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**QUESTION 1**

A patient has chronic cholesteatoma in the right middle ear. The otolaryngologist performed a tympanoplasty with a radical mastoidectomy, removing the middle ear cholesteatoma. Grafting technique was used to repair the eardrum without ossicular chain reconstruction.

What CPT?code is reported for this surgery?

A. 69645

B. 69641

C. 69642

D. 69643

Correct Answer: B

QUESTION 2

Patient has cervical spondylosis with myelopathy. The surgeon performed a bilateral posterior laminectomy with facetectomies at each level and foraminotomies performed between interspaces C5-C6 and C6-C7. Bilateral decompression of the nerve roots is achieved.

What CPT?coding is reported?

A. 63045, 63048

B. 63040-50, 63043, 63043

C. 63050-50

D. 63015

Correct Answer: A

QUESTION 3

View MR 099403

MR 099403

New Patient Office Visit

Patient presents for initial 1-week well-child visit. Had jaundice since birth but now is resolved. Mother does not have any current concerns, but wants to talk about blood-work. Baby has home health nurse x 1 visit to date. Baby eating well:

approximately 15 minutes each breast.

Having BM qd. Urination: Normal.



Patient accompanied by both parents and older sister; parents have no specific concerns.

Newborn screening is normal.

Diet: Breastfeeds q 2 to 3 hrs. Breastfeeding is going well overall. Patient is interested in nursing. Awakens to nursing regularly: left side 15 minutes, right side 15 minutes. Audible signs of milk transfer. Patient appears satisfied after

breastfeeding; is alternating breasts. Mother does not use feeding supplement. Patient experiencing 6 to 8 wet diapers per day. Stools appear yellow glow and seedy. No difficulties with constipation or diarrhea. Sleeps on back and side.

Wakes up to feed every 2 to 4 hours. Patient alert. Cries intermittently but is easily consoled. Infant able to lift head, turn head side to side and exhibit equal movements on extremities. Patient is able to startle to sound. Alert to voice.

Discussed feeding schedule and feeding tips with parents. Advised no bottle propping. Discussed bathing tips. Discussed: Noisy breathing, burping, cool mist humidifier use, hiccups and immunizations. Discussed bonding and use of pacifier.

Emphasized importance of proper usage of car seat. Also reminded importance of patient sleeping on back. Discussed animals in home and proper precautions.

Past Family Medical and Social History: Reviewed and updated.

Exam:

Weight: 7 lbs. 9 oz. Rectal Temp: 97.9. Height: 19 inches. Head Circ: 18.7

Healthy appearing infant. Well-nourished and alert. Weight: Within normal range for stated age. Mucus membranes: Moist and pink. Capillary refill: Brisk-less than two seconds. Respiratory pattern: Unremarkable. No grunting or nasal flaring.

Umbilical cord: Not present.

Head proportion: Normal. Head: Normocephalic and symmetrical. Palpation reveals smooth, symmetric skull.

Anterior fontanelle: Slightly concave and soft. Posterior fontanelle is present.

PERRLA: EOMI ENMT: External ears: Inspection reveals ears normal in size, position and alignment. Auditory canals are patent. Tympanic membranes: Normal landmarks. No fluid or erythema. Nares: Bilaterally are patent.

Nasal mucosa: No discharge. Palate: Normal in appearance. Rooting reflex: Present. Sucking reflex: Present.

Neck: Supple, no masses.

Resp: Lungs clear bilaterally.

CV: PMI is not displaced. Rhythm: Regular. No heart murmur. Pulses: Femorals 2+ bilaterally.

GI: Abdomen: Non-distended, nontender and soft. Umbilicus: Inverted and absent.

Bowel sounds: Normal and active. No palpable hepatosplenomegaly.

Anus/Perineum: Normal

Musculoskeletal:

Spine: Spinal contour: Normal. Gluteal fold: Normal. Upper Extremities: Normal to inspection and palpation.



Shoulders: Palpate smooth. Clavicles: Normal, stable.

Skin: No rash, lesions or petechiae. No jaundice.

Neurological: Babinski reflex: Present bilaterally. Moro reflex: Present.

Assessment: Routine infant child check: Patient doing well post-op with no obvious sign of jaundice.

What E/M code is reported?

A. 99381

B. 99203

C. 99213

D. 99391

Correct Answer: A

QUESTION 4

A 40-year-old patient has symptoms of dysphagia and reflux. The gastroenterologist introduces a rigid scope through the mouth to examine the esophagus, where he observes a stricture. He then introduces and performs 25 mm balloon dilation.

What CPT code is reported for this procedure?

A. 43450

B. 43220

C. 43195

D. 43249

Correct Answer: C

QUESTION 5

A patient presents with recurrent spontaneous episodes of dizziness of unclear etiology. Caloric vestibular testing is performed irrigating both ears with warm and cold water while evaluating the patient's eye movements. There is a total of three irrigations.

What CPT coding is reported?

A. 92537-52

B. 92537-50-52

C. 92538-50

D. 92537-50



Correct Answer: A

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