

# 2011 Annual Self-Review

CERTIFIED CODING SPECIALIST—PHYSICIAN-BASED

CCS-P



## 2011 CCS-P Coding Self Review

1. Which of the following conditions is described as an uncommon potentially fatal complication, develops within 5 to 10 days following transfusion of blood products and is characterized by the rapid onset of severe thrombocytopenia.
  - a. Idiopathic thrombocytopenia purpura
  - b. Post transfusion purpura
  - c. Primary thrombocytopenia
  - d. Congenital thrombocytopenia
  
2. Assign the correct code for influenza due to identified novel H1N1 influenza virus with bronchopneumonia.
  - a. 487.0, 485
  - b. 488.11
  - c. 488.11, 485
  - b. 488.12
  
3. Assign the appropriate code for post-traumatic seizures:
  - a. 345.90
  - b. 780.32
  - c. 780.33
  - d. 780.39
  
4. Assign the appropriate code(s) for febrile nonhemolytic transfusion reaction (FNHTR).
  - a. 999.80
  - b. 999.80, 780.66
  - c. 780.62
  - d. 780.66
  
5. Which of the following is a true statement for coding congenital conditions?
  - a. Codes from Chapter 14 may be used throughout the life of the patient
  - b. Code 752.39 is reported for congenital rectouterine fistula
  - c. Subcategory V13.6 may be used to assign corrected malformations that are no longer present.
  - d. all of the above
  
6. Assign the appropriate diagnosis codes for a patient with secondary diabetes mellitus due to total pancreatectomy. The patient requires routine use of insulin. The physician documents the patient is seen for treatment of postsurgical hypoinsulinemia.
  - a. 251.3, V88.11, V58.67
  - b. 251.3, 249.00, V88.11, V58.67
  - c. 249.00, 251.3, V88.11
  - d. 251.3, 249.00, V45.79, V58.67
  
7. Assign the appropriate diagnosis codes(s) for a patient who is seen for a Neulasta injection to prevent infection while undergoing chemotherapy for lower lobe lung carcinoma. Assign the appropriate diagnosis codes(s) for this encounter.
  - a. V07.8
  - b. 162.5
  - c. V07.8, 162.5
  - d. V07.9, 162.5
  
8. Assign the appropriate code(s) for a patient who is seen for the replacement of an intrauterine contraceptive device.
  - a. V25.11
  - b. V25.12
  - c. V25.13
  - d. V25.42
  
9. Assign the appropriate code for infection due to a peripherally placed dialysis catheter.
  - a. 999.31
  - b. 996.62
  - c. 996.64
  - d. 996.73

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10.

3/1/11: An established patient is seen at his physician's office. Based on the patient's congestive heart failure (CHF) complaints and evaluation during the office visit, the physician determines the need to admit the patient to the hospital under observation care to further evaluate and management. The patient was admitted to observation late afternoon the same day. The patient's observation care diagnostic testing was initiated upon receiving the physician's phoned in orders. Throughout the evening the physician was updated on the patient's status and results of tests.

3/2/11: The next morning, the physician visits the patient and performs an initial observation care service in the observation and it is determined the patient's CHF has improved enough to be discharged.

Which of the following best describes the codes that will be assigned for each date of service?

- a. 3/1: Report the applicable CPT code from 99212-99215, 3/2: Report the applicable CPT code from 99234-99236
- b. 3/1: Report the applicable CPT code from 99212-99215, 3/2: Report CPT code 99217
- c. 3/1: Report the applicable CPT code from 99218-99220, 3/2: Report the applicable CPT code from 99234-99236
- d. 3/1: Report the applicable CPT code from 99218-99220, 3/2: Report CPT code 99217

11. Assign the correct code(s) for revision of bleb that failed following a trabeculectomy procedure.

- a. 65855
- b. 66170
- c. 66250
- d. 66999

12. Assign the CPT code for a percutaneous transluminal popliteal angioplasty with atherectomy. To perform this procedure the popliteal artery was selectively catheterized, radiologic imaging of the angioplasty procedure was performed and the access site was closed with a vascular plug.

- a. 37224
- b. 37225
- c. 37224, 37225
- d. 37225, 75962

13. The complex repair codes 13100-13160 does not include:

- a. excision of benign or malignant lesions
- b. excisional preparation of a wound bed
- c. debridement of an open fracture or open dislocation
- d. all of the above

14. An established 9-year-old child is seen in the pediatrician's office for routine immunization. The physician reviews with the patient's parent the national immunization recommendations, risks and benefits of each component of the vaccine provided. The patient was then given an intramuscular DtaP immunization IM.

Assign the appropriate CPT procedure code(s).

- a. 90700, 90473
- b. 90715, 90460, 90461, 90461
- c. 90715, 90460
- d. 90700, 90470, 90471, 90471

15. Which of the following must be performed to report Ankle-Brachial Index (ABI) testing with CPT codes 93922 or 93923?

- a. Simultaneous Doppler recording and analysis of bidirectional blood flow;
- b. Volume plethysmography
- c. Transcutaneous oxygen tension measurements are also performed.
- d. all of the above

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16. When assigning a code for an endovascular revascularization transluminal peripheral atherectomy which arterial vascular territory is assigned a Category III code instead of a code from 33720-37235?

- a. Iliac Vascular Territory
- b. Femoral/Popliteal Vascular Territory
- c. Tibial/Peroneal Territory
- d. all of the above

17. Assign the correct code(s) for a left and right heart catheterization, catheter placement in coronary artery for coronary angiography and left ventriculography.

- a. 93460
- b. 93453
- c. 93460, 93566
- d. 93458

18. Assign the code for an unilateral endovascular repair of iliac artery bifurcation using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery

- a. 34825
- b. 34900
- c. 0254T
- d. 0255T

19. Which modifier statement is false?

- a. Modifier 51 should not be appended to codes 97001-97755.
- b. Modifier 52 should be appended with code 95961 for 30 minutes or less.
- c. Modifier 59 should not be appended to an E/M service
- d. Modifier 76 may be appended to an E/M service

20. Which of the following codes are reported under the CY 2011 Medicare benefit for an annual wellness visit (AWV)?

- a. HCPCS codes G0438-G0439
- b. CPT codes 99381-99397
- c. HCPCS codes G0402
- d. CPT codes 99204-99205

21. Which of the following physician quality measures is not included in the 2011 Physician Quality Reporting System (previously known as PQRI)?

- a. 115, Preventive Care and Screening: Advising Smokers and Tobacco Users to Quit
- b. 134, Screening for Clinical Depression and Follow-Up Plan
- c. 155, Falls: Plan of Care
- d. All of the above

22. Assign the appropriate code for a physician who performs a therapeutic gastric intubation and aspiration with lavage.

- a. 43752
- b. 43753
- c. 43754
- d. 43755

23. When reporting hospital and other inpatient visits Evaluation and Management (E/M) Services intraservice time is defined as:

- a. face-to-face
- b. unit/floor
- c. non-face-to-face
- d. both a and b

## 2011 CCS-P Coding Self Review

24. Which of the following has been identified by the Recovery Audit Contractors?

- a. Physician providers are incorrectly billing new patient services for reimbursement under Medicare Part B.
- b. Physician providers are incorrectly coding Chemotherapy Administration and Non-chemotherapy Injections and Infusions more than once per day without an appropriate modifier.
- c. Physicians are incorrectly billing E/M services provided by the surgeon the day before, the day of, and up to 90 days after major surgery, and 0–10 days after minor surgery.
- d. all of the above

25. Which of the following is/are reported with ICD-9-CM status V codes:

- a. the patient is a carrier of a disease
- b. the patient has the sequelae or residual of a past disease or condition
- c. the patient has another factor influencing a person's health status
- d. all of the above