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Medical

AHIMA-CCS

Certified Coding Specialist (CPC) (ICD-10-CM)



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Question: 63

HCPCS Level II codes are updated every quarter by:

- A. CMS
- B. Medicaid
- C. Tricare
- D. Commercial payers

Answer: A

HCPCS Level II codes are updated every quarter by CMS (Centers for Medicare and Medicaid Services). Updates to HCPCS Level II codes are published on the CMS website at the beginning of each new quarter. The HCPCS Level II manual, however, is only published once per year.

Question: 64

64. A 25-year-old female patient with ESRD received a dual renal transplant without nephrectomy. What is the correct code for this transplant?

- A. 50360 -50
- B. 50360
- C. 50365
- D. 50365 -50

Answer: A

The correct code for this transplant is 50360 (Renal Allotransplantation, Implantation of Graft; without Recipient Nephrectomy) and modifier -50. Modifier -50 must be included on the claim to indicate that the service was bilateral (it was performed dually). Code 50365 is incorrect because it is used for a renal transplantation with nephrectomy, meaning that the patient's kidneys were removed before the transplants were implanted. This was not the case.

Question: 65

65. The procedure known as blepharoplasty is performed to:

- A. Correct the muscle misalignment caused by strabismus
- B. Correct vision loss due to glaucoma
- C. Plastic repair a droopy eyelid
- D. Repair the lens of the eye caused by cataracts

Answer: C

The procedure known as blepharoplasty is performed to plastic repair a droopy eyelid. The prefix "blephar-" • means "eyelid," • and as such, a "blepharoplasty" would be performed to repair the skin of the eyelid. A blepharoplasty is commonly performed to correct a droopy eyelid, a condition also known as ptosis. Codes for blepharoplasty can be found in both the Eye and Ocular Adnexa subsection as well as the Integumentary subsection of the surgery Chapter in the CPT manual.

Question: 66

When listing both CPT and HCPCS modifiers on a claim, you:

- A. List the HCPCS modifier first
- B. Do not list the HCPCS modifier at all
- C. Only list the CPT modifier
- D. List the CPT modifier first

Answer: D

When listing both CPT and HCPCS modifiers on a claim, you list the CPT modifier first. When you report a procedure code with more than one modifier, you must list the modifier that will affect the payment first on the claim. Typically, CPT modifiers will affect the payment of a claim, but HCPCS modifiers may not.

Question: 67

A pediatric patient was seen in the office for bilateral ear pain. The pediatrician viewed the right external ear canal and noticed large globs of reddish wax. She removed the ear wax with a removal spoon until the tympanic membrane was easily visible. Upon viewing the left external ear canal, there was no visible

buildup of ear wax, but the tympanic membrane was red and slightly bulging. The pediatrician diagnosed the patient with left otitis media and prescribed a general antibiotic. A follow-up appointment was scheduled for two weeks. How should the pediatrician code for this visit?

- A. 99213, 69210-50, 382.9, 380.4
- B. 99214, 382.9
- C. 99213, 69210-52, 382.9-50
- D. 99213, 69210, 3820.9, 380.4

Answer: D

The pediatrician should code the visit with 99213 (Evaluation and Management Service) and 69210 (Removal of Impacted Cerumen). Diagnosis codes: 382.9 (Otitis Media) and 380.4 (Impacted Cerumen) are also correct, in this case. The patient had an impacted cerumen in the right ear and an otitis media in the left ear, therefore both diagnosis codes should be reported.

Question: 68

What is the correct code for a parathyroidectomy with parathyroid autotransplantation performed on a 42-year-old male patient?

- A. 60512
- B. 60500, 60512
- C. 60500, 60512 -51
- D. 60500

Answer: B

The correct codes for a parathyroidectomy with parathyroid autotransplantation on a 42-year-old male patient are: 60500 (Parathyroidectomy or Exploration of Parathyroid(s)) and 60512 (Parathyroid Autotransplantation). Code 60512 is an add-on code so it must be used in conjunction with the code for the primary procedure (without modifier -51). Add-on codes are considered modifier -51 exempt.

Question: 69

69. A 58-year-old patient with decreased hearing decided to undergo bilateral cochlear device implantation in order to restore the gradual decline of his hearing, and prevent total deafness. Due to the position of the device and the size of the patient's mastoid bone that was partially occluding the patient's inner ear, the physician performed a modified mastoidectomy. A mastoidectomy was necessary for the completion of the cochlear device implantation procedure. The physician used an operating microscope throughout the cochlear implantation. How would you code for the procedure?

- A. 69930, 69505, 69990
- B. 69930, 69501, 69900
- C. 69930
- D. 69930-50, 69900

Answer: D

You would code this procedure with 69930-50 (Bilateral Cochlea Device Implantation, With or Without Mastoidectomy). You would use this code because it refers to the cochlear device implantation procedure and it includes the mastoidectomy. The two procedures do not need to be reported separately. Code 69900 also needs to be included on the report to indicate that the physician used an operating microscope to aid in the procedure.

Question: 70

One of the most common prostatic disorders is _____, which is an enlargement of the prostate gland. This disorder may require a transurethral resection of the prostate (TURP).

- A. Lower Urinary Tract Symptoms (LUTS)
- B. Benign Prostatic Hyperplasia (BPH)
- C. Elevated Prostate Specific Antigen (PSA)
- D. Prostatic Intraepithelial Neoplasia III (PIN III)

Answer: B

One of the most common prostatic disorders is benign prostatic hyperplasia (BPH), which is an enlargement of the prostate gland. This disorder may require a transurethral resection of the prostate (TURP). Benign prostatic hyperplasia is

caused by the excessive growth of prostatic nodules. BPH can compress the urethra, leading to partial or complete obstruction of the urethra, urinary hesitancy, frequency, dysuria, urinary retention and an increased risk of urinary tract infections.



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