

What is HCPCS?

HCPCS stands for Healthcare common procedural coding system. It consists of CPT codes known as level I HCPCS codes and HCPCS level II codes that represent hospital supplies, drugs, dental codes, etc.

The patient has a Tailors bunion at his 5th metatarsal the physician performs bunionectomy what is the CPT code that represent this service?

28110: Osteotomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)

The physician does a knee arthroscopic notchplasty of femoral condyl what is the code to represent this?

Arthroscopic chondroplasty includes notchplasty so CPT code would be 29877

The patient underwent rubberband ligation of two hemorrhoid columns what is the CPT code to represent this?

Code 46221. It should be reported only once regardless of how many hemorrhoids are ligated.

The patient underwent arthroscopic chondroplasty in lateral and medial compartments what CPT codes are required to represent this service?

29877. Report 29877 only once even if chondroplasty is performed in more than one compartment.

The patient underwent a colonoscopy and polypectomy of three polyps by snare technique and one polyp was removed by Jumbo forceps.

45385 for polypectomy by snare technique. 45385 includes multiple polypectomies.

45384 for hot biopsy polypectomy (Jumbo forceps).

The patient has a history COPD and the final impression is Chronic Bronchitis. What is the ICD code?

491.20 is the combination code for chronic bronchitis and COPD.

The patient decompensated COPD?

491.21 : Decompensated or exacerbated COPD is coded to 491.21

The patient has COPD and emphysema?

490.8

The patient was given Normal saline solution for 25 minutes and then Pepcid for one hour what are the CPT codes?

96365 for IV infusion for one hour. IV hydration (IVSS) if given less than 30 minutes is not coded.

The physician excised a breast lesion by preoperative placement of radiological marker?

19125 Placement of radiologic marker is included in this code.

Placement of Quinton Catheter for a patient 50 years old.

36558 Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump age 5 years or older

Repair of laceration of palate in the mouth less than 2 cm

42180 Repair, laceration of palate: up to two cm

Placement of Mediport Catheter for a patient 50 years old.

36561 Insertion of tunneled centrally inserted central venous access device, with subcutaneous port age 5 years or older

Cystoscopy with lithotripsy and placement of Double J stent?

52353 Lithotripsy 52332 Double J stent placement Inpatient Coding Practice Test

All of the following statements are true regarding the coding of glaucoma, EXCEPT:

A. When a patient has bilateral glaucoma and both are documented as being the same type and stage, report only the code for the type of glaucoma and one code for the stage.

B. When a patient has bilateral glaucoma and each eye is documented as having a different stage, assign one code for the type of glaucoma and one code for the highest glaucoma stage.

C. When a patient has bilateral glaucoma and each eye is documented as having a different type and a different stage, assign one code for each type of glaucoma and one code for the highest glaucoma stage.

D. If a patient is admitted with glaucoma and the stage progresses during the admission, assign codes for both stages.

The correct answer was: D

Medical Coding Quick Study Academic

BarCharts, Inc, Theresa Tropin

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Medical Coding Shelley C. Safian,2017-11 Updated for 2018 ICD 10 guidelines this 6 page laminated guide covers core essentials of coding clearly and succinctly Author Shelley C Safian PhD RHIA CCS P COC CPC I AHIMA approved ICD 10 CM PCS trainer used her knowledge and experience to provide the largest number of valuable facts you can find in 6 pages designed so that answers can be found fast with color coded sections and bulleted lists A must for students seeking coding certification and a great desktop refresher for professionals 6 page laminated guide includes General Coding Legal Guidelines Coding Tips Conditions Diagnoses Diagnosis Coding Pathology Laboratory Reimbursement Billing Tips Coding Evaluation Management Services ICD 10 Terms Notations Symbols Wounds Injuries Important Resources Anesthesia Surgery Radiology Diagnostic Coding

DSM 5 Medical Coding Elizabeth Ronne,2017

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Ronne,2017 *Medical Coding: Icd-10-Pcs* BarCharts, Inc,Shelley C. Safian,2012-05-31 The health care industry is moving toward a major change in the code set or language used to report the reasons why a physician or health care professional provided care to a patient Since 1978 the industry has used codes from ICD 9 CM volume 3 to report the procedures services and treatments provided to inpatients in acute care facilities Within the next few years the transition will be made to ICD 10 PCS The transition from ICD 9 CM volume 3 to ICD 10 PCS will only affect those health information management professionals and those getting ready to enter this profession working on hospital inpatient procedure coding but it will require even the most seasoned professionals to learn how to accurately report what has been provided to patients With the use of tabular examples and color coded text this QuickStudy guide helps make the transition smoother and promote better understanding and greater comfort with the new code set

Medical Coding ICD-10-CM Shelley C. Safian,2017-11 Updated for 2018 ICD 10 CM International Classification of Diseases Clinical Modification guidelines this 6 page laminated guide covers core essentials of coding clearly and succinctly Author Shelley C Safian PhD RHIA CCS P COC CPC I AHIMA approved ICD 10 CM PCS trainer used her knowledge and experience to provide the largest number of valuable facts you can find in 6 pages designed for you to find answers fast with color coded sections and bulleted lists A must for students seeking coding certification and a great desktop refresher for professionals for classifying and coding diagnoses symptoms and procedures recorded in conjunction with hospital care 6 page laminated guide includes General Coding Conventions Official Guidelines Instructional Notations Chapter Specific Official Guidelines Selection of Principal Diagnosis Reporting Additional Diagnoses Diagnostic Coding Reporting Guidelines for Outpatient Services Steps to Coding Diagnoses Using the ICD 10 CM Manual Documentation of Complications of Care Rules of Compliance External Cause Codes Sequencing Multiple Codes Correctly What to Code What Not to Code The Process of Abstracting Medical Coding ICD 10 PCS Selection of Principal Procedure ICD 10 PCS Coding Conventions ICD 10 PCS Sections Subsections Medical Surgical Section Guidelines Obstetrics Section Guidelines New Technology Section Guidelines ICD 10 PCS Terms

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