Answers to Chapter Review Exercises,
Appendix D

Chapter 1: Introduction to Clinical Coding

Chapter 1 Review

1. The American Medical Association (AMA) updates the CPT codes, and the Centers for Medicare and Medicaid Services (CMS) updates the HCPCS National Codes (Level II).

2. Four

3. ICD-9-CM and CPT/HCPCS

4. a. Diagnosis: ICD-9-CM
   Procedure: CPT/HCPCS
   b. Diagnosis: ICD-9-CM
   Procedure: CPT/HCPCS
   c. UB-04 (CMS-1450)

5. ICD-9-CM

6. Procedure code 11440 is linked with diagnosis code #1 (216.3). Procedure code 82951 is linked with diagnosis code #3 (790.29).

   Note: Depending on the carrier, you may link more than one reference number in block 24E, whereas some payers require just one. When reporting more than one code on a CMS-1500 claim, enter the code with the highest fee in line 1 of block 24 and the remaining in descending order of charges.

Chapter 2: Application of the CPT System

Exercise 2.1 Organization of CPT

1. Surgery
2. Evaluation and Management
3. Pathology and Laboratory
4. Category II codes
5. Medicine
6. Radiology
7. Anesthesia
8. Category III codes
9. Maternity Care and Delivery
10. Standby Services
11. Radiation Oncology
12. Surgical Pathology

Exercise 2.2 CPT Conventions
1. Repair blood vessel, direct; hand, finger
2. Two
3. Revised descriptor
4. Esophagoscopy, rigid or flexible, with insertion of plastic tube or stent
5. New descriptor
6. No
7. No
8. 13152, 13153
9. 40814
10. 31578, 31576

Exercise 2.3 Use of the Alphabetical Index
1. 23400 Green operation, see scapulopexy
2. 10021 Fine Needle Aspiration
3. 35556 Graft, see Bypass graft, Femoral Artery or Popliteal Artery
4. 49555 Hernia repair, femoral, recurrent
5. 26991 Incision and drainage, bursa, hip
6. 01680 Anesthesia, shoulder
7. 31525 Laryngoscopy, direct
8. 72149 MRI see magnetic resonance imaging, spine, lumbar
9. 11055 Paring, skin lesion, benign hyperkeratotic, single lesion
10. 86701 HIV-1, antibody
11. 41105 Biopsy, tongue
12. 43239 Esophagogastroduodenoscopies, see Endoscopy, gastrointestinal, upper, biopsy
13. 29881 Arthroscopy, surgical, knee
14. 95827 EEG, see Electroencephalography, sleep
15. 65220 Removal, foreign body, cornea, without slit lamp
16. 58356 Endometrial Ablation (this exercise is difficult find in the alphabetic index, but a good lesson on how locating correct entries in the index is not a perfect science). Endometrial ablation directs coder to 58363, which is endometrial ablation (thermal). Alert students to look at the code below 58363—58356.
17. 4008F Beta-blocker therapy, see Performance Measures, Therapeutic, preventive or other interventions, Beta-Blocker therapy
18. 0184T Excision, Tumor, Rectum, Transanal Endoscopic
19. 77082 DXA, see Dual X-ray Absorptiometry, vertebral fracture
20. 25112 Ganglion, Cyst, Wrist Excision

Exercise 2.4 CPT Coding Process
1. Colonoscopy and polypectomy
2. 45384–45385
3. How was the polyp removed (hot biopsy forceps, snare, and so on)?
4. “Was removed with hot biopsy forceps and retrieved”
5. 45384

Exercise 2.5 CPT Coding Process
1. Excision
2. Can be located under Excision, lesion, skin; or Lesion, skin, excision
   Selections: Benign 11400–11471
              Malignant 11600–11646
3. Pathologic diagnosis indicates that the lesion was malignant (11600–11646).
4. Documentation is needed to code malignant lesion, size of lesion + margins (or size of excision)
   (2.0 cm + 0.5 cm + 0.5 cm = 3.0 cm excision site) and site (arm).
5. 11603

Exercise 2.6 CPT Coding Process
1. Hernia repair
2. Index entries: Hernia repair, umbilicus; Repair, hernia, umbilical. Codes to review:
   49580–49587
3. Age of patient; incarcerated or strangulated hernia
   Using the abstracted documentation and process of elimination, the correct code would be 49585.
5. Wound closure would be an integral part of the procedure and would not be assigned a CPT code.

Exercise 2.7 Coding References
1. 45380
2. *CPT Assistant*, January 1996, page 7, instructs the coder to assign 45385. *CPT Assistant*, January 2004, states that if a small polyp is removed via cold knife biopsy, the appropriate code is 45380. This is a good example of the need to research the most current coding advice.
Exercise 2.8 Coding References

1. When a biopsy of a lesion is obtained and the remaining portion of the same lesion is then excised/fulgurated, only the code for the excision/fulguration should be used. When the biopsy is taken from a different lesion than the one excised, the biopsy code and an additional code for the removal of the separate lesion are reported. It would be appropriate to append modifier 59 to the code reported for the biopsy procedure.


Exercise 2.9 Coding References

1. No. Code 36479 would be reported only once. The code descriptor for code 36479 states, “second and subsequent veins treated in a single extremity, each through separate access sites,” indicating that the second, third, fourth, etc. vein(s) are represented in code 36479. No additional reporting occurs after the second vein is treated.

2. Reference: CPT Assistant, July 2012, pages 12-13 (Frequently Asked Questions)

Exercise 2.10 Chapter 2 Review

1. Bullet
2. 11100 and 11101
3. Category III
4. 42320
5. 40843
6. Removal of less than 80% of vulvar area, and there was removal of skin and deep subcutaneous tissue. (See the note before CPT code 56405.)
7. Method of removal
8. No. Versed is a type of conscious sedation. The symbol appears before code 43235; therefore, administration/monitoring of conscious sedation would be inherent in the procedure.
9. 76857, based on the definitions provided in the note before code 76830
10. 11730, 11732, 11732

Chapter 3: Modifiers

Exercise 3.1 Chapter 3 Review

1. 55
2. 77
3. 22
4. 62
5. 53
6. 64721–50 Carpal tunnel syndrome, decompression
7. 11730–FA Avulsion, nails
8. 11043–73 Debridement, muscle
9. 64611-52 Chemodenervation, salivary glands
10. 19102–LT Biopsy, breast
11. 28485–RT Fracture, metatarsal, open treatment

*Note:* –T9 is not applicable in this case because the procedure refers to the bones of the foot, not the toes.

**Chapter 4: Surgery**

**Exercise 4.1 Integumentary System - Debridement**

1. 11042 Debridement, skin, subcutaneous tissue
2. 11010 Debridement, skin, with open fracture
3. 11005 Debridement, skin, infected
   11008 Removal, mesh, abdominal wall

**Exercise 4.2 Integumentary System - Lesions**

1. 11421 Excision, skin, lesion, benign; or
   11402 Lesion, skin, excision, benign
2. 17110 Lesion, skin, destruction, benign
3. 11642 Excision, skin, lesion, malignant; or Lesion, skin, excision, malignant
   4. 11200 Skin, tags, removal
5. 11403 Lesion, skin, excision, benign
6. 11644 Lesion, skin, excision, malignant
   7. 11641 Lesion, skin, excision, malignant
   11640

**Exercise 4.3 Integumentary System**

1. 11442 Excision, skin, lesion, benign; or Lesion, skin, excision, benign

**Exercise 4.4 Integumentary System**

1. 11308 Lesion, skin, shaving

**Exercise 4.5 Integumentary System – Wound Repairs**

1. 12002 Wound, repair; or Repair, wound, simple
2. 12032 Wound, repair; or Repair, wound, intermediate
3. 12041 Wound, repair; or Repair, wound, intermediate
12002  Wound, repair; or Repair, wound, simple (sum of repairs)

Exercise 4.6 Integumentary System
1. 12001  Wound, repair; or Repair, wound, simple

Exercise 4.7 Integumentary System
1. 12032  Wound, repair; or Repair wound (simple and intermediate)
12005

Exercise 4.8 Integumentary System
1. 13121  Wound, repair (complex)
13122

Exercise 4.9 Integumentary System
1. 11603  Lesion, skin, excision, malignant
12031  Wound, repair (intermediate)

Exercise 4.10 Integumentary System – Skin Grafts
1. 14021  Skin Graft and Flap, tissue transfer
2. 15150  Skin Graft and Flap, tissue-cultured
  15151
3. 15220  Skin Graft and Flap, free skin graft, full thickness

Exercise 4.11 Integumentary System
1. 15120  Autograft, skin, epidermal
  11646  Excision, skin, lesion, malignant; or Lesion, skin, excision, malignant

Exercise 4.12 Integumentary System
1. 15100  Skin, grafts, free

Exercise 4.13 Integumentary System
1. 19000–LT  Breast, cyst, puncture aspiration

Exercise 4.14 Integumentary System
1. 19125–LT  Excision, breast, cyst; or Breast, excision, lesion by needle localization

Note: The hospital also would assign 19290 for placement of the wire. The surgeon would not assign this code because the radiologist performed the procedure. In addition, a radiology code would be submitted for both the facility and the radiologist. Radiology is introduced in chapter 5.

Exercise 4.15 Integumentary System
1. 19120–RT  Breast, excision, cyst; or Excision, breast, cyst

Note: The entire nodule was excised, not just a piece of tissue, which is implied with the term biopsy.
Exercise 4.16 Integumentary System Review Review
1. 16020 Burns, dressings
2. 14020 Skin Graft and Flap, tissue transfer

*Note:* Excision of lesion is included and should not be assigned an additional code.
3. 12032 Wound, repair, intermediate

*Note:* Anatomic modifiers (LT, RT) are not appropriate.
4. 19102–LT Breast, biopsy
   19295–LT Breast, metallic localization clip placement
5. 11606 Lesion, skin, excision, malignant
6. 11770 Pilonidal cyst, excision (Single-layer closure indicates “simple.”)
7. 11750–TA Nails, removal
8. 15781 Dermabrasion
9. 17273 Skin, destruction, malignant lesion
10. 11043 Debridement, skin, subcutaneous tissue

Exercise 4.17 Musculoskeletal System - Fractures
1. 25545–LT Fracture, ulna, shaft, open treatment
2. 21800 Fracture, rib, closed treatment
3. 23605–RT Fracture, humerus, closed with manipulation
4. 27532–RT Fracture, tibia, closed treatment (initial cast application included with treatment code)
5. 27562–RT Dislocation, patella, closed treatment
6. 27514–LT Fracture, femur, distal
7. 24516–RT Fracture, humerus, shaft

Exercise 4.18 Musculoskeletal System
1. 29515–RT Splint, leg, short

*Note:* E/M code 99283–25 is applicable in this case.

Exercise 4.19 Musculoskeletal System
1. 27788–LT Fracture, fibula, closed treatment; or Fracture, fibula, with manipulation
Exercise 4.20 Musculoskeletal System - Arthroscopy

1. 29875–LT Arthroscopy, surgical, knee
2. 29827–RT Arthroscopy, surgical, shoulder
3. 29846–LT Arthroscopy, surgical, wrist
4. 29837–LT Arthroscopy, surgical, elbow

Exercise 4.21 Musculoskeletal System

1. 29882–RT Arthroscopy, surgical, knee

Exercise 4.22 Musculoskeletal System Review

1. 28475–LT Fracture, metatarsal, closed
2. 28285–T1 Hammertoe repair
3. 27766–RT Fracture, ankle, medial
4. 20101 Wound, exploration, penetrating, chest
5. 23030 Hematoma, shoulder, drainage
6. 24343–RT Ligament, repair, elbow
7. 28740–LT Arthrodesis, tarsal joint
8. 29844–RT Arthroscopy, surgical, wrist
9. 28108–T2 Excision, cyst, phalanges, toe
10. 27372–RT Removal, foreign body, knee joint

Exercise 4.23 Respiratory System - Endoscopy

1. 31255–50 Ethmoidectomy, endoscopic
2. 31238–LT Endoscopy, nose, surgical; or Nose, endoscopy, surgical
3. 31233–50 Sinusoscopy, sinus, maxillary

Exercise 4.24 Respiratory System

1. 30520 Septoplasty
2. 31267–50 Endoscopy, nose, surgical
3. 30140–50 Turbinate, excision

Exercise 4.25 Respiratory System - Laryngoscopy

1. 31540 Laryngoscopy, direct
2. 31577 Laryngoscopy, fiberoptic
3. 31510 Laryngoscopy, indirect
4. 31541 Laryngoscopy, direct

Exercise 4.26 Respiratory System
1. 31536 Laryngoscopy, direct

Exercise 4.27 Respiratory System - Bronchoscopy
1. 31628 Bronchoscopy, biopsy
2. 31641 Bronchoscopy, removal, tumor
3. 31625 Bronchoscopy, biopsy
   31623 Bronchoscopy, brushing

Exercise 4.28 Respiratory System
1. 31623 Bronchoscopy, brushing

Exercise 4.29 Respiratory System Review
1. 32666 Thoracoscopy, surgical with wedge resection of lung
2. 30110 Polyp, nose, excision, simple
3. 31625 Bronchoscopy, biopsy
4. 30300 Removal, foreign body, nose
5. 31237 Endoscopy, nose, surgical
6. 30903–50 Epistaxis
7. 31540 Laryngoscopy, direct
8. 32556 Puncture, pleural cavity, drainage
9. 31576 Laryngoscopy, fiberoptic
10. 30130 Excision, turbinate

Exercise 4.30 Cardiovascular System
1. 33207 Pacemaker, heart, insertion; or Insertion, pacemaker, heart

Exercise 4.31 Cardiovascular System
1. 36590 Removal, venous access device

Exercise 4.32 Cardiovascular System
1. 36556 Insertion, venous access device, central

Exercise 4.33 Cardiovascular System
Review
1. 33222 Pacemaker, heart, revise pocket, chest
2. 36833 Arteriovenous Fistula, Revision, with thrombectomy
3. 33824 Ductus Arteriosus, repair
4. 36215 Catheterization, brachiocephalic artery
5. 36582 Venous Access Device, replacement
6. 36870 Arteriovenous Fistula, thrombectomy, graft; or Thrombectomy, arteriovenous fistula, graft
7. 37224 Angioplasty, Femoral artery, intraoperative
8. 33464 Valvuoplasty, tricuspid valve
9. 33217 Insertion, pacing cardio-defibrillator, leads
10. 37722–50 Vein, stripping, saphenous

Exercise 4.34 Digestive System - Endoscopy
   1. 43202 Endoscopy, esophagus, biopsy
   2. 43217 Endoscopy, esophagus, removal, polyp

   **Note:** Modifier 59 would apply.
   2. 45305 Proctosigmoidoscopy, biopsy
   3. 43258 Endoscopy, gastrointestinal, upper, destruction of lesion
   4. 45380 Endoscopy, colon, biopsy
   5. 43264 Bile Duct, endoscopy, removal, calculi

Exercise 4.35 Digestive System
   1. 43247 Endoscopy, gastrointestinal, upper, foreign body

Exercise 4.36 Digestive System
   1. 45384 Colonoscopy, removal, polyp; or Endoscopy, colon, removal, polyp

Exercise 4.37 Digestive System
   1. 45330 Sigmoidoscopy, exploration

Exercise 4.38 Digestive System – Hernia Repairs
   1. 49500 Hernia, repair, inguinal
   2. 49561–RT Hernia, repair, incisional, incarcerated
   3. 49651 Laparoscopy, hernia repair, inguinal, recurrent
   4. 49521 Hernia, repair, inguinal, incarcerated
   5. 49585 Hernia, repair, umbilicus, reducible
   6. 49656 Hernia, repair, incisional, laparoscopic

Exercise 4.39 Digestive System
1. 49505–LT  Hernia, repair, inguinal

Note: Mesh code is only coded with incisional and ventral hernia repairs.

Exercise 4.40 Digestive System Review
1. 46930  Hemorrhoids, destruction
2. 43644  Laparoscopy, gastric restrictive procedures
3. 43245  Endoscopy, gastrointestinal, upper, dilation
4. 42200  Palatoplasty
5. 45383  Colonoscopy, destruction, lesion
6. 47564  Laparoscopy, cholecystectomy
7. 49521  Hernia Repair, inguinal, recurrent, incarcerated
8. 49322  Laparoscopy, aspiration
9. 46610  Anoscopy, removal, polyp
10. 42809  Removal, foreign body, pharynx

Exercise 4.41 Urinary System - Cystoscopy
1. 52332  Cystourethroscopy, insertion, indwelling ureteral stent
2. 52234  Cystourethroscopy, with fulguration, tumor
3. 52353  Cystourethroscopy, lithotripsy
4. 52282  Cystourethroscopy, insertion, urethral stent

Exercise 4.42 Urinary System
1. 52352  Cystourethroscopy, removal, calculus
      52332–51–RT  Insertion, stent, ureteral

Note: Because the stent was inserted at the conclusion of the procedure, one can presume it is an indwelling ureteral stent.

Exercise 4.43 Urinary System
1. 52234  Cystourethroscopy, with fulguration, tumor

Exercise 4.44 Urinary System Review
1. 51992  Sling Operation, stress incontinence
2. 53260  Excision, polyp, urethra
3. 52235  Cystourethroscopy, with fulguration, tumor
4. 51525  Cystotomy, excision, bladder diverticulum
5. 50200  Kidney, biopsy
6. 52351  Cystourethroscopy
7. 52290  Cystourethroscopy, with ureteral meatotomy (bilateral modifier not appropriate because code description specifies “unilateral” or “bilateral”)
8. 51785  Electromyography, sphincter muscles, urethral, needle
9. 51701  Insertion, catheter, urethral
10. 50920  Fistula, ureter

Exercise 4.45 Male Genital System
1. 54057  Lesion, penis, destruction, laser surgery
2. 10060  Incision and drainage, abscess, skin
3. 55845  Prostatectomy, retropubic, radical
4. 54861  Epididymectomy, bilateral
5. 54150  Circumcision, surgical excision, newborn

Exercise 4.46 Male Genital System
1. 55875  Prostate, brachytherapy, needle insertion

Exercise 4.47 Male Genital System
1. 54520–LT  Orchiectomy, simple

Exercise 4.48 Male Genital System Review
1. 54840  Spermatocele, excision
2. 54415  Penile Prosthesis, removal, inflatable
3. 54690  Orchitectomy, laparoscopic
4. 54322  Hypospadias, one stage, meatal advancement
5. 54865  Epididymis, exploration, biopsy
6. 55100  Scrotum, abscess, incision and drainage
7. 54240  Penis, plethysmography
8. 54060  Penis, lesion, destruction, surgical excision
9. 54640–50  Orchiopexy, inguinal approach
10. 55866  Laparoscopy, prostatectomy

Exercise 4.49 Female Genital System
1. 58670  Laparoscopy, oviduct surgery
2. 58120  Dilation and curettage, corpus uteri
3. 59812  Abortion, incomplete
4. 49322  Laparoscopy, aspiration
5. 58545  Laparoscopy, removal, leiomyomata
6. 58262  Hysterectomy, vaginal, removal tubes/ovaries

Exercise 4.50 Female Genital System
1.  57461  LEEP Procedure

Exercise 4.51 Female Genital System
1.  58558  Hysteroscopy, surgical with biopsy

Exercise 4.52 Female Genital System Review
1.  57455  Colposcopy, biopsy (range of codes)
2.  56620  Vulvectomy, simple, partial (use definitions at beginning of section)
3.  58662  Laparoscopy, destruction, lesion
4.  58150  Hysterectomy, abdominal, total
5.  57023  Incision and Drainage, hematoma, vagina
6.  56605  Biopsy, vulva (external genitalia)
   57105  Biopsy, vagina
7.  58554  Hysterectomy, vaginal
8.  58561  Hysteroscopy, removal, leiomyomata
9.  58290  Hysterectomy, vaginal
10.  58356  Ablation, endometrium, ultrasound guidance

Exercise 4.53 Endocrine System Review
1.  60280  Thyroglossal Duct, cyst, excision
2.  60650  Laparoscopy, adrenal gland, excision

Note: There are several misleading index entries for this example. Adrenalectomy, laparoscopic, leads to 50545. Same is true for Laparoscopy, adrenalectomy.
3.  60260–50  Thyroid Gland, excision, total, removal of all thyroid tissue
4.  60300  Thyroid gland, cyst, aspiration
5.  60500  Parathyroid Gland, excision

Exercise 4.54 Nervous System
1.  64445  Injection, nerve, anesthetic
2.  64702–F8  Neuroplasty, digital nerve
   69990  Operating microscope
3.  62281  Epidural, injection
4.  64831–F5  Neurorrhaphy
   64832–F8
Exercise 4.55 Nervous System
1. 63075 Discectomy

Exercise 4.56 Nervous System Review
1. 62220 Creation, shunt, ventriculo
2. 64712 Neuroplasty, peripheral nerve
3. 64782 Excision, neuroma
4. 64840 Suture, nerve
5. 63272 Laminectomy
6. 62311 Epidural, injection
7. 63688 Neurostimulators, removal, pulse generator
8. 63706 Myelomeningocele, repair
9. 64408 Nerves, injection, anesthetic
10. 61312 Craniotomy, surgery

Exercise 4.57 Eye and Ocular Adnexa
1. 66984–LT Phacoemulsification, removal, extracapsular cataract

Exercise 4.58 Eye and Ocular Adnexa Review
1. 65222 Removal, foreign body, cornea with slit lamp
2. 67810–E1 Biopsy, eyelid
3. 68110 Lesion, conjunctiva, excision
4. 67800–E3 Chalazion, excision, single
5. 67311 Strabismus, repair, one horizontal muscle
6. 67700–E3 Eyelid, abscess, incision and drainage
7. 67906–E1 Blepharoptosis, repair, superior rectus technique with fascial sling
8. 67961 Eyelid, repair, excisional
9. 67914 Ectropion, repair, suture
10. 67413–RT Orbitotomy, with removal of foreign body

Exercise 4.59 Auditory System
1. 69436–50 Tympanostomy (–50 for bilateral)

Exercise 4.60 Auditory System Review
1. 69910 Labyrinthectomy with mastoidectomy
2. 69205–LT Removal, foreign body, auditory canal, external, with anesthesia
3. 69636 Tympanoplasty, with mastoidotomy, with ossicular chain reconstruction
4. 69005–LT  Abscess, ear, external, complicated (would expect to see documentation to explain why the procedure took an extensive amount of time)
5. 69401  Eustachian Tube, inflation, without catheterization

Exercise 4.61 Chapter 4 Review: Coding for Facility
1. 42305  Incision and drainage, abscess, parotid gland
2. 69436–50  Tympanostomy
3. 57455  Colposcopy, biopsy
4. 52234  Cystourethroscopy, with fulguration, tumor
5. 19101–LT  Biopsy, breast
6. 12051  Repair, wound, intermediate
7. 26750–F5  Fracture, phalanges, closed treatment, distal
8. 31536  Laryngoscopy, direct
9. 36569  Catheter, venous, central line
10. 45333  Sigmoidoscopy, removal, polyp
11. 49507–50  Hernia repair, inguinal, incarcerated
12. 29834–LT  Arthroscopy, surgical, elbow
13. 26010–FA  Finger, abscess, incision and drainage
26010–F1
14. 63266  Laminectomy
15. 69666  Fistula, oval window
16. 28261  Capsulotomy, foot
17. 54060  Lesion, penis, surgical excision
18. 11305  Lesion, skin, shaving
19. 59000  Amniocentesis
20. 58558  Polypectomy, uterus

Exercise 4.62 Chapter 4 Review: Coding for Physician Services
1. 61520–62 (physician #1)  Cerebellopontine angle tumor, see brain, tumor, excision
   61520–62 (physician # 2)
2. 59840  Abortion, induced by dilation & curettage
3. 29821–RT  Arthroscopy, surgical, shoulder
4. 33208–54  Pacemaker, heart, insertion (modifier for surgical care only)
5. 43268  ERCP, see Pancreatic duct, endoscopy, tube placement
6. 58661–22  Laparoscopy, removal, fallopian tube
7. 68811–50  Nasolacrimal duct, exploration, with anesthesia
Note: Bilateral modifier applies because the code describes one duct.

8. 31267–50  Endoscopy, nose, surgical
9. 44151  Colectomy, total, open, with ileostomy
10. 27786–79  Fracture, fibula, closed treatment
11. 15783  Dermabrasion

Chapter 5: Radiology

Exercise 5.1 Diagnostic Radiology
1. 74182  MRI, see Magnetic resonance imaging, abdomen
2. 72131  CT scan without contrast, spine, lumbar
3. 72170  X-ray, pelvis
4. 74241  X-ray, gastrointestinal
5. 74430  Cystography
6. 74261  CT scan, without contrast, colon, colonography
7. 74177  CT scan, with contrast, abdomen (Note: The note under code 74170 directs the coder to assign a code for a combined CT of abdomen and pelvis)

Exercise 5.2 Diagnostic Ultrasound
1. 76831  Hysterosonography, see Ultrasound; Sonohysterography
2. 76815  Ultrasound, pregnant uterus
3. 76645  Ultrasound, breasts
4. 76800  Ultrasound, spine
5. 76770  Ultrasound, kidney

Exercise 5.3 Chapter 5 Review
1. 73090–26  X-ray, arm, lower
   Note: Modifier 26 is reported to identify the professional component of the procedure which includes supervising the procedure, reading and interpreting the results, and documenting the interpretation in a report.
2. 72142–26  MRI, see magnetic resonance imaging, spine, cervical
3. 74430  Cystography
   Note: Modifier 26 was not appended to the code because the description includes supervision and interpretation.
4. 78451  Myocardial, Perfusion imaging
5. 77057  Mammography, screening
6. 74178  CT Scan, without and with Contrast, Abdomen
7. 70460–TC  CT scan, with contrast, head
   Note: In this case, the radiology facility would report modifier TC to identify the technical
   component of the procedure, which includes performance of the actual procedure and expenses for
   supplies and equipment.

8. 76817  Ultrasound, pregnant uterus
9. 76942  Ultrasound, guidance, needle biopsy
10. 78306  Bone, nuclear medicine, imaging
11. 74270  Barium enema
12. 78205  SPECT, liver
13. 77404  Radiation therapy, treatment delivery, single area
14. 78707  Scan, see Specific site, nuclear medicine, Kidney, Nuclear medicine, imaging
15. 71020  X-ray, chest
16. 77761  Radioelement, application
17. 72240  Myelography, spine, cervical
18. 76775  Ultrasound, retroperitoneal
19. 73540  X-ray, hip
20. 78262  Reflux study
21. 76775  Ultrasound, kidney (Code 76775, limited, is for a single organ.) (See CPT Assistant,
         May 1999.)
22. 73500–LT  X-ray, hip
    72170  X-ray, pelvis (1 to 2 views)
23. 71020  X-ray, chest
24. 74247  X-ray, gastrointestinal
25. 70450  CT scan, without contrast, head

Chapter 6: Pathology and Laboratory Services

Exercise 6.1 Chapter 6 Review
1. 88305  Pathology, gross and micro exam
2. 83880  Natriuretic peptide
3. 80402  ACTH, see adrenocorticotropic hormone, stimulation panel
4. 81003  Urinalysis, automated
5. 85055  Platelet assay
6. 88309  Pathology, surgical, gross and micro exam
7. 86485  Candida skin test
8. 86689  Antibody, HTLV-1
9. 80061 Organ- or disease-oriented panel, lipid panel
   80051 Organ- or disease-oriented panel, electrolyte
10. 80198 Drug assay, theophylline
11. 82803 Blood gases—pO₂, pCO₂
12. 86706 Hepatitis antibody, B surface
13. 85730 Thromboplastin, partial time
   85610 Prothrombin time
14. 88027 Autopsy, gross and micro examination
15. 88331 Pathology, surgical, consultation, intraoperative

Chapter 7: Evaluation and Management Services

Exercise 7.1 Evaluation and Management (History)
1. HPI is brief (location, quality, and duration). Review of system(s) is problem specific. No PFSH documented. The history component of this visit would be expanded problem focused (brief HPI, problem-specific ROS, and expanded problem-focused PFSH including past, family, and social history). The history component is equal to the lowest category documented.
2. HPI is brief (location, severity, and duration). Review of system(s) is extended (two to nine systems), and PFSH is pertinent (medications). The history is determined by the lowest level from all three categories; therefore, the history level would be expanded problem focused.
3. HPI is extended (location, severity, duration, and context). Review of systems is extended (two to nine systems). The PFSH is complete (two history areas documented). The history level is detailed; all three categories met this level.

Exercise 7.2 Evaluation and Management (Physical Examination)
1. Comprehensive examination: eight body systems were reviewed.
2. Expanded problem-focused examination: two systems reviewed (constitutional and integumentary)
3. Detailed examination. Note that the criteria for expanded problem focused and the detailed category are the same except in the level of specificity in the examination. Decisions on the level of specificity can be somewhat subjective.

Exercise 7.3 Evaluation and Management (Medical Decision Making)
1. Moderate complexity
<table>
<thead>
<tr>
<th>Category</th>
<th>Documentation</th>
<th>Tabulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Diagnosis or Treatment Options</td>
<td>New problem; no additional workup planned</td>
<td>3 points = multiple (moderate complexity)</td>
</tr>
<tr>
<td>Amount and/or Complexity of Data Reviewed</td>
<td>Review and order clinical laboratory tests (1 point)</td>
<td>2 points = limited (low complexity)</td>
</tr>
<tr>
<td>Level of Risk</td>
<td>Undiagnosed new problem with uncertain prognosis (presenting problem)</td>
<td>Moderate complexity</td>
</tr>
<tr>
<td></td>
<td>Documentation of prescription drug management (management options)</td>
<td></td>
</tr>
<tr>
<td>Final Tabulation</td>
<td>Note that medical decision making is determined by the highest two of three</td>
<td>Moderate complexity</td>
</tr>
</tbody>
</table>

2. Low complexity

<table>
<thead>
<tr>
<th>Category</th>
<th>Documentation</th>
<th>Tabulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Diagnosis or Treatment Options</td>
<td>Established problem; worsening</td>
<td>2 points = limited</td>
</tr>
<tr>
<td>Amount and/or Complexity of Data Reviewed</td>
<td>No data to be reviewed; no tests ordered</td>
<td>0 = minimal/low complexity</td>
</tr>
<tr>
<td>Risk Factors</td>
<td>Prescription drug management</td>
<td>Moderate complexity</td>
</tr>
<tr>
<td>Final Tabulation</td>
<td>One from each category—choose the middle</td>
<td>Low complexity</td>
</tr>
</tbody>
</table>

3. Straightforward

<table>
<thead>
<tr>
<th>Category</th>
<th>Documentation</th>
<th>Tabulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Diagnosis or Treatment Options</td>
<td>Self-limited or minor</td>
<td>1 point = minimal</td>
</tr>
<tr>
<td>Amount and/or Complexity of Data Reviewed</td>
<td>No data</td>
<td>Minimal/low complexity</td>
</tr>
<tr>
<td>Risk Factors</td>
<td>Acute uncomplicated injury (presenting problem) and over-the-counter medication (management options)</td>
<td>Low complexity</td>
</tr>
<tr>
<td>Final Tabulation</td>
<td>Two out of three from straightforward category</td>
<td>Straightforward</td>
</tr>
</tbody>
</table>

Exercise 7.4 Evaluation and Management Case Study

Established Patient History
1. Review the code descriptions for 99211–99215. Need two out of the three key components. The case study revealed a detailed history and comprehensive examination, and the medical decision making was of moderate complexity. The correct E/M code selection is 99214.

Exercise 7.5 Evaluation and Management

1. True
2. False
3. False
4. False
5. False
6. Extended—Four elements: yesterday (duration); getting ready to go to church (context); vomited bile (quality); deafness at the start (associated signs/symptoms)
7. Expanded problem focused—Systems reviewed: respiratory, integumentary, ENT (ears, nose, throat), cardiovascular, gastrointestinal. Expanded problem focused (two to nine systems)
8. Pertinent—One area (past history)

Exercise 7.6 Chapter 7 Review

1. 99211
2. 99203
3. 99245
4. 99202
5. 99291
6. 99281
7.  99396
8.  99213
9.  99235
10. 99212
11. 99203

Chapter 8: Medicine

Exercise 8.1 Immunizations
1. 90460 Immunization administration, one vaccine/toxoid, with counseling
   90461 x 3 (each additional vaccine/toxoid component)
   90710 Vaccines, Measles, Mumps, Rubella and Varicella
2. 90471 Immunization administration, one vaccine/toxoid
   90703 Vaccines, tetanus toxoid
3. 90471 Immunization administration, one vaccine/toxoid
   90472 (add-on code) Immunization administration, each additional vaccine/toxoid
   90632 Vaccines, hepatitis A
   90658 Vaccines, influenza
4. 90470 Immunization administration, one vaccine/toxoid
   90650 Vaccine, Human Papilloma Virus
5. 90471 Immunization administration
   90472 each additional vaccine
   90748 Vaccines, hepatitis B and Haemophilus influenzae B

Exercise 8.2 Psychiatry
1. 90885 Psychiatric diagnosis, evaluation of records or reports
2. 90847 Psychotherapy, family
3. 90834 Psychotherapy, Individual Patient/Family Member

Exercise 8.3 Dialysis
1. 90962 Dialysis, end-stage renal disease
2. 90945 Dialysis, peritoneal
3. 90969 Dialysis, end-stage renal disease
   90969 (per day)

Exercise 8.4 Ophthalmology
1. 92018 Gonioscopy (See note under code 92020)
2. 92004 Ophthalmology, Diagnostic, Eye Exam, New patient

Exercise 8.5 Cardiovascular Services
1. 93025 Electrocardiography, Rhythm, Microvolt T-wave Alternans
2. 93452 Cardiac Catheterization, Left Heart, with Ventriculography
3. 92977 Thrombolysis, coronary vessels
4. 93015 Stress Tests, cardiovascular
5. 92924–LC Artery, coronary, atherectomy
6. 92920–LD Percutaneous Transluminal Angioplasty, artery, coronary
7. 93293 Telephone, Pacemaker Analysis

Exercise 8.6 Pulmonary Services
1. 94060 Spirometry, see Pulmonology, diagnostic, spirometry, evaluation
2. 94660 CPAP, see Continuous Positive Airway Pressure
3. 94450 Hypoxia, breathing response

Exercise 8.7 Allergy and Clinical Immunology
1. 95010 Allergy Tests, skin tests, venoms
2. 95120 Allergen Immunotherapy, allergen, prescription/supply/injection

Exercise 8.8 Injections and Infusions
1. 96372 Injection, intramuscular, therapeutic (Also, J3420 would be assigned for specific substance- B12.)
2. 96360 Infusion, Intravenous, Hydration
3. 96413 Chemotherapy, intravenous
   96415 (add-on code)
   **Note:** J code for Cisplatin would also be assigned.
4. 96420 Chemotherapy, intra-arterial

Exercise 8.9 Physical Medicine and Rehabilitation
1. 97032 x 2 TENS, see Physical Medicine, modalities, electric stimulation, attended, manual
2. 97113 x 2 Physical Medicine, aquatic therapy
3. 97006 Physical Medicine, athletic training, re-evaluation
4. 97602 Wound debridement, nonselective

Exercise 8.10 Chapter 8 Review
1. 90966 Dialysis, end-stage renal disease
2. 90471 Immunization administration, one vaccine/toxoid
   90719 Vaccines, Diphtheria Toxoid
3. 93010 EKG, see electrocardiography, evaluation
4. 96413 Chemotherapy, intravenous
   96415 x2
5. 93600 Electrophysiology Procedure
6. 92556 Audiology, speech
7. 96372 Injection, intramuscular
   99070 supply, materials
   Note: If this were a Medicare patient, the J code to identify the substance (steroid) would be reported
8. 90832 Psychotherapy, Individual Patient/Family Member
   Note: CPT provides guidance to choose the code closest to the actual time.
9. 92920 Atherectomy, coronary, see Artery, coronary, atherectomy
    92921 (additional branch)
10. 92014–25 Ophthalmology, diagnostic, eye exam, established patient
    92283 Ophthalmology, diagnostic, color vision exam
11. 92920-RC Percutaneous Transluminal Angioplasty, artery, coronary
    92973 Thrombectomy, percutaneous, coronary artery
    92928-LC Coronary Artery, insertion, stent
12. 97761 x 3 Prosthesis training
13. 99050 Special services, after-hours medical services
    Note: An E/M code would also be assigned in addition to this service.
14. 93925 Duplex scan, arterial studies, lower extremity
15. 95863 EMG, see electromyography, needle, extremities
16. 96920 Psoriasis Treatment
17. 98926 Manipulation, osteopathic
18. 99605 Medication Therapy Management
    99607 (additional 15 minutes)
19. 99502 Home Services, newborn care
20. 94640 Inhalation Treatment, Pressurized or Nonpressurized
21. 95807 Sleep Study

Chapter 9: Anesthesia

Exercise 9.1 Chapter 9 Review
1. 00406–P2 Anesthesia, breast
2. 01730–P1 Anesthesia, arm, upper
   99100
3. 00567–P4 Anesthesia, heart, coronary artery bypass grafting
4. 00540–P3 Anesthesia, lungs
5. 00350–P1  Anesthesia, neck
6. 00862–P2  Anesthesia, nephrectomy
7. 00580–P5  Anesthesia, Heart, transplant
   99100
   99140
8. 00350–P3  Anesthesia, neck
   99100
9. 00944–P1  Anesthesia, Hysterectomy, Vaginal
10. 00103–P1  Anesthesia, Eyelid

Chapter 10: HCPCS Level II

Exercise 10.1 HCPCS Level II Codes
1. A4611  Battery, heavy duty; ventilator
2. H1010  Education, family planning, nonmedical
3. J8520  Capecitabine, oral, 150 mg
4. M0076  Prolotherapy
5. Q0113  Pinworm Examination

Exercise 10.2 Chapter 10 Review
1. E0196  Mattress, gel pressure
2. A4550  Surgical, tray
3. J3420  Vitamin, B₁₂
4. A4490  Surgical, stocking
5. J1710  Hydrocortisone-sodium phosphate
6. 51702  Insertion, catheter, urethra
   A4355  Tubing set, Indwelling Foley catheter, each
7. 29540  Strapping, ankle
   E0112  Crutches
8. 12011  Wound, repair, simple
   Note: CMS instructs coders not to assign a modifier: “Do not use a modifier to indicate an anatomical site location on body (modifier 50 or Level II modifiers) if the narrative definition of a code indicates multiple occurrences.”
9. 11730–TA  Avulsion, nails
   11732–T1
10. 26055–F8  Trigger finger repair
Chapter 11: Reimbursement in the Ambulatory Setting and Optional ICD-10-CM Coding Exercise

1. Incorrect. Because all repairs were of the same type (simple) and same site classification, the lacerations may be added together. The correct CPT code is 12014. Note that the use of modifiers is not appropriate with these codes.

   ICD-10-CM Codes:  
   S01.81xA (Laceration, forehead)  
   S01.112A (Laceration, left eyelid)  
   S01.111A (Laceration, right eyelid)  

   (an addition external cause code would also be assigned to the specific nature of the injury)

2. Incorrect. The CPT codebook provides codes 11200–11201 to report any type of removal of skin tags. The correct code is 11200.

   ICD-10-CM Code:  
   L91.8 (Tag, skin)

3. Incorrect. A diagnostic colonoscopy is included in a surgical colonoscopy; only the code for the surgical colonoscopy is assigned (45385).

   ICD-10-CM Code:  
   D12.0 (Polyp, cecum)

4. Incorrect. Code 52214 is in the urethra and bladder section and does not correctly identify the procedure. The correct code is 52354.

   ICD-10-CM Code:  
   N28.89 (Polyp, ureter)

5. Incorrect. Code 58720 is identified as a separate procedure and thus should not be used with 58150.

   ICD-10-CM Code:  
   D25.0 (Leiomyoma, uterus, submucous)

   Note: Answers to exercises 6-10 are only in the Instructor’s Guide.

6. Incorrect. Code 80076 is an incorrect code. The test to measure alanine aminotransferase (ALT) (SGPT) was not performed. Total protein was not performed. The correct answer is 82040, 82247, 82248, 84075, 84450.

   ICD-10-CM Code:  
   R17 (Jaundice)

7. Incorrect. The D&C is included in the hysteroscopy code and does not warrant the additional code of 58120. NCCI lists 58558 as a comprehensive code and 58120 as a component.

   ICD-10-CM Code:  
   N93.8 (Hemorrhage, uterus, dysfunctional)

8. Correct.
ICD-9-CM Code: N63 (Mass, breast)

9. Incorrect. The lesion was incorrectly coded as benign. CPT code 11642 is the correct code.

ICD-10-CM Code: C44.319 (Carcinoma, basal cell—see Neoplasm, skin, chin, malignant, primary).
There is a “see also” note for Neoplasm, skin, face and basal cell is indented under this entry. This code is
difficult to find in the index, the final decision should be from the tabular list.

10. Incorrect. CPT code 31622 is a separate procedure code and should not be used with 31623. The only
code needed is 31623.

ICD-10-CM Code: J20.9 (Bronchitis, acute)