899
  - c. M47.892
  - d. M47.812

7. A 25-year-old woman who is status post recent left mastectomy with complete axillary node dissection presented with postoperative seroma at the site of the previous mastectomy. What diagnosis code is assigned?
- M96.842
  - M96.843
  - L76.34
  - N64.89
8. John was seen in Dr. Smith's office for continuing care of his discogenic degenerative changes of the lumbar spine at level L3-L4. What ICD-10-CM diagnosis code is assigned?
- M51.37
  - M51.06
  - M51.36
  - M51.16
9. The provider documented type 2 diabetic mellitus with chronic kidney disease and hypertension. What diagnosis codes are assigned?
- E11.22, I12.9, N18.9
  - E11.22, I12.9
  - E11.22, N18.9
  - E12.9, N18.9
10. The physician documents a diagnosis of cervical stenosis with C4-C7 spinal cord and nerve root compression in his discharge summary. What diagnosis code(s) is/are assigned?
- M48.02, G54.2
  - G54.2
  - M48.02, M54.12, G99.2
  - M48.02, G99.2
11. The patient presents for removal of displaced tubal occlusion devices. What diagnosis code is assigned for the displaced tubal occlusion devices?
- Z30.432
  - T83.89XA
  - T83.428A
  - T83.428D
12. 83-year-old gentleman presents with epistaxis for the past six hours. Using endoscopic guidance, silver nitrate is applied to an area of nasal mucosa 3 centimeters back. What is the correct ICD-10-PCS code?
- 095M8ZZ
  - 09QK8ZZ
  - 093K8ZZ
  - 2Y41X5Z
13. Patient presents to ICU from the ED and required ECMO for respiratory support. Cannulas were placed in the bilateral femoral veins and ECMO was started. Patient was eventually weaned from ECMO after two days. What is/are the correct ICD-10-PCS code(s)?
- 5A1522H
  - 5A0920Z
  - 5A1522H, 02PA3RZ
  - 5A0920Z, 02PA3RZ

14. A 13-year-old female with adolescent idiopathic scoliosis presents for correction of her spinal curvature via anterior vertebral tethering. Endoscopic instrumentation was placed and incisions made over every other rib. Right-sided vertebral screws were placed sequentially from T4-9 and the tethering cord attached to each screw. Left-sided vertebral screws were placed sequentially from T10-L3 and the tethering cord attached to each screw. The cords were tightened until adequate correction was achieved. What are the correct ICD-10-PCS codes for this procedure?
- OPH444Z, OQH044Z
  - OPS444Z, OQS044Z
  - ORG84A0, OSG14A0
  - ORH644Z, OSH044Z
15. Patient presents for decompressive laminectomy at L2-L5. Incision was made over the lumbar spine from L1 to S1 and carried down to the level of the lamina on both sides. The lamina was excised at L2-3, L3-4, and L4-5. On examination, the thecal sac was free from compression. What is the correct ICD-10-PCS code for this procedure?
- OQB00ZZ
  - OSB00ZZ
  - 00NT0ZZ
  - 00NY0ZZ
16. A 36-year-old male presents for a right dismembered pyeloplasty for an ureteropelvic junction obstruction via open approach. The ureter was excised off the renal pelvis, the scar tissue removed, and the ureter reattached to the renal pelvis. What is the correct ICD-10-PCS code for this procedure?
- OTS60ZZ
  - OTM60ZZ
  - OTQ30ZZ
  - OTN60ZZ
17. 72-year-old female presents to operating suite for drainage of septic right knee joint. Under direct visualization, anteromedial and superomedial ports were placed. Purulent material was drained and sent for culture. The compartment was thoroughly irrigated and Hemovac drain placed. Endoscopic ports were closed. What is/are the correct ICD-10-PCS code(s) for this procedure?
- OS9C40Z
  - OS9C4ZZ
  - OS9C40Z, 3E1U38Z
  - OS9C4ZZ, 3E1U38Z
18. 41-year-old male presents for EGD evaluation for GI bleed. Patient is prepped and scope is placed through the patient's mouth. Esophagus and stomach appear normal, but several bleeding duodenal AV malformations are noted. These are cauterized with argon plasma coagulation. What is the correct ICD-10-PCS code for this procedure?
- 0W3P8ZZ
  - 0D598ZZ
  - 0DL94ZZ
  - 3E0G8TZ
19. CPT modifier 59, Distinct Procedural Service, may be reported with an unlisted CPT code.
- True
  - False

20. A Medicare patient underwent repair of a nasal valve collapse utilizing placement of Spirox Latera Implants in the hospital outpatient setting. What is the correct procedure code?
- 30465
  - 30999
  - C9749
  - 30620
21. A patient had previously undergone a skin graft to treat a burn. A 5 sq cm wound has now developed on the previously healed skin graft. What CPT code should be assigned for debridement of this wound?
- 97597
  - 16020
  - 11042
  - 11042-58
22. What is the correct CPT code for incision and drainage of a rectal sheath hematoma?
- 20999
  - 10140
  - 22015
  - 22999
23. When a patient is referred for a colonoscopy following a positive Cologuard test, how should the colonoscopy be coded?
- Screening colonoscopy on an individual not meeting criteria for high risk
  - Screening colonoscopy on individual at high risk
  - Diagnostic colonoscopy
  - Query the physician
24. Which CPT modifier is used in the hospital outpatient setting to indicate partial reduction, cancellation, or discontinuation of services for which anesthesia is not planned?
- 74
  - 52
  - 53
  - 73
25. Patient with retained cataract fragments and Elschnig pearls in the right eye undergoes fragment removal, iridectomy and capsulotomy. A paracentesis was performed and the particles were removed from the intraocular lens. Which CPT code(s) should be reported?
- 65235-RT
  - 66999-RT
  - 66852-RT, 66852-59-RT
  - 66852-RT
26. Assign the correct CPT/HCPCS code(s) for an injection of 40 mg of Kenalog for the treatment of Dupuytren's contracture in the hospital outpatient setting.
- 20550, J3301
  - 20527
  - 26989
  - Don't code injection separately – included in facility E/M code

27. Assign the correct CPT code(s) for a left nipple-sparing mastectomy and a right skin-sparing mastectomy with a right axillary dissection.
- 19303-50
  - 19304-50
  - 19307-50
  - 19304-LT, 19307-RT
28. Which code was added to the Inpatient Only List under the Medicare Hospital Outpatient Prospective Payment System for Calendar Year 2019?
- C9606
  - 31241
  - 01402
  - 92941
29. The following procedure was changed from a non-O.R. to O.R. designation under the Medicare Hospital Inpatient Prospective Payment System for Fiscal Year 2019:
- Endoscopic destruction of intestine
  - Open insertion of tunneled vascular access device
  - Allogeneic hematopoietic stem cell transplant
  - Endoscopic dilation of ureter with intraluminal device
30. The re-structuring of MDC 14 (Pregnancy, Childbirth and the Puerperium) finalized in the Fiscal Year 2019 Hospital Inpatient Prospective Payment System Final Rule includes:
- A two-way severity level split
  - Revised titles for MS-DRGs 777 and 778
  - Creation of new MS-DRGs 783-788
  - New MS-DRGs differentiated by the presence of a complicating diagnosis

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