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**QUESTION 1**

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 2

A couple presents to the freestanding fertility clinic to start in vitro fertilization. Under radiologic guidance, an aspiration needle is inserted (by aid of a superimposed guiding-line) puncturing the ovary and preovulatory follicle and withdrawing fluid from the follicle containing the egg.

What is the correct CPT?code for this procedure?

A. 58976

B. 58974

C. 58999

D. 58970

Correct Answer: D

**QUESTION 3**

A patient suffers a ruptured infrarenal abdominal aortic aneurysm requiring emergent endovascular repair. An aorto-aortic tube endograft is positioned in the aorta and a balloon dilation is performed at the proximal and distal seal zones of the endograft. The balloon angioplasty is performed for endoleak treatment.

What CPT?code does the vascular surgeon use to report the procedure?

- A. 34702
- B. 34701
- C. 34707
- D. 34708

Correct Answer: A

QUESTION 4

An interventional radiologist performs an abdominal paracentesis in his office utilizing ultrasonic imaging guidance to remove excess fluid. What CPT?coding is reported?

- A. 49082, 76942
- B. 49083, 76942-26
- C. 49083
- D. 49082, 76942-26

Correct Answer: C

QUESTION 5

Which statement regarding lesion excision is TRUE?

- A. Lesion excision codes include removal of a lesion, with margins, and simple (nonlayered) closure when performed
- B. Lesion excision codes are selected by measuring the greatest clinical diameter of a lesion excluding the margins required to complete the excision
- C. Lesion excision codes include removal of a lesion, with margins, and intermediate closure when performed
- D. Lesion excision codes include removal of a lesion with margins, and complex closure when performed

Correct Answer: A

QUESTION 6



A 65-year-old gentleman presents for refill of medications and follow-up for his chronic conditions. The patient indicates good medicine compliance. No new symptoms or complaints.

Appropriate history and exam are obtained. Labs that were ordered from previous visit were reviewed and discussed with patient. The following are the diagnoses and treatment:

Hypokalemia - stable. Refill Potassium 20 MEQ

Hypertension - blood pressure remaining stable. Patient states home readings have been in line with goals. Refill prescription Lisinopril.

Esophageal Reflux - Patient denies any new symptoms. Stable condition. Continue taking over the counter Prevacid oral capsules, 1 every day.

Patient is instructed to follow up in 3 months. Labs will be obtained prior to visit.

What CPT?code is reported?

A. 99212

B. 99396

C. 99397

D. 99214

Correct Answer: C

QUESTION 7

A patient who has endometriosis is having a supracervical hysterectomy. Under general anesthesia, a 12 mm incision is made in the infraumbilical folds and the Veress needle is introduced into the abdominal cavity. The abdomen is inflated with carbon dioxide gas and a 12 mm scope is introduced into the abdomen and placement is confirmed. The uterus was dissected free from the bladder and surrounding tissues. Both ovaries and both fallopian tubes are removed. The abdominal cavity is deflated and instruments removed. The incision is closed in two layers. The uterus weighed 250 grams.

What procedure code is reported for this hysterectomy?

A. 58180

B. 58542

C. 58570

D. 58291

Correct Answer: C

QUESTION 8

A 44-year-old female patient with chest pains had a CT of her chest that identified a mass in her left lower lung. The patient currently has ovarian cancer with metastases to the liver. The radiologist suspects the cancer has spread to her



lungs. The physician performed an outpatient bronchoscopic biopsy and the pathology report documents the mass as a tumor of uncertain behavior.

What ICD-10-CM codes are reported for this patient?

- A. R91.8, C56.9, C78.7
- B. C56.9, C78.7, C78.02
- C. C78.02, C22.9, C79.82
- D. D38.1, C56.9, C78.7

Correct Answer: A

QUESTION 9

The surgeon performs Roux-en-Y anastomosis of the extrahepatic biliary duct to the gastrointestinal tract on a 45-year-old patient.

What CPT code is reported?

- A. 47785
- B. 47780
- C. 47740
- D. 47760

Correct Answer: B

QUESTION 10

A witness of a traffic accident called 911. An ambulance with emergency basic life support arrived at the scene of the accident. The injured party was stabilized and taken to the hospital. What HCPCS Level II coding is reported for the ambulance's service?

- A. A0426-QN-SH
- B. A0429-QN-SH
- C. A0427-QM-HS
- D. A0428-QM-HS

Correct Answer: B

QUESTION 11

An emergency department (ED) physician performs an immediate tracheostomy on a 1-year-old that has severe head



and neck trauma that is obstructing her breathing.

Which CPT?code is reported?

- A. 31603
- B. 31500
- C. 31601
- D. 31600

Correct Answer: D

QUESTION 12

A patient is diagnosed with sepsis and associated acute respiratory failure. What ICD-10-CM code selection is reported?

- A. A41.9, R65.20, J96.00
- B. A41.9
- C. A41.9, R65.21, J96.00
- D. A41.9, J96.00

Correct Answer: D

QUESTION 13

The documentation states:

He was then sterilely prepped and draped along the flank and abdomen in the usual sterile fashion. I first made a skin incision off the tip of the twelfth rib, extending medially along the banger\\'s lines of the skin. This was approximately 3.5 cm

in length. Once this incision was carried sharply, electrocautery was used to gain access through the external oblique, internal oblique, and transverse abdominis musculature and fascia.

What surgical approach was used for this procedure?

- A. Percutaneous
- B. Laparoscopic
- C. Cannot determine based on the documentation
- D. Open

Correct Answer: D

**QUESTION 14**

A diagnostic mammogram is performed on the left and right breasts. Computer-aided detection is also used to further analyze the image for possible lesions.

What CPT coding is reported for this radiology service?

A. 77065-LT, 77065-RT

B. 77066

C. 77067-50

D. 77066-50

Correct Answer: B

QUESTION 15

A 67-year-old male presents with DJD and spondylolisthesis at L4-L5. The patient is placed prone on the operating table and, after induction of general anesthesia, the lower back is sterilely prepped and draped. One incision was made over L1-L5. This was confirmed with a probe under fluoroscopy. Laminectomies are done at vertebral segments L4 and L5 with facetectomies to relieve pressure to the nerve roots. Allograft was packed in the gutters from L1-L5 for a posterior arthrodesis. Pedicle screws were placed at L2, L3, and L4. The construct was copiously irrigated and muscle, fascia and skin were closed in layers.

Select the procedure codes for this scenario.

A. 63005 x 2, 22612, 22614 x 3, 22842

B. 63042, 63043, 22808, 22841 x 3

C. 63047, 63048, 22612, 22614 x 3, 22842

D. 63017, 63048, 22612, 22808, 22842 x 3

Correct Answer: C

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