SECTION II Answer Keys to Textbook Chapter Exercises and Reviews

CHAPTER 1 Health Insurance Specialist Career

ANSWERS TO REVIEW

1. b  9. c
2. b  10. a
3. b  11. a
4. b  12. a
5. a  13. b
6. c  14. a
7. c  15. b
8. c

CHAPTER 2 Introduction to Health Insurance

ANSWERS TO REVIEW

1. c  9. a  17. b
2. b  10. a  18. c
3. a  11. b  19. d
4. c  12. b  20. b
5. d  13. a
6. a  14. b
7. c  15. d
8. b  16. a

CHAPTER 3 Managed Health Care

ANSWERS TO REVIEW
CHAPTER 4  Development of an Insurance Claim

ANSWERS TO REVIEW

1. b  14. b
2. d  15. a
3. d  16. b
4. a  17. a
5. a  18. c
6. b  19. a
7. d  20. a
8. b  21. d
9. b  22. d
10. c  23. b
11. c  24. d
12. d  25. b
13. a

CHAPTER 5  Legal and Regulatory Issues

ANSWERS TO REVIEW

1. d   6. b
2. c   7. a
3. a   8. b
4. c   9. c
5. a   10. b

CHAPTER 6  ICD-9-CM Coding

ANSWERS TO ICD-9-CM CODING EXERCISES

(The underlined word is the condition found in the Index to Diseases.)

EXERCISE 6-1  Finding the Condition in the Index to Diseases

1. Bronchiole spasm  519.11
2. Congenital candidiasis (age 3)  771.7

NOTE: Code 771.7 is assigned during the first 28 days of the patient’s life, and code 112.9 is assigned if the patient is older than 28 days. (This exercise does not indicate the patient’s age. Therefore, either code is acceptable. In practice, review the medical record to determine the patient’s age to assign the correct code.)

3. Irritable bladder  596.89
4. Earthquake injury  E909.0
(No site mentioned. See Injury in Index to External Causes)

5. Exposure to AIDS  V01.79
6. Ground itch  126.9
7. Nun’s knees  727.2
8. Mice in right knee joint  717.6
9. Contact dermatitis  692.9
10. Ascending neuritis 355.2

EXERCISE 6-2 Working with Coding Conventions (Index to Diseases)

1. Acute purulent sinusitis 461.9 - (purulent) is a nonessential modifier
2. Fracture, mandible 802.20 - (closed) is a nonessential modifier
3. Actinomycotic meningitis 039.8, 320.7 - sequence bracketed code second
4. Psychomotor akinetic epilepsy 345.40 - requires fifth digit
5. 3 cm laceration, right forearm 881.00 - See also wound, open
6. Contusion, abdomen 868.00 - NEC
7. Pneumonia due to H. influenzae 482.2 - Subcategory
8. Delayed healing, open wound, abdomen 879.3 - Boxed Note describes “delayed healing” as “complicated”
9. Bile duct cicatrix 576.8 “Trust the Index.”
10. Uncontrolled type II diabetes mellitus 250.82, 731.8 - Bracketed code with osteomyelitis

EXERCISE 6-3 Confirming Codes in the Tabular List of Diseases

1. 515 Postinflammatory pulmonary fibrosis C
2. 250.1 Type II diabetes 250.00
3. 727.67 Nontraumatic rupture of Achilles tendon C
4. 422.0 Acute myocarditis due to Coxsackie virus E (074.23)
5. 813.22 Malunion, closed right radial fracture E (733.81)
6. 483.0 Mycoplasmic pneumonia C
7. 795.71 Positive HIV test, asymptomatic E (V08)
8. 796.2 Elevated blood pressure C
9. 718.06 Old tear of right knee meniscus E (717.5)
EXERCISE 6-4  Working with Tabular List of Diseases Coding Conventions

1. Pregnancy complicated by chronic gonorrhea; chronic gonococcal endometritis
   647.10 - fifth digit required
   098.36 - use additional code
2. Benign neoplasm, ear cartilage
   215.0 - ear cartilage is not excluded
3. Cervicitis, tuberculous
   016.70 - Includes
4. Uncontrolled type II diabetes with polyneuropathy
   250.62
   357.2 - Use additional code
5. Congenital hemangiomna on face
   228.01 - Site is skin. Includes
6. Hiss-Russell shigellosis
   004.1 - “Trust the Index.”
7. Closed fracture, right leg
   827.0 - NOS
8. Diabetic cataract
   250.50, 366.41 - Use additional code
9. Muscular atrophy, left leg
   728.2 - NEC
10. Chronic smoker’s bronchitis with acute bronchitis
    466.0 (the acute disorder) and
    491.0 - Includes (the underlying chronic condition)

EXERCISE 6-5  Hypertension/Hypertensive Coding

1. Essential hypertension
   401.9
2. Transient hypertension due to pregnancy
   642.30 (episode of care is not stated)
3. Malignant hypertensive crisis
   401.0
4. Heart disease with hypertension
   402.90
5. Orthostatic hypertension, benign
   401.1

EXERCISE 6-6  Neoplasm Coding I
1. **Kaposi’s sarcoma** 176.9
2. **Lipoma, skin, upper back** 214.1
3. **Carcinoma in situ, skin, left cheek** 232.3
4. **Scrotum mass** 608.89
5. **Neurofibroma** 215.9
6. **Cyst on left ovary** 620.2
7. **Ganglion right wrist** 727.41
8. **Yaws, frambeside** 102.2
9. **Breast, chronic cystic disease** 610.1
10. **Hürthle cell tumor** 226

**EXERCISE 6-7 Neoplasm Coding II**

1. **Ca (carcinoma) of the lung** 162.9
2. **Metastasis from the lung** 162.9 (lung is primary), (Neoplasms table) 199.1 (unknown secondary site)
3. **Abdominal mass** 789.30
4. **Carcinoma of the breast (female)** 174.9, 196.3

with metastasis to the axillary lymph nodes

5. **Carcinoma of axillary lymph nodes and lungs, metastatic** 174.9 (breast is primary)

from the breast (female)

**EXERCISE 6-8 Using the Table of Drugs and Chemicals**

1. **Adverse reaction to pertussis vaccine** 995.29 (unspecified adverse effect)
2. Cardiac arrhythmia caused by interaction between prescribed alcohol, 427.9 (arrhythmia), E980.4, E980.9 ephedrine and unprescribed alcohol (undetermined external cause)

3. Stupor, due to overdose on Nytol (suicide attempt) (Table of Drugs and Chemicals, Poisoning, Suicide)

4. High blood pressure due to prescribed Albuterol E945.7 (therapeutic use)

5. Rash due to combining prescribed Amoxicillin with nonprescribed Benadryl E980.4 (undetermined external cause)

EXERCISE 6-9 Exploring V Codes

1. Family history of epilepsy with no evidence of seizures V17.2

2. Six-week postpartum checkup V24.2

3. Premarital physical (examination, marriage) V70.3

4. Consult with dietitian for patient with diabetes mellitus V65.3, 250.00
5. Rubella screening V73.3

EXERCISE 6-10 Coding HIV/AIDS and Fracture Cases

1. Patient is HIV-positive with no symptoms V08
2. AIDS patient treated for candidiasis 042, 112.9
3. Open fracture, maxilla 802.5
4. Greenstick fracture, third digit, right foot 826.0
5. Multiple fractures, right femur, distal end 821.29

EXERCISE 6-11 Coding Late Effects and Burns

1. Malunion due to fracture, right ankle, 733.81, 905.4 (Late Effect)
   9 months ago
2. Brain damage due to subdural hematoma, 348.9, 438.9 (nontraumatic) or 907.0 (traumatic)
   18 months previously (depending on documentation)
3. Second degree burn, anterior chest wall
   942.22, 948.00 (extent of body surface burned is 9 percent)
4. Scalding with erythema, right forearm and hand
   943.11, 944.10, 948.00
5. Third degree burn, back, 18 percent
   942.34, 948.11

EXERCISE 6-12 Coding External Cause of Injury

NOTE: Do not assign codes 695.1 (scaled skin syndrome), which is assigned for conditions due to allergies, etc.

1. Automobile accident, highway, passenger E819.1 (Accident, motor vehicle)
2. Worker injured by fall from ladder  E811.0 (fall from ladder), E849.9 (unspecified place)

3. Accidental drowning, fell from  994.1 (drowning), E832.1 (fall from boat), E849.9 power boat

4. Soft tissue injury, right arm, due to  884.0, E820.9 (Accident, snow vehicle) and snowmobile accident in patient’s yard  E849.0 (home)

5. Fall from playground equipment  E884.0 (fall), E849.4 (playground)

ANSWERS TO REVIEW

Infectious and Parasitic Diseases (including HIV)

1. Aseptic meningitis due to AIDS  042, 047.8

2. Asymptomatic HIV infection  V08

3. Septicemia due to streptococcus  038.0

4. Dermatophytosis of the foot  110.4

5. Measles: no complications noted  055.9

6. Nodular pulmonary tuberculosis; confirmed histologically  011.15

7. Acute cystitis due to E. coli (infection)  595.0, 041.49

8. Tuberculosis osteomyelitis of lower leg, confirmed by histology  015.55, 730.86

9. Gas gangrene  040.0

Neoplasms

NOTE: Reference the ICD-9-CM Index to Diseases, and locate the condition documented in the diagnostic statement (e.g., melanoma). Then, follow the instructions to appropriately code each case (e.g., see also Neoplasm by site, malignant).

10. Malignant melanoma of skin of scalp  172.4
11. Lipoma of face 214.0

12. Glioma of the parietal lobe of the brain (Neoplasm, brain, malignant, primary) 191.3

13. Adenocarcinoma of prostate (Neoplasm, prostate, malignant, primary) 185

14. Carcinoma in situ of vocal cord (Neoplasm, vocal cord, malignant, carcinoma in situ) 231.0

15. Hodgkin’s granuloma of intra-abdominal lymph nodes and spleen 201.18

**NOTE:** One code is reported when multiple sites are positive for Hodgkin’s.

16. Paget’s disease with infiltrating duct carcinoma of breast, nipple, and areola (Neoplasm, breast, malignant, primary) 174.8

17. Liver cancer (Neoplasm, liver, malignant) 155.2

**NOTE:** One code is reported when multiple regions of the same organ are positive for cancer.

18. Metastatic adenocarcinoma from breast to brain (right mastectomy performed five years ago) (Neoplasm, breast, malignant, primary, and (Neoplasm, Neoplasm, brain, malignant, secondary, and History of, malignant neoplasm, breast) V10.3 198.3

19. Cancer of the pleura (primary site) (Neoplasm, pleura, malignant, primary) 163.9

**Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders**

20. Cushing’s Syndrome 255.0

21. Hypokalemia 276.8

22. Type II diabetes mellitus, uncontrolled, with malnutrition 250.02, 263.9

23. Hypogammaglobulinemia 279.00

24. Hypercholesterolemia 272.0

25. Nephrosis due to type II diabetes 250.40, 581.81

26. Toxic diffuse goiter with thyrotoxic crisis 242.01
27. Cystic fibrosis 277.00
28. Panhypopituitarism 253.2
29. Rickets 268.0

Diseases of the Blood and Blood-forming Organs

30. Sickle cell disease with crisis 282.62
31. Iron deficiency anemia secondary to blood loss 280.0
32. Von Willebrand’s disease 286.4
33. Chronic congestive splenomegaly 289.51
34. Congenital nonspherocytic hemolytic anemia 282.3
35. Essential thrombocytopenia 287.30
36. Malignant neutropenia 288.09
37. Fanconi’s anemia 284.09
38. Microangiopathic hemolytic anemia 283.19
39. Aplastic anemia secondary to antineoplastic medication for breast cancer 174.9, E933.1

Mental Disorders

40. Acute exacerbation of chronic undifferentiated schizophrenia 295.64
41. Reactive depressive psychosis due to the death of a child 298.0
42. Hysterical neurosis 300.10
43. Anxiety reaction manifested by fainting (do not code fainting because it is a symptom) 300.00

44. Alcoholic gastritis due to chronic alcoholism (episodic) 535.30, 303.92
45. Juvenile delinquency; patient was caught shoplifting 312.9
46. Depression 311
47. Hypochondria: patient also has continuous laxative habit 300.7, 305.91
48. Acute senile dementia with Alzheimer’s disease (in this order) 331.0, 294.10
49. Epileptic psychosis with generalized grand mal epilepsy 294.8, 345.10

Diseases of the Nervous System and Sense Organs

50. Neisseria meningitis 036.0
51. Intracranial abscess 324.0

NOTE: 342.9x is assigned to hemiplegia if not associated with old CVA.

52. Postvaricella encephalitis 052.0
53. Hemiplegia due to old CVA 438.20
54. Encephalitis 323.9
55. Retinal detachment with retinal defect 361.00
56. Congenital diplegic cerebral palsy 343.0
57. Tonic-clonic epilepsy 345.10
58. Infantile glaucoma 365.14
59. Mature cataract 366.9

Diseases of the Circulatory System

60. Congestive rheumatic heart failure 398.91
61. Mitral valve stenosis with aortic valve insufficiency 396.1
62. Acute rheumatic heart disease 391.9
63. Hypertensive cardiovascular disease, malignant 402.00
64. Congestive heart failure; benign hypertension 428.0, 401.1
65. Secondary benign hypertension; stenosis of renal artery 405.11, 440.1
66. Malignant hypertensive nephropathy with uremia (Uremia is renal failure, code 586, which is not assigned because it is included in 403.01)
67. Acute renal failure; essential hypertension (no cause-and-effect relationship between the renal failure and hypertension; therefore, two codes are reported)
68. Acute myocardial infarction of inferolateral wall, initial episode of care 410.21
69. Arteriosclerotic heart disease (native coronary artery) with angina pectoris 414.01, 413.9

Diseases of the Respiratory System

70. Aspiration pneumonia due to regurgitated food 507.0
71. Streptococcal Group B pneumonia 482.32
72. Respiratory failure due to myasthenia gravis (in this order) 518.81, 358.00
73. Intrinsic asthma in status asthmaticus 493.11
74. COPD with emphysema (do not assign 496; see note at code 496 in ICD-9-CM Tabular List)

Diseases of the Digestive System

75. Supernumerary tooth 520.1
76. Unilateral femoral hernia with gangrene 551.00
77. Cholesterosis of gallbladder 575.6
78. Diarrhea 787.91
79. Acute perforated peptic ulcer 533.10
80. Acute hemorrhagic gastritis with acute blood loss anemia 535.01, 285.1
81. Acute appendicitis with perforation and peritoneal abscess 540.1
82. Acute cholecystitis with cholelithiasis 574.00
83. Aphthous stomatitis 528.2
84. Diverticulosis and diverticulitis of colon 562.11
85. Esophageal reflux with esophagitis 530.11

Diseases of the Genitourinary System

86. Vesicoureteral reflux with bilateral reflux nephropathy 593.72
87. Acute glomerulonephritis with necrotizing glomerulolitis 580.4
88. Actinomycotic cystitis 039.8, 595.4 (in this order)
89. Subserosal uterine leiomyoma, cervical polyp, and endometriosis of uterus 218.2, 622.7, 617.0
90. Dysplasia of the cervix 622.10

Diseases of Pregnancy, Childbirth, and the Puerperium

91. Defibrination syndrome following termination of pregnancy (TOP) 639.1
   procedure two weeks ago (see Excludes note at 286.6 regarding TOP procedure)
92. Miscarriage at 19 weeks gestation 634.90
93. Incompetent cervix resulting in miscarriage and fetal death 634.90, 654.53
94. Postpartum varicose veins of legs 671.04
95. Spontaneous breech delivery 652.21
96. Triplet pregnancy, delivered spontaneously 651.11, V27.9
97. Retained placenta without hemorrhage, delivery this admission 667.02
98. Pyrexia of unknown origin during the puerperium (postpartum), delivery during previous admission
99. Late vomiting of pregnancy, undelivered 643.23
100. Pre-eclampsia complicating pregnancy, delivered this admission 642.41, V27.9

**Diseases of the Skin and Subcutaneous Tissue**

101. Diaper rash 691.0

102. Acne vulgaris 706.1

103. Post-infectional skin cicatrix 709.2

104. Cellulitis of the foot; culture reveals *staphylococcus* 682.7, 041.10

105. Infected ingrowing nail 703.0

**Diseases of the Musculoskeletal System and Connective Tissue**

106. Displacement of thoracic intervertebral disc 722.11

107. Primary localized osteoarthritis of the hip 715.15

108. Acute juvenile rheumatoid arthritis 714.31

109. Chondromalacia of the patella 717.7

110. Pathologic fracture of the vertebra due to metastatic carcinoma of the bone from the lung 733.13, 198.5, 162.9

**Congenital Anomalies**

111. Congenital diaphragmatic hernia 756.6

112. Single liveborn male (born in the hospital) with polydactyly 779.89, 755.01

113. Unilateral cleft lip and palate 749.22

114. Patent ductus arteriosus 747.0

115. Congenital talipes equinovalgus 754.69
Certain Conditions Originating in the Perinatal Period

116. Erythroblastosis fetalis 773.2

117. Hyperbilirubinemia of prematurity, prematurity (birthweight 2,000 grams) 774.2, 765.18

118. Erb’s palsy 767.6

119. Hypoglycemia in infant with diabetic mother 775.0

120. Premature “crack” baby born in hospital to cocaine-dependent mother (birthweight 1,247 grams) 765.14, 760.75, 779.5, 304.20

Symptoms, Signs, and Ill-defined Conditions

121. Abnormal cervical Pap smear 795.00

122. Sudden infant death syndrome 798.0

123. Sleep apnea with insomnia 780.51

124. Fluid retention and edema (edema is coded because of Excludes 276.69, 782.3 note associated with 276.69)

125. Elevated blood pressure reading 796.2

Injury and Poisoning

Fractures, Dislocations, and Sprains

126. Open frontal fracture with subarachnoid hemorrhage with brief loss of consciousness 800.72

127. Supracondylar fracture of right humerus and fracture of olecranon process of the right ulna 812.41, 813.01

128. Anterior dislocation of the elbow 832.01

129. Dislocation of the first and second cervical vertebrae 839.08

130. Sprain of lateral collateral ligament of knee 844.0
Open Wounds and Other Trauma

131. Avulsion of eye 871.3

132. Traumatic below-the-knee amputation with delayed healing 897.1

133. Open wound of buttock 877.0

134. Open wound of wrist involving tendons 881.22

135. Laceration of external ear 872.00

136. Traumatic subdural hemorrhage with open intracranial wound; loss of consciousness, 30 minutes 852.32

137. Concussion without loss of consciousness 850.0

138. Traumatic laceration of the liver, moderate 864.03

139. Traumatic hemothorax with open wound into thorax and concussion 860.3, 850.5 with loss of consciousness

140. Traumatic duodenal injury (internal) 863.21

Burns

141. Third-degree burn of lower leg and second-degree burn of thigh 945.34, 945.26

142. Deep third-degree burn of forearm 943.41, 948.00

143. Third-degree burns of back involving 20 percent of body surface 942.34, 948.22

144. Thirty percent body burns with 10 percent third-degree 948.31

145. First- and second-degree burns of palm 944.25

Foreign Bodies

146. Coin in the bronchus with bronchoscopy for removal of the coin (foreign body, entering through orifice) 934.1

147. Foreign body in the eye (entering through orifice) 930.9
148. Marble in colon (foreign body, entering through orifice)  936
149. Bean in nose (foreign body, entering through orifice)  932
150. Q-tip stuck in ear (foreign body, entering through orifice)  931

Complications

151. Infected ventriculoperitoneal shunt (Complication, infection, ventricular shunt)  996.63
152. Displaced breast prosthesis (Complication, mechanical, implant, prosthetic, in breast)  996.54
153. Leakage of mitral valve prosthesis (Complication, mechanical, heart valve prosthesis)  996.02
154. Postoperative superficial thrombophlebitis of the right leg  997.2, 451.0
155. Dislocated hip prosthesis (Complication, orthopedic device, internal, mechanical)  996.42

V Codes

156. Exposure to tuberculosis  V01.1
157. Family history of colon carcinoma  V16.0
158. Status (post) unilateral kidney transplant, human donor  V59.4
159. Encounter for removal of cast (plaster cast)  V54.89
160. Admitted to donate bone marrow (donor)  V59.3
161. Encounter for chemotherapy for patient with Hodgkin’s lymphoma  V58.11, 201.90
162. Reprogramming of cardiac pacemaker  V53.31
163. Replacement of tracheostomy tube (Attention to)  V55.0
164. Encounter for renal dialysis for patient in chronic renal failure  V56.0, 585.9
165. Encounter for speech therapy for patient with dysphasia secondary to an old CVA (late effect)

166. Encounter for fitting of artificial leg

167. Encounter for observation of suspected malignant neoplasm of the cervix

168. Visit to radiology department for barium swallow; abdominal pain; findings are negative; barium swallow performed and the findings are negative

169. Follow-up examination of colon adenocarcinoma resected one year ago, no recurrence found (history, personal, of)

170. Routine general medical examination

171. Examination of eyes

172. Encounter for laboratory test; patient complains of fatigue

173. Encounter for physical therapy; status post below-the-knee amputation six months ago

174. Kidney donor

175. Encounter for chemotherapy; breast carcinoma (ICD-9-CM code V58.11 was added in 2006.)

Coding Late Effects

X 176. Hemiplegia due to previous cerebrovascular accident

X 177. Malunion of fracture, right femur

X 178. Scoliosis due to infantile paralysis

X 179. Keloid secondary to injury nine months ago

180. Gangrene, left foot, following third-degree burn of foot two weeks ago

181. Cerebral thrombosis with hemiplegia
X 182. Mental retardation due to previous viral encephalitis

183. Laceration of tendon of finger two weeks ago. Admitted now for tendon repair

NOTE: Refer first to the ICD-9-CM Index to Diseases main term, Late (effect), for each diagnosis below.

When the sequela (residual or resulting problem) is documented, report that code first followed by the late effect code.

184. Residuals of poliomyelitis 138

185. Sequela of old crush injury to left foot 906.4

186. Cerebrovascular accident two years ago with late effects 438.9

187. Effects of old gunshot wound, left thigh 906.1

188. Disuse osteoporosis due to previous poliomyelitis 733.03, 138

189. Brain damage following cerebral abscess seven months ago 348.9, 326

190. Hemiplegia due to old cerebrovascular accident 438.20

NOTE: Adverse reactions occur when patients take a prescribed medication, and a reaction develops. The first code reported is the adverse reaction (e.g., rash) and subsequent code(s) report the drug(s) taken, located in the Therapeutic Use column of the Table of Drugs and Chemicals. Poisonings occur when patients take a non-prescribed medication and/or combine prescribed with non-prescribed medications or drugs/alcohol. The first code reported is the poisoning code located in the first column of the Table of Drugs and Chemicals, and subsequent code(s) report the drug(s) and/or substance(s) (e.g., alcohol) (E-codes from the remaining columns in the Table of Drugs and Chemicals).

Adverse Reactions and Poisonings

191. Ataxia due to interaction between prescribed carbamazepine 781.3, E936.3, and erythromycin (Adverse Reaction) E930.3

192. Vertigo as a result of dye administered for a scheduled IVP (Adverse Reaction) 780.4, E947.8
193. Accidental ingestion of mother’s oral contraceptives (no signs or symptoms resulted) (Poisoning) 962.2, E858.0

194. Hemiplegia; patient had an adverse reaction to prescribed Enovid one year ago (Late Effect of Adverse Reaction) 342.90, 909.5, E932.2

195. Stricture of esophagus due to accidental lye ingestion three years ago (Late Effect of Adverse Reaction) 530.3, 909.1, E929.2

196. Listlessness resulting from reaction between prescribed Valium and ingestion of a six-pack of beer (Poisoning) 780.79, E980.9, E980.3

197. Lead poisoning (child had been discovered eating paint chips) (Poisoning) 984.0, E980.9

198. Allergic reaction to unspecified drug (Adverse Reaction) 995.20, E947.9

199. Theophylline toxicity (Adverse Reaction) 995.29, E944.1

200. Carbon monoxide poisoning from car exhaust (suicide attempt) (Poisoning) 986, E952.0

CHAPTER 7 CPT Coding

ANSWERS TO CPT CODING EXERCISES

EXERCISE 7-1 Working with CPT Symbols and Conventions

NOTE: The underlined words indicate key terms in the index. Words in parentheses are word substitutions to help you locate the procedure/service in the index, and they provide explanations of special coding situations.

1. F

The Evaluation and Management and Anesthesia sections are excluded from the list. Nuclear medicine is a subsection of Radiology. Pathology should be listed as Pathology and Laboratory.

2. F The triangle indicates a code description revision.

3. F CPT requires a two-digit modifier to be attached to the five-digit CPT code.

4. T
While parenthetical notes apply to specific codes or refer the reader to additional codes, blocked notes provide instruction for codes listed below the heading.

5. **T** Semicolons save space in CPT where a series of related codes are found.

6. **F** Qualifiers may appear in the main and subordinate clauses.

7. **F**

Parenthetical statements beginning with “eg” provide examples of terms that may be in the health care provider’s description of the service performed. These examples do not have to be included in the documentation.

8. **T**

Horizontal triangles (ut) are found in revised guidelines, notes, and procedure descriptions.

9. **T**

The bullet (•) located to the left of a CPT code indicates a code new to that edition of CPT.

10. **F**

Code 50620 would be reported for a ureterolithotomy performed on the middle one-third of the ureter.

**EXERCISE 7-2 Working with the CPT Index**

1. Marsupialization means creating a pouch to exteriorize a cyst.

2. 47350 management of liver hemorrhage; simple suture of liver wound or injury

   47360 complex suture of liver wound or injury, with or without hepatic artery ligation

   47361 exploration of hepatic wound, extensive debridement, coagulation and/or suture, without packing of liver

   47362 re-exploration of hepatic wound for removal of packing

3. **T**

4. **F** Main terms appear in boldface in the CPT index.
EXERCISE 7-3 Assigning CPT Modifiers

1. Assistant surgeon reporting patient’s cesarean section, delivery only.  –80
2. Cholecystectomy reported during postoperative period for treatment of leg fracture.  –79
3. Treatment for chronic conditions at same time preventative medicine is provided.  –25
4. Inpatient visit performed by surgeon, with decision to perform surgery tomorrow.  –57
5. Office consultation as preoperative clearance for surgery.  –56
6. Postoperative management of vaginal hysterectomy.  –55
7. Repeat gallbladder x-ray series, same physician.  –76
8. Arthroscopy of right elbow and closed fracture reduction of left wrist.  –51
9. Needle core biopsy of right and left breast.  –50
10. Consultation required by payer.  –32

EXERCISE 7-4 Finding Procedures in the Index

NOTE: CPT codes were updated using the AMA’s 2013 CPT codebook.

1. Closed treatment of wrist dislocation 25660, 25675, 25680
2. Dilation of cervix (canal, stump) 57800, 57558
3. Placement of upper GI feeding tube (Placement, Nasogastric Tube) 43752
4. Radiograph and fluoroscopy of chest, four views
   (See Radiology, Diagnostic; x-ray)
x-ray, Chest, Complete (Four Views), with Fluoroscopy 71034

5. F Inferred words do not appear in the CPT index.
5. Magnetic resonance imaging (MRI), spine, lumbar  72148-72149, 72158

6. Darrach procedure (See Excision, Ulna, Partial)  24147, 25150, 25240

7. Manual CBC (See Blood Cell Count, Complete Blood Count [CBC])  85025-85027

8. Electrosurgical removal, skin tags  11200-11201

9. Molar pregnancy excision (See Hydatidiform Mole)  59100

10. Muscle denervation, hip joint  27035

EXERCISE 7-5 Evaluation and Management Section

1. Home visit, problem focused, established patient  99347

2. ED service, new patient, low complexity (Emergency Department Services)  99282

3. Hospital care, new patient, initial, high complexity  99223

4. Hospital care, subsequent, detailed  99233

5. ED care, problem focused, counseling 15 minutes; (Emergency Department Services)  99281

6. Patient requested consultation, new patient, moderate complexity  99244

7. Office consultation, high complexity, established patient, surgery scheduled tomorrow  99245

8. Follow-up consultation, office, problem focused, counseling 15 minutes, encounter was 25 minutes. (There is no follow-up outpatient consult; use Est. Office Visit. Counseling becomes the key factor, selection is based on time.)  99214

9. Follow-up consultation, inpatient, detailed, 35 minutes  99253

10. Blood pressure check by nurse (established patient). (Office and/or Other Outpatient Services)  99211

11. New patient, routine preventive medicine, age 11. Risk factor
discussion, 20 minutes

12. Critical care, 1.5 hours (Critical Care Services) 99291, 99292

13. Nursing facility visit, subsequent visit, expanded problem focused H&PE 99308

14. Medical team conference, 50 minutes, nurse practitioner 99368

and discharge planner

15. Follow-up visit, ICU patient, stable, expanded problem focused H&PE (Patient is stable, use subsequent inpatient category) 99232

16. Resuscitation of newborn, initial 99440 99465

17. Telephone E/M service by physician to established patient, 10 minutes 99441

18. Custodial care, established patient, detailed H&PE, high complexity (CPT code 99336 was added in 2006.) 99336

19. Pediatrician on standby, high-risk birth, 65 minutes 99360, 99360

20. Heart risk factor education, group counseling, asymptomatic attendees, 65 minutes (Preventative Medicine) 99412

EXERCISE 7-6 Anesthesia Section

00144-AA-P2  1.
Anesthesiologist provided anesthesia services to a 77-year-old female patient who received a corneal transplant. The patient has a history of prior stroke.

00566-AA-P2  2.
Anesthesiologist provided anesthesia services to a 50-year-old diabetic patient who underwent direct coronary artery bypass grafting.

00834-AA-P1  3.
Anesthesiologist provided anesthesia services for hernia repair in the lower abdomen of an otherwise healthy 9-month-old infant.
4. CRNA provided anesthesia services under physician direction during an extensive procedure on the cervical spine of an otherwise healthy patient.

5. CRNA provided anesthesia services to a morbidly obese female patient who underwent repair of malunion, humerus.

**EXERCISE 7-7  Working with the Surgical Package**

1. Incision and drainage (I&D), finger abscess  26010

2. Percutaneous I&D, abscess, appendix  44901

3. Anesthetic agent injection, L-5 paravertebral nerve  64475

4. Laparoscopic cholecystectomy with cholangiography  47563

5. Flexible esophagoscopy with removal of foreign body and radiologic supervision and interpretation (S&I) (Esophagus, Endoscopy, Removal, Foreign Body or Endoscopy, Esophagus, Removal, Foreign Body. See parenthetical note below 43215 for second code.)  43215, 74235

**EXERCISE 7-8  Coding Separate and Multiple Procedures**

1. Diagnostic arthroscopy, right wrist, with synovial biopsy  29840-RT

2. Simple vaginal mucosal biopsy  57100

3. Diagnostic nasal endoscopy, bilateral, and facial chemical peel  31231, 15788-51

4. Diagnostic thoracoscopy, lungs and pleural space, with right lung biopsy  32602

5. Needle biopsy of testis  54500

6. Total abdominal hysterectomy with removal of ovaries  58150
7. Laparoscopic appendectomy and lumbar hernia repair 44970, 49540-51
8. Biopsy of larynx (indirect) via laryngoscopy and laryngoplasty 31510, 31588-51
9. Excision of chest wall lesion with removal of ribs and plastic reconstruction 19271
10. Partial-thickness facial skin debridement and full-thickness leg skin debridement 11041

EXERCISE 7-9 Radiology Coding

1. GI series (x-ray), with small bowel and air studies, without KUB 74249
2. Chest x-ray, PA & left lateral 71020
3. Cervical spine x-ray, complete, with flexion and extension (spine) 72040, 72050, 72052
   (code assignment depends on number of views)
4. x-ray pelvis, AP 72170
5. Abdomen, flat plate, AP (x-ray) 74000
6. BE, colon, with air (x-ray colon) 74280
7. Postoperative radiologic supervision and interpretation of cholangiography by radiologist 74305
8. SPECT exam of the liver 78205
9. Retrograde pyelography with KUB (Urography) via cystourethroscopy 52005, 74420
10. SPECT liver imaging 78205

EXERCISE 7-10 Pathology and Laboratory Coding

1. Hepatic function panel 80076
2. Hepatitis panel 80074
3. TB skin test, PPD 86580
4. UA (Urinalysis) by dip stick with micro, automated 81001
5. WBC count with Diff, automated 85004
6. Stool for occult blood 82272
7. Wet mount, vaginal smear 87210
8. Glucose/blood sugar, quantitative 82947
9. Sedimentation rate (need method for definitive code) 85651 or 85652
10. Throat culture, bacterial 87070
11. Urine sensitivity, disk 87184
12. Microhematocrit, spun (Blood Cell Count) 85013
13. Monospot test 86308
14. Strep test, rapid (Streptococcus, Group A, Direct Optical Observation) 87880

NOTE: Identifying the correct CPT code for “strep” testing performed in an office setting often causes confusion. CPT code 87880 is reported for all immunologically based commercial Streptococcus Group A testing kits where the interpretation relies on a visual reaction that is observed by the naked eye.

15. One-year storage of sperm 89343

EXERCISE 7-11 Medicine Section

1. Cardiac catheterization, right side only, with conscious sedation, IV 93501 (Catheter, Cardiac, Right Heart)
2. Routine EKG, tracing only 93005
3. Spirometry 94010
4. CPR, in office 92950
5. Diagnostic psychiatric examination 90791
6. Influenza vaccine, age 18 months 90471, 90657
Green CH02-29

7. Whirlpool and paraffin bath therapy 97022, 97018-51

8. WAIS-R and MMPI psychological tests and report, 1 hour (Psychiatric) 96101

Diagnosis, Psychological Testing

9. Office services on emergency basis (Office Medical Service) 99058

10. Physical therapy evaluation (and management) 97001

ANSWERS TO REVIEW

NOTE: Observation services are coded from either the (1) Hospital Observation Services subsection/category of E/M or (2) Observation or Inpatient Care Services (Including Admission and Discharge Services) subcategory in the Hospital Inpatient Services subsection/category. Designating a patient as receiving observation services has caused a great deal of confusion among providers and coders.

Observation services are furnished by a hospital on its premises and include the use of a bed and periodic monitoring by the hospital’s nursing or other staff as reasonable and necessary to evaluate an outpatient’s condition or to determine the need for possible admission to the hospital as an inpatient. Observation services are classified as acute care services, and usually do not exceed one day (24 hours). Coverage for observation services is limited to no more than 48 hours, unless the third-party payer approves an exception. An inpatient admission ordered only because the patient is expected to remain in observation overnight is not considered medically necessary (and would not be reimbursed).

Inpatient services are furnished when a hospital inpatient is formally admitted, as with the expectation of an overnight stay, and the severity of illness or intensity of services to be provided warrants hospital inpatient level of care.

Evaluation and Management Section

1. Office or Other Outpatient Services (refer to notes below the Office or Other Outpatient Services category).
2. FALSE.

3. Hospital Inpatient Services (refer to notes below the Hospital Inpatient Services category).

4. Consultation (refer to notes below the Consultations category).

5. FALSE (refer to the note below the Consultations category).

6. FALSE (refer to notes below the Office or Other Outpatient Consultations subcategory).

7. TRUE (refer to notes below the Initial Inpatient Consultations subcategory).

8. Subsequent Hospital Care (located within the Hospital Inpatient Services category/subsection). (refer to notes below the Follow up Inpatient Consultations subcategory)

9. The confirmatory consultations heading was deleted from CPT 2006. Modifier -32 is added to mandatory consultation codes.

10. FALSE (refer to notes below the Emergency Department Services category).

11. 99288 (refer to the Other Emergency Services subcategory).

12. According to CPT, “the physician is located in a hospital emergency or critical care department, and is in two-way voice communication with ambulance or rescue personnel outside the hospital. The physician directs the performance of necessary medical procedures. . . .”

NOTE: For example, if you watch the television show *ER*, you’ve seen a nurse on a two-way radio with ambulance personnel. I realize she is not a physician on the show, but you get the idea. For those of you who have long memories, back in the 1970s there was a television show called *Emergency* that depicted a physician in two-way communication with paramedic rescue personnel.

13. FALSE (refer to notes below the Critical Care Services category).

14. 99291, 99292 × 3 (refer to the chart below the Critical Care Services category).

15. Nursing facilities (refer to notes below the Nursing Facility Services category).

NOTE: SNF, skilled nursing facility, ICF, intermediate care facility, LTCF, long term care facility.

16. Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services.

17. Home Services (refer to notes below the Home Services category).
18. 99441

19. 99385 or 99395 (depending on whether the patient is new or established) (refer to Preventive Medicine Services category).

20. 99381 or 99391 (depending on whether the patient is new or established) (refer to the Preventive Medicine Services category).

   90471 (refer to Medicine Section, Immunization Administration of Vaccines/Toxoids category).

   90472

   90701 (refer to Medicine Section, Vaccines, Toxoids category).

   90712

NOTE: If well-baby care was not provided in addition to the administration of vaccines, do not code 99381/99291.

Note the sequencing of the Medicine Section codes above. Refer to the note below the Immunization Administration for Vaccines/Toxoids category that states, “Codes 90471–90472 must be reported in addition to the vaccine and toxoid code(s) 90476–90749.” You might think this means to sequence codes 90471–90472 below codes 90476–90749. However, when reviewing codes 90476–90749, note that the symbol for modifier –51 Exempt (-) is printed in front of each code. The symbol means that you do not attach modifier –51 to these codes; this means that codes 90476–90749 are sequenced below codes 90471–90472.

21. 99396 (refer to Preventive Medicine Services category).

22. 99234 or 99235 or 99236 (depending on level of service provided) (refer to notes below Observation or Inpatient Care Services category).

NOTE: Assign codes 99218–99220 from the Hospital Observation Services category only when patients are admitted to and discharged from observation on different dates.

23. 99291, 99292 × 5 (refer to the chart in the Critical Care Services category), 99223.

NOTE: Although the last 99292 code reflects just 16 minutes of critical care, it is reportable because it is ≥ 15 minutes.
24. 99455 (refer to Special Evaluation and Management Services category).

NOTE: “Treating physician” is the patient’s primary care physician.

25. Identify the CPT category and subcategory. *Hospital Inpatient Services, Initial Hospital Care*

Identify the appropriate CPT code. 99221 *(code selection requires 3/3 key components)*

26. Identify the CPT category and subcategory. *Consultations, Office or Other Outpatient Consultations*

Identify the appropriate CPT code. 99242 *(requirement of all three key components was met)*

27. Identify the CPT category. *Newborn Care*

Identify the appropriate CPT code. 99433

NOTE: “Healthy newborn” was cared for by Dr. Choi.

28. Identify the CPT category and subcategory. *Office or Other Outpatient Services, Established Patient*

Identify the appropriate CPT code. 99215

29. Identify the CPT category and subcategory. *Hospital Inpatient Services, Subsequent Hospital Care*

Identify the appropriate CPT code. 99232

Surgery Section

30. **Pneumocentesis**; assistant surgeon reporting 32405-80

31. **Electrodesiccation**, basal cell carcinoma (1 cm), face 17281

32. Complicated bilateral repair of recurrent inguinal hernia 49520-22

33. **Biopsy** of anorectal wall via proctosigmoidoscopy 45305

34. **Mastectomy** for gynecomastia, bilateral 19300-50

35. Open reduction, right tibia/fibula shaft fracture, with insertion of screws 27758

36. Excision, **condylomata**, penis 54060

37. Replacement of breast **tissue expander** with breast prosthesis (permanent) 11970

38. Closed reduction of closed fracture, clavicle 23505
39. **Incision and drainage** infected bursa, wrist  
   
40. **Cystourethroscopy** with biopsy of urinary bladder  
   
41. **Endoscopic (nose)** right maxillary sinusotomy with partial polypectomy  
   
42. Insertion of non-tunnelled Hickman catheter (short-term) (age 70)  
   
   *(Catheterization, Venous, Central Line)*  
   
43. **Avulsion** of four nail plates  
   
**Radiology, Pathology and Laboratory, and Medicine Sections**  

44. **Arthrography** of the shoulder, supervision and interpretation  
   
45. Chest x-ray, frontal, single view (professional component only)  
   
46. Transabdominal ultrasound of pregnant uterus, first pregnancy  
   
   *(real time with image documentation), fetal and maternal evaluation, second trimester*  
   
47. **Application** of radioactive needles (radioelement), intracavitary of uterus, intermediate  
   
48. Lipid panel **blood test**  
   
49. Drug screen for opiates (outside laboratory performed drug screen)  
   
50. **Hemogram** (manual) (complete CBC)  
   
51. Cervical cytopathology slides, manual screening  
   
52. Gross and microscopic examination of gallbladder (Pathology, Surgical)  
   
53. Complete echocardiography, transthoracic (real-time with image documentation [2D] with M-mode recording)  
   
54. Mumps vaccine **immunization**  
   
*Green CH02-33*
55. Intermittent positive pressure breathing of a newborn  94640

56. Gait training, first 30 minutes  97116 × 2

57. Medical psychoanalysis  90845

58. Ultraviolet light is used to treat a skin disorder  96900

59. Chemotherapy, IV infusion technique, 10 hours, requiring use of portable pump (including refill)  96414, 96521

60. Combined right cardiac catheterization and retrograde left heart catheterization  93526

Category II Codes

NOTE: Refer to Performance Measures in the CPT index to locate Category II codes below.

61. Initial prenatal care visit  0500F

62. Assessment of tobacco use  1000F

63. Recording of vital signs  2010F

64. Documentation and review of spirometry results  3023F

65. Inhaled bronchodilator prescribed for COPD patient  4025F

Category III Codes

66. Destruction of macular drusen via photocoagulation  0017T 67299

67. Expired gas analysis spectroscopy  0064T 94799

68. Needle biopsy of prostate, saturation sampling for prostate mapping  0137T 55706

69. Pancreatic islet cell transplantation through portal vein, open approach  0142T 48999

70. Surgical laparoscopy with implantation of gastric stimulation electrodes,  0155T 43659
CHAPTER 8 HCPCS Level II Coding

ANSWERS TO HCPCS CODING EXERCISES

EXERCISE 8-1 HCPCS Index

<table>
<thead>
<tr>
<th>Code</th>
<th>Index Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. J3490</td>
<td>Key word(s): unclassified drug</td>
</tr>
<tr>
<td>2. Q0114</td>
<td>Key word(s): fern test</td>
</tr>
<tr>
<td>3. L3214</td>
<td>Key word(s): Benesch boot</td>
</tr>
<tr>
<td>4. E0978</td>
<td>Key word(s): belt, safety</td>
</tr>
<tr>
<td>5. A4913</td>
<td>Key word(s): dialysis, supplies</td>
</tr>
</tbody>
</table>

EXERCISE 8-2 Recognizing Payer Responsibility

local MAC: none

regional MAC: L3214, E0978

local MAC or regional MAC: A4913, J3490, Q0114

ANSWERS TO REVIEW

1. a. Code: J3420  
   Modifier(s): -GA  
   Quantity: 1

2. a. Code: E1031  
   Modifier(s): -NU -BP  
   Quantity: 1

3. a. Code: A4253  
   Modifier(s): -KS  
   Quantity: 2

4. a. Code: G0101  
   Modifier(s): none  
   Quantity: 1

5. a. Code: E1392  
   Modifier(s): -RR  
   Quantity: 1

(modifier –QB was deleted in 2005.)

2. a. Code: 28072  
   Modifier(s): -T2  
   Quantity: 1
b. Code: 82951  Modifier(s): -QW  Quantity: 1

c. Code: 27810  Modifier(s): -LT -GJ  Quantity: 1

d. Code: 00162  Modifier(s): none

e. Code: 96118  Modifier(s): -AH  Quantity: 2

CHAPTER 9 CMS Reimbursement Methodologies

ANSWERS TO REVIEW

1. Submitted charge (based on provider’s regular fee for office visit) $75
   Medicare physician fee schedule (PFS) $60
   Coinsurance amount (paid by patient or supplemental insurance) $12
   Medicare payment (80 percent of the allowed amount) $48
   Medicare write-off (not to be paid by Medicare or the beneficiary) $15

2. Submitted charge (based on provider’s regular fee) $650
   NonPAR Medicare physician fee schedule allowed amount $450
   Limiting charge (115 percent of MPFS allowed amount) $517.50
   Medicare payment (80 percent of the MPFS allowed amount) $360
   Beneficiary is billed 20 percent plus the balance of the limiting charge $157.50
   ($450 \times 20\%) + ($517.50 \text{ – } $450) = $90 + $67.50 = $157.50
   Medicare write-off (not to be paid by Medicare or the beneficiary) $132.50
   ($650 \text{ – } $517.50)

3. Submitted charge (based on provider’s regular fee for office visit) $75
   Medicare allowed amount (according to the Medicare physician fee schedule) $60
   Nurse practitioner allowed amount (100 percent of MPFS) $60
   Medicare payment (80 percent of the allowed amount) $48

4. a

5. a
CHAPTER 10  Coding for Medical Necessity

ANSWERS TO EXERCISES

EXERCISE 10-1  Choosing the First-Listed Diagnosis

Review the list of symptoms, complaints, and disorders in each case and underline the first-listed diagnosis, which is reported as reference number in Block 21 of the CMS-1500 claim.

1. Acute pharyngitis
2. Musculoligamentous sprain, left ankle
3. Benign prostatic hypertrophy (BPH) with urinary retention
4. Bacterial endocarditis
5. Partial drop foot gait, right

EXERCISE 10-2 Linking Diagnoses with Procedures/Services

CASE 1

DIAGNOSIS

<table>
<thead>
<tr>
<th>POINTER</th>
<th>PROCEDURE/SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Hemoccult lab test</td>
</tr>
<tr>
<td>2</td>
<td>Proctoscopy with biopsy</td>
</tr>
<tr>
<td>3</td>
<td>Proctectomy</td>
</tr>
</tbody>
</table>

NOTE: The hemoccult lab test and proctoscopy with biopsy are done because the patient presents with the symptom, blood in the stool. Occult blood is present in such minute amounts in stool that it is not visible to the naked eye. Patients who present with blood in their stools undergo the hemoccult lab test to determine the cause of the bleeding (e.g., colorectal cancer vs. hemorrhaging hemorrhoids). A positive hemoccult test would indicate a need for proctoscopy with biopsy, which (in this case) was done to determine the cause of the bleeding. While pathological diagnosis upon biopsy indicates Duke’s C carcinoma of the colon, at the time the CMS-1500 claim was submitted, this diagnosis was unknown; therefore, link the proctoscopy with biopsy to the blood in the stool.

CASE 2

DIAGNOSIS

<table>
<thead>
<tr>
<th>POINTER</th>
<th>PROCEDURE/SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Office visit</td>
</tr>
<tr>
<td>1</td>
<td>Urinalysis</td>
</tr>
<tr>
<td>4</td>
<td>Rapid strep test</td>
</tr>
</tbody>
</table>

NOTE: Urinary frequency with dysuria, sore throat with cough, and headaches are signs and symptoms; therefore, link all with the office visit. The urinalysis was specifically done because of the urinary frequency with
dysuria. The rapid strep test was performed because of the sore throat with cough, but it came back positive; therefore, link “strep throat” with the test.

**CASE 3**

**DIAGNOSIS**

**POINTER** | **PROCEDURE/SERVICE**
--- | ---
1 | Office visit
1 | Chest x-ray

**NOTE:** Unlike pathological diagnoses, which can require several days prior to the establishment of a definitive diagnosis, a chest x-ray can be evaluated immediately upon completion and a diagnosis rendered. Because wheezing, congestion, and labored respirations are signs detected on physical examination, and pneumonia is a definitive diagnosis, report only the pneumonia on the CMS-1500 claim.

**CASE 4**

**DIAGNOSIS**

**POINTER** | **PROCEDURE/SERVICE**
--- | ---
1 | Nursing facility visit

**NOTE:** Malaise and fatigue are assigned to the same ICD code number, so report the diagnosis pointer number just once.

**CASE 5**

**DIAGNOSIS**

**POINTER** | **PROCEDURE/SERVICE**
--- | ---
3 | Emergency department visit

**NOTE:** Do not report signs and/or symptoms (e.g., chills and fever) on the CMS-1500 when a definitive diagnosis (e.g., acute diverticulitis) is documented.
EXERCISE 10-3 National Coverage Determinations

1. 93452 (left heart cardiac catheterization, cut-down); 414.00 (coronary artery disease); 413.9 (angina pectoris); 412 (status post myocardial infarction, four weeks ago). Review of the national coverage determination (NCD) about Cardiac Catheterization Performed in Other than a Hospital Setting indicates that this NCD is undergoing review. However, the original consideration stated that a “cardiac catheterization performed in a hospital setting for either inpatients or outpatients is a covered service. The procedure may also be covered when performed in a freestanding clinic when the carrier, in consultation with the appropriate quality improvement organization (QIO), determines that the procedure can be performed safely in all respects in the particular facility. Prior to approving Medicare payment for cardiac catheterizations performed in freestanding clinics, the carrier must request QIO review of the clinic.”

2. 93798 (cardiac rehabilitation program); V57.89 (cardiac rehab); V45.82 (status post coronary angioplasty); V45.81 (status post coronary bypass); 411.1 (unstable angina). Review of the NCD about Cardiac Rehabilitation Programs indicates “Medicare coverage of cardiac rehabilitation programs are considered reasonable and necessary only for patients who (1) have a documented diagnosis of acute myocardial infarction within the preceding 12 months; or (2) have had coronary bypass surgery; or (3) have stable angina pectoris; or (4) have had heart valve repair/replacement; or (5) have had percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or (6) have had a heart or heart–lung transplant.

NOTE: This patient has unstable angina; therefore, Medicare will not cover a cardiac rehabilitation program.

3. 44388 (colonoscopy); V10.05 (history of colon cancer, treatment complete); 555.9 (Crohn’s disease); 578.1 (blood in stool); 789.00 (abdominal pain). Review of the NCD about Endoscopy indicates that “endoscopic procedures are covered when reasonable and necessary for the individual patient.”

NOTE: A colonoscopy is an endoscopy.
4.

70450 (CT scan of head); 959.01 (closed head trauma); 920 (contusion of scalp). Review of the NCD about *Computerized Tomography* indicates that computerized tomography is covered if you find that the medical and scientific literature and opinion support the effective use of a scan for the condition, and the scan is: (1) reasonable and necessary for the individual patient; and (2) performed on a model of CT equipment that meets the criteria for approved models of CT equipment.”

**EXERCISE 10-4 Coding Case Scenarios**

**NOTE:** The underlined term in the Diagnoses column is the first-listed diagnosis or condition.

<table>
<thead>
<tr>
<th>1. Procedures</th>
<th>Codes</th>
<th>Diagnoses</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive medicine, established patient, age 66</td>
<td>99397</td>
<td>Annual exam</td>
<td>V70.0</td>
</tr>
<tr>
<td>Outpatient, established patient, level 4</td>
<td>99214-25</td>
<td>Hypertension</td>
<td>401.9</td>
</tr>
<tr>
<td>Vaccination, influenza</td>
<td>90658, 90471</td>
<td>Vaccination</td>
<td>V04.81</td>
</tr>
</tbody>
</table>

**NOTE:** Do not code dizziness or tiredness, which are symptoms of hypertension.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
<th>Diagnosis</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthroscopy, shoulder</td>
<td>29805</td>
<td>Pain, shoulder NOS</td>
<td>719.41</td>
</tr>
<tr>
<td>Outpatient, established patient, expanded problem focused</td>
<td>99214-25</td>
<td>Tired, Weakness, Depression</td>
<td>780.71, 780.79, 311</td>
</tr>
</tbody>
</table>

### 3. Procedure

The emergency department physician reports the following codes:

- ED visit, level 2 | 99292 | Ruptured appendix with abscess | 540.1 |

The surgeon reports the following codes:

- E/M service, new patient (decision for surgery) | 99203-57 | Ruptured appendix with abscess | 540.1 |
- Laparoscopic appendectomy | 44970 | Ruptured appendix with abscess | 540.1 |
4. Procedure | Code | Diagnosis | Codes
--- | --- | --- | ---
ED visit, level 3 | 99283 | Acute Cholecystitis | 575.0

*The emergency department physician reports the following codes:*

| Gallbladder ultrasound | 76705 | Acute Cholecystitis | 575.0
|-------------------------|-------|---------------------|-------
| E/M service, new patient (decision for surgery) | 99203-57 | Acute Cholecystitis | 575.0
| Laparoscopic cholecystectomy | 47562 | Acute Cholecystitis | 575.0

*The surgeon reports the following codes:*

NOTE: The diagnosis code is the same for both the emergency department physician and the surgeon.
EXERCISE 10-5 Coding SOAP Notes

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>ICD-9-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Atrophic gastritis</td>
<td>535.10</td>
</tr>
<tr>
<td>Leg pain</td>
<td>729.5</td>
</tr>
<tr>
<td>2. Aftercare, surgery</td>
<td>V58.42</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>250.00</td>
</tr>
</tbody>
</table>

NOTE: Do not assign 574.10 (cholecystitis with cholelithiasis) because the gallbladder has been removed, and
Green CH02-45

this code was reported on the

outpatient surgery claim. This is a postoperative office visit.

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>ICD-9-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Rheumatoid arthritis</td>
<td>714.0</td>
</tr>
<tr>
<td>Tenosynovitis, knee</td>
<td>727.09</td>
</tr>
<tr>
<td>4. Unstable angina</td>
<td>411.1</td>
</tr>
<tr>
<td>5. Exudative tonsillitis</td>
<td>463</td>
</tr>
<tr>
<td>6. Seizure disorder, onset</td>
<td>780.39</td>
</tr>
</tbody>
</table>

**NOTE:** Lymphoma and COPD were not treated or medically managed.

**EXERCISE 10-6  Coding Operative Reports**

**CASE 1**

**Diagnoses:**

Granulation, tissue, skin 701.5

History, personal, malignant, skin V10.83
**Procedure:**

Excision, lesion, scalp, benign (0.3 cm)  

CASE 2

**Diagnosis:**

Atypical neoplasm, skin (uncertain behavior)  

(Pathology ordered the re-excision because of atypical cells)

**Procedures:**

Excision, lesion, benign (return to O.R.)  

(5.0 cm, skin of back). Layered closure, intermediate.

CASE 3

**Diagnoses:**

Neoplasm, benign, intestine, sigmoid  

Melanosis coli

**Procedure:**

Colonoscopy, with biopsy of polyp and fulguration  

of polyp

CASE 4

**Diagnosis:** Serous otitis media

**Procedure:**

Myringotomy (Tympanostomy) with insertion of ventilating tubes (procedure performed bilaterally)

CASE 5

**Diagnosis:**
Lesion, buccal mucosa (If working in the office, do not code diagnosis until biopsy report results are received—results could indicate a malignant lesion.)

**Procedure:**

Biopsy, buccal mucosa  528.9  40812

**CASE 6**

**Diagnosis:** Pilonidal cyst (no mention of abscess) 685.1

**Procedure:**

Excision pilonidal cyst (no mention of extensive or complicated excision) 11770

**CASE 7**

**Diagnosis:**

Femoral hernia, incarcerated (incarcerated equals strangulated) 552.00

**Procedure:**

Herniorrhaphy, femoral (not stated as recurrent) 49553

**ANSWERS TO REVIEW**

**Comprehensive Coding Practice**

<table>
<thead>
<tr>
<th>Diagnosis Code(s)</th>
<th>Procedure Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Office visit</td>
<td>569.3  99204</td>
</tr>
<tr>
<td>Friday surgery</td>
<td>V64.1  45378-53 (or 45378-73, depending on setting)</td>
</tr>
<tr>
<td>Monday surgery</td>
<td>562.10  45385</td>
</tr>
</tbody>
</table>
2. 530.85 74241
3. 427.9 93312 (conscious sedation is not coded)
4. May 5 (day) 473.9 99212
   May 5 (evening) 436 99223
   May 6 436 99291, 99292

Determining Medical Necessity (Case Studies: Set One) (5–8)

*Answers to Case Studies: Set One are located in Section IV of this manual.*

Coding and Determining Medical Necessity (Case Studies: Set Two) (9–14)

*Answers to Case Studies: Set Two are located in Section IV of this manual.*

Evaluation and Management Coding Practice

15.

Identify the E/M category/subcategory: Hospital Inpatient Services, Initial Hospital Care

Determine the extent of history obtained: **Expanded problem focused**

**RATIONALE FOR EXTENT OF HISTORY SELECTION:** Upon review of the case study compared with the HCFA Documentation Guidelines (in your textbook appendix),

three elements were documented for the HPI = Brief HPI; seven elements were documented for the ROS = Extended ROS; and three elements were documented for the PFSH = Complete PFSH. Therefore, select expanded problem focused history because brief HPI (with only three elements documented) “drives” selection of lower level of extent of history.

Determine the extent of examination performed: **Expanded problem focused**

**RATIONALE FOR EXTENT OF PE SELECTION:** Upon review of the case study compared
with the HCFA Documentation Guidelines (in your textbook appendix), seven elements were documented on PE. Therefore, expanded problem focused PE was documented.

Medical decision making: Straightforward

RATIONALE FOR MEDICAL DECISION MAKING SELECTION: This is a judgment call on my part; if you wanted to go with “low complexity,” I would not have a problem with that. Code Number: 99221

16.

Identify the E/M category/subcategory: Office or Other Outpatient Services, Established Patient

Determine the extent of history obtained: Detailed

RATIONALE FOR EXTENT OF HISTORY SELECTION: Upon review of the case study compared with the HCFA Documentation Guidelines (in your textbook appendix), four elements were documented for the HPI = Extended HPI; eight elements were documented for the ROS = Extended ROS; and three elements were documented for the PFSH = complete PFSH. Therefore, select detailed history because extended HPI and extended ROS “drive” selection of extent of history. Determine the extent of examination performed: Detailed

RATIONALE FOR EXTENT OF PE SELECTION: Upon review of the case study compared with the HCFA Documentation Guidelines (in your textbook appendix), 19 elements were documented in the General Multisystem Exam.

Medical decision making: Low complexity

RATIONALE FOR MEDICAL DECISION MAKING SELECTION: This is a judgment call on my part; if you wanted to go with “straightforward,” I would not have a problem with that. Code Number: 99214

17.

Identify the E/M category/subcategory: Office or Other Outpatient Services, Established Patient

Determine the extent of history obtained: Expanded problem focused
RATIONALE FOR EXTENT OF HISTORY SELECTION: Upon review of the case study compared with the HCFA Documentation Guidelines (in your textbook appendix), one element was documented for the HPI = Brief HPI; one element was documented for the ROS = problem pertinent; and no elements were documented for the PFSH = none. Therefore, select expanded problem focused history because no PFSH is required.

Determine the extent of examination performed: Problem focused

RATIONALE FOR EXTENT OF PE SELECTION: Upon review of the case study compared with the HCFA Documentation Guidelines (in your textbook appendix), just one element was documented in the General Multisystem Exam.

Medical decision making: Low complexity

Code Number: 99213

RATIONALE: Only two of three key components are required to select the code.

18.

Identify the E/M category/subcategory: Office or Other Outpatient Services, Established Patient

Determine the extent of history obtained: Expanded problem focused

RATIONALE FOR EXTENT OF HISTORY SELECTION: Upon review of the case study compared with the HCFA Documentation Guidelines (in your textbook appendix), two elements were documented for the HPI = Brief HPI; one element was documented for the ROS = problem pertinent; and no elements were documented for the PFSH = none. Therefore, select expanded problem focused history because no PFSH is required.

Determine the extent of examination performed: Problem focused

RATIONALE FOR EXTENT OF PE SELECTION: Upon review of the case study compared with the HCFA Documentation Guidelines (in your textbook appendix), three elements were documented in the General Multisystem Exam.

Medical decision making: Straightforward

Code Number: 99212 (just 2/3 key components “drives” code selection)

19.
Correcting Claims Submission Errors

20. CODING ERROR  PROCEDURE CODE  DIAGNOSIS CODE
   c  81003  599.0
   041.4

Select (c) because the coder should have reported code 788.1 for dysuria. There is no mention in the
case of urinary tract infection (599.0) or *E. coli* (041.4) as a final diagnosis.

21. CODING ERROR  PROCEDURE CODE  DIAGNOSIS CODE
   c  71010  553.3

Code 786.05 (shortness of breath) should have been reported as the first-listed diagnosis because there
were no acute findings suggesting a cause of the shortness of breath.

22. CODING ERROR  PROCEDURE CODE  DIAGNOSIS CODE
   a  99394  V70.3

Code 99395 should have been reported instead of 99394.

23. CODING ERROR  PROCEDURE CODE  DIAGNOSIS CODE
   e  66984  366.12

   69990-51

Do not report code 69990-51 as a secondary procedure code. Code 66984 is a combination code
reported for extracapsular cataract removal, microsurgery technique, and with insertion of intraocular
lens prosthesis.

24. CODING ERROR  PROCEDURE CODE  DIAGNOSIS CODE
Green CH02-52

b 97001 438.2

Code 438.2 requires addition of a fifth digit to indicate which side was affected by hemiplegia. If this information is unknown, report 438.20 to indicate “unspecified side.”

CHAPTER 11 Essential CMS-1500 Claim Instructions

ANSWERS TO EXERCISES

EXERCISE 11-1 Applying Optical Scanning Guidelines

1. GREEN JEFFERY L

2. 300 00

3. 12345 22 51

4. 123 456 7890

5. 123456789

6. Answers will vary but should be in MM DD YYYY format.

7. 

8. 03 08 2000

9. Blank space in the upper left corner of the claim

10. Be sure all pin-fed borders are neatly removed and the individual claims are separated.

11. No handwritten information except signatures in Blocks 12, 13, and 31
12. Pica font and 10 characters per inch

**EXERCISE 11-2 Entering Procedures in Block 24**

**EXERCISE 11-3 Completing Block 33**

1. Goodmedicine Clinic
2. Dr. Blank
3. Dr. Jones PA

**ANSWERS TO REVIEW**

1. a 6. d
2. a 7. d
3. c 8. a
4. c 9. b
5. a 10. c

**CHAPTER 12 Commercial Insurance**

**ANSWERS TO EXERCISES**

**EXERCISES 12-1 and 12-2**

Students should manually complete the commercial case studies in the order provided in the text. The commercial insurance case studies can also be entered using the Self Study mode of the CD-ROM program, which provides immediate feedback every time the enter key is struck.

Additional hints for using the CD-ROM can be found in the Preface of the text, as well as in the Resources section of the CD.

The completed claims can be found in Figures 12-4 and 12-5 of the textbook.

**ANSWERS TO REVIEW**
CHAPTER 13 Blue Cross Blue Shield

ANSWERS TO EXERCISES

EXERCISES 13-1 and 13-2 Completing the Mary S. Patient BCBS CMS-1500 Claim; Filing a Claim

When a Patient Has Two BCBS Policies

The completed Mary S. Patient CMS-1500 claims can be found in Figures 13-7 and 13-8 of the textbook.

EXERCISE 13-3 Filing BCBS Secondary Claims

The completed Janet B. Cross CMS-1500 secondary claim can be found in Figure 13-10 of the textbook.

ANSWERS TO REVIEW

1. b 6. d
2. c 7. a
3. b 8. b
4. a 9. b
5. a 10. d

CHAPTER 14 Medicare
EXERCISE 14-1 Medicare as Secondary Payer

1. Billing order is: The hospital plan can be billed at any time. The large group plan is primary, Medicare is secondary. Medigap is billed on the same CMS-1500 claim form as Medicare, if the provider participates in Medicare.

2. Billing order is: The liability plan is billed first. The other plans will not be billed unless the claim is refused by the liability company. If refused, the large group is primary, Medicare secondary, and the retirement plan billing will be electronically transferred by Medicare or billed last by the provider.

3. Billing order is: Cancer policy is billed at any time. Medicare is primary, retirement is supplemental.

4. Billing order is: Patient’s large group plan is primary, Medicare is secondary. Medigap is billed on the Medicare claim if the provider is a PAR. Spouse’s plan is not billed because there is no mention that the patient is covered by this plan. Small groups are also never primary to Medicare.

5. Billing order is: Medicare is primary. The employer plan has fewer than 100 employees.

EXERCISE 14-2 Completing the Mary S. Patient Medicare Primary CMS-1500 Claim

The completed Mary S. Patient primary Medicare CMS-1500 claim can be found in Figure 14-9 of the textbook.

EXERCISE 14-3 Medicare and Medigap Claims Processing
The completed John Q. Public Medicare/Medigap CMS-1500 claim can be found in Figure 14-10 of the textbook.

EXERCISE 14-4 Medicare–Medicaid Crossover Claims Processing

The completed Mary S. Patient Medicare/Medicaid crossover CMS-1500 claim can be found in Figure 14-11 of the textbook.

EXERCISE 14-5 Medicare Secondary Claims Processing

The completed Jack L. Neely MSP CMS-1500 claim can be found in Figure 14-13 of the textbook.

ANSWERS TO REVIEW

1. b 6. b
2. a 7. b
3. a 8. a
4. c 9. b
5. b 10. a

CHAPTER 15 Medicaid

ANSWERS TO EXERCISES

EXERCISE 15-1 Medicaid CMS-1500 Claims Processing

The completed Mary S. Patient primary Medicaid CMS-1500 claim form can be found in Figure 15-6 of the textbook.

ANSWERS TO REVIEW

1. a 6. a
2. b 7. a
3. d 8. c
CHAPTER 16 TRICARE

ANSWERS TO EXERCISES

EXERCISE 16-1 TRICARE CMS-1500 Claim

The completed Mary S. Patient primary TRICARE CMS-1500 claim can be found in Figure 16-5 of the textbook.

EXERCISE 16-2 Completion of TRICARE Secondary CMS-1500 Claim

The completed John R. Neely CMS-1500 secondary TRICARE claim can be found in Figure 16-7 of the textbook.

ANSWERS TO REVIEW

1. d   6. b
2. b   7. c
3. d   8. c
4. a   9. a
5. d   10. a

CHAPTER 17 Workers’ Compensation

ANSWERS TO EXERCISES

EXERCISE 17-1 CMS-1500 Claims Completion

The completed Mary S. Patient CMS-1500 claim can be found in Figure 17-6 of the textbook.

ANSWERS TO REVIEW

1. d   6. b
2. c    7. d
3. a    8. a
4. d    9. a
5. b    10. b