

CERTIFIED CODING SPECIALIST-PHYSICIAN BASED

CCS-P

2017 Annual Self-Review

2017 CCS-P Coding Self-Review

1. A 55-year-old woman presents to her primary care provider's office for her annual physical. While in the office, the provider notes that her COPD is exacerbated and adjusts her medications. Select the correct code(s) and sequencing for this visit.
 - a. Z00.01, J44.1
 - b. Z00.00, J44.1
 - c. Z00.01
 - d. J44.1, Z00.01
2. Assign the correct code for periorbital cellulitis.
 - a. L03.211
 - b. H05.019
 - c. L03.818
 - d. L03.213
3. A 25-year-old female is being evaluated in her primary care provider's office due to a recent onset of coughing and dyspnea. She has always been healthy with no chronic respiratory conditions. Her provider has concluded that her symptoms are due to breathing in the second-hand smoke from her roommate's electronic cigarettes. What are the correct codes for this office visit?
 - a. R06.00, R05, Z77.29
 - b. R06.00, R05, Z77.22
 - c. R06.00, R05
 - d. R06.09, R05, Z77.29
4. This patient has COPD and is being seen for acute bronchitis due to rhinovirus. How is this coded?
 - a. J44.0
 - b. J44.0, J20.6
 - c. J20.6
 - d. J44.0, J20.9
5. What code is assigned for prediabetes?
 - a. R73.09
 - b. E11.9
 - c. R73.03
 - d. R13.9
6. How is metabolic encephalopathy due to diabetic hypoglycemia coded?
 - a. E11.649, G93.41
 - b. E16.2
 - c. G93.41
 - d. E11.641, G93.41
7. The patient's current diagnosis is stated as: arthritis of the left knee. How is this coded?
 - a. M17.12
 - b. M19.90
 - c. M17.10
 - d. M17.32
8. Assign the correct coding for laryngopharyngeal reflux disease.
 - a. J38.7
 - b. K21.9
 - c. J39.2
 - d. K21.0
9. Assign the CPT code(s) for transcatheter pulmonary valve implantation with angioplasty at the valve site under fluoroscopy.
 - a. 33477
 - b. 33477, 92997, 76000
 - c. 33477, 92997
 - d. 92990

2017 CCS-P Coding Self-Review

10. What condition(s) are applicable for the use of CPT codes 96920-96922?
- Rosacea
 - Acne
 - Psoriasis
 - All the above
11. Assign the correct CPT code(s) for a percutaneous mechanical thrombectomy with angiogram of the right middle cerebral artery using fluoroscopic guidance?
- 61645
 - 37184
 - 37187
 - 36222, 36228
12. Assign the correct CPT code(s) for a transcatheter stent placed percutaneously after an intravascular ultrasound evaluation of the mesenteric artery.
- 37220
 - 37236, 34841
 - 37238
 - 37236, 37252
13. Assign the correct CPT code(s) for the placement of the Neuro-Stim System™ Electro-Auricular Device™ for a patient with chronic neck pain.
- 64999
 - 64555
 - 69399
 - 92700
14. The removal of a transvenous electrode is attempted by transvenous extraction, but is unsuccessful and the patient experiences tachycardia during the procedure and consequently the physician decides to reverse the anesthesia before another attempt at extraction can be made. How is this reported?
- 33234-74
 - 33234
 - 33234-52
 - 33234-53
15. Assign the correct CPT code(s) for a patient whose single chamber defibrillator is replaced with a dual chamber implantable defibrillator. Once inserted, threshold testing is performed.
- 33241, 33249, 93640
 - 33249, 93640
 - 33249
 - 33241, 33249
16. The physician performed a two stage breast reconstruction that included nipple reconstruction on a patient after a double mastectomy. Once healed, the patient returns to the clinic for tattooing of the nipple and areola measuring 5 cm on the right breast and 4.9 cm on the left breast. How would this be reported?
- 11920-LT, 11920-RT
 - 11921
 - 11921, 11922
 - Would not be reported as it's inclusive of the nipple reconstruction

2017 CCS-P Coding Self-Review

17. According to the 2016 OIG Work Plan, what payer pays more than other insurers for certain high-volume and high-expenditure laboratory tests?
- Medicaid
 - Blue Cross
 - Medicare
 - United Healthcare
18. For CY 2016, CMS will continue paying for pass-through drugs and biologicals at ASP + ____, equivalent to the rate at which they would be paid in the physician office setting.
- 5%
 - 6%
 - 8%
 - 10%
19. For CY 2016, CMS will determine high cost status for each skin substitute product that meets the following criteria:
- Mean unit cost (MUC) threshold of \$25 per cm²
 - Per day cost (PDC) exceeding the PDC threshold of \$1,050
 - All the above
 - None of the above
20. OQR stands for:
- Hospital Outpatient Quality Review (OQR)
 - Hospital Outpatient Quality Reporting (OQR)
 - Hospital Outpatient Quality Requirements (OQR)
 - Hospital Office of Quality Reporting (OQR)
21. OIG's resolution of civil and administrative health care fraud cases includes litigation of program exclusions and civil monetary penalties (CMPs) and assessments.
- True
 - False
22. Which of the following does the OIG negotiate and monitor?
- Corporate integrity agreements (CIAs)
 - Advisory bulletins
 - Advisory opinion
 - All the above
23. New areas of the OIG's 2016 work plan are reviewing the effectiveness and efficiency of marketplace eligibility and enrollment systems include:
- Review of Affordable Care Act enrollment safeguards at additional State marketplaces
 - Rollup of state-based marketplace eligibility determination audits and CMS oversight
 - Inconsistencies in the federally facilitated marketplace applicant data
 - All the above
24. Which diagnosis will continue to warrant review under the 2016 OIG Work Plan?
- Kwashiorkor
 - Dehydration
 - Morbid obesity
 - Pneumonia
25. According to the CY 2016 OPPI rule, which code was removed from the inpatient only list for the calendar year 2016?
- 27477
 - 44206
 - 44207
 - 44213