Question 1

The gynecologist performs a colposcopy of the cervix including biopsy and endocervical curettage.

What CPT code is reported?

Options:

A- 57456

B- 57420

C- 57455

D- 57454

Answer:

D

Explanation:

Colposcopy of the Cervix: This involves a visual examination of the cervix using a colposcope.

Biopsy and Endocervical Curettage: The procedures performed include taking a biopsy and scraping the lining of the cervical canal.

CPT Code 57454: This code represents a colposcopy of the cervix with biopsy and endocervical curettage.

AMA's CPT Professional Edition (current year)

Question 2

Question Type: **MultipleChoice**

This 27-year-old male has morbid obesity with a BMI of 45 due to a high calorie diet. He has decided to have an open Roux-en-Y gastric bypass. The patient is brought to the operating room and placed in supine position. A midline abdominal incision is made. The stomach is mobilized, and the proximal stomach is divided and stapled creating a small proximal pouch in continuity with the esophagus. A short limb of the proximal bowel of 155 cm is divided. It is brought up and anastomosed to the gastric pouch. The other end of the divided bowel is connected back into the distal small bowel to the short limb's gastric anastomosis to restore intestinal continuity. The abdominal incision is closed.

What are the procedure and diagnosis codes for this encounter?

Options:

A- 43847, E66.01, Z68.42

B- 43644, E66.01, Z68.43

C- 43847, E66.9, Z68.42

D- 43645, E66.8, Z68.42

Answer:

A

Explanation:

Open Roux-en-Y Gastric Bypass: The procedure involves creating a small gastric pouch and anastomosing it to the jejunum.

CPT Code 43847: This code describes a surgical gastric restrictive procedure with gastric bypass for morbid obesity, open.

ICD-10-CM Code E66.01: This code represents morbid (severe) obesity due to excess calories.

ICD-10-CM Code Z68.42: This code indicates a BMI of 45.

AMA's CPT Professional Edition (current year)

ICD-10-CM (current year)

Question 3

A patient who has colon adenocarcinoma undergoes a laparoscopic partial colectomy. The surgeon removes the proximal colon and terminal ileum and reconnects the cut ends of the distal ileum and remaining colon.

What procedure and diagnosis codes are reported?

Options:

A- 44204, C18.2

B- 44140, C18.9

C- 44205, C18.9

D- 44160, C18.2

Answer:

A

Explanation:

The procedure involves a laparoscopic partial colectomy where the surgeon removes the proximal colon and terminal ileum, then reconnects the cut ends of the distal ileum and remaining colon.

Procedure Description:

Laparoscopic partial colectomy.

Removal of the proximal colon and terminal ileum.

Anastomosis of the distal ileum and remaining colon.

CPT Coding:

44204: Laparoscopy, surgical; colectomy, partial, with anastomosis.

ICD-10-CM Coding:

C18.2: Malignant neoplasm of ascending colon.

AMA's CPT Professional Edition (current year).

ICD-10-CM for corresponding diagnosis codes.

Question 4

A patient complains of tarry, black stool, and epigastric tightness. An esophagogastroduodenoscopy is recommended to evaluate the source of the bleeding. The endoscope is inserted orally. The esophagus appears normal on scope insertion. No evidence of bleeding in the stomach. The scope is then passed into the duodenum, where a polyp is found and removed with hot biopsy forceps. No evidence of bleeding post procedure.

What CPT code is reported?

Options:

A- 43251

B- 43250

C- 43255

D- 43270

Answer:

B

Explanation:

An esophagogastroduodenoscopy (EGD) was performed with the removal of a polyp using hot biopsy forceps.

Procedure Description:

An EGD was performed.

A polyp was found in the duodenum and removed with hot biopsy forceps.

CPT Coding:

43250: Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps.

AMA's CPT Professional Edition (current year).

CPT Assistant for detailed coding guidelines on endoscopic procedures.

Question 5

The gastroenterologist performs a simple excision of three external hemorrhoids and one internal hemorrhoid, each lying along the left lateral column. The operative report indicates that the internal hemorrhoid is not prolapsed and is outside of the anal canal.

What CPT and ICD-10CM codes are reported?

Options:

A- 46320, 46945, K64.0, K64.9

B- 46250, K64.0, K64.9

C- 46255, K64.0, K64.4

D- 46250, 46945, K64.0, K64.4

Answer:

C

Explanation:

CPT code 46255 describes the excision of both internal and external hemorrhoids, which matches the procedure described. The ICD-10-CM codes K64.0 (First degree hemorrhoids) and K64.4 (Residual hemorrhoids) describe the conditions treated.

AMA's CPT Professional Edition (current year), Code 46255

ICD-10-CM (current year), Codes K64.0, K64.4

Question 6

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

What CPT code is reported?

Options:

A- 47785

B- 47780

C- 47740

D- 47760

Answer:

B

Explanation:

The Roux-en-Y anastomosis of the extrahepatic biliary duct to the gastrointestinal tract is a specific surgical procedure that involves connecting the biliary duct to the gastrointestinal tract.

Procedure Description: Roux-en-Y anastomosis of the extrahepatic biliary duct involves creating a direct connection between the biliary duct and the gastrointestinal tract.

Procedure Specificity: The procedure is complex and involves extensive surgical technique and anastomosis.

Coding Decision:

CPT 47780 specifically describes the Roux-en-Y anastomosis of the extrahepatic biliary duct to the gastrointestinal tract.

AMA's CPT Professional Edition (current year).

CPT Assistant for detailed coding guidelines on biliary and gastrointestinal procedures.

Question 7

Question Type: **MultipleChoice**

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

Options:

A- 49082, 76942

B- 49083, 76942-26

C- 49083

D- 49082, 76942-26

Answer:

C

Explanation:

CPT code 49083 describes an abdominal paracentesis with imaging guidance, such as ultrasound. This code includes the imaging guidance as part of the procedure, so it is not necessary to separately report the ultrasonic guidance.

AMA's CPT Professional Edition (current year), Code 49083

Question 8

Question Type: **MultipleChoice**

A 60-year-old male has three-vessel disease and supraventricular tachycardia which has been refractory to other management. He previously had pacemaker placement and stenting of LAD coronary artery stenosis, which has failed to solve the problem. He will undergo CABG with autologous saphenous vein and an extensive modified MAZE procedure to treat the tachycardia.

He is brought to the cardiac OR and placed in the supine position on the OR table. He is prepped and draped, and adequate endotracheal anesthesia is assured. A median sternotomy incision is made and cardiopulmonary bypass is initiated. The endoscope is used to harvest an adequate length of saphenous vein from his left leg. This is uneventful and bleeding is easily controlled. The vein graft is prepared and cut to the appropriate lengths for anastomosis. Two bypasses are performed: one to the circumflex and another to the obtuse marginal. The left internal mammary is then freed up and it is anastomosed to the ramus, the first diagonal, and the LAD. An extensive maze procedure is then performed and the patient is weaned from bypass. At this point, the sternum is closed with wires and the skin is reapproximated with staples. The patient tolerated the procedure without difficulty and was taken to the PACU.

Choose the procedure codes for this surgery.

Options:

A- 33533, 33257, 33519, 33508

B- 33535, 33259, 33519, 33508

C- 33533, 33257-51, 33519-51, 33508-51

D- 33535, 33259 51, 33519-51, 33508-51

Answer:

D

Explanation:

The CABG procedure involved multiple bypasses, with the use of autologous saphenous vein grafts and the left internal mammary artery, along with an extensive modified MAZE procedure. CPT code 33535 describes a coronary artery bypass using arterial grafts, including at least three coronary artery bypasses. CPT code 33259-51 is for the MAZE procedure for supraventricular tachycardia, with the -51 modifier indicating multiple procedures. CPT code 33519-51 is for an additional vein graft, and CPT code 33508-51 describes the endoscopic harvesting of the vein.

AMA's CPT Professional Edition (current year), Codes 33535, 33259-51, 33519-51, 33508-51

Question 9

Question Type: MultipleChoice

A catheter was placed into the abdominal aorta via the right common femoral artery access. An abdominal aortography was performed. The right and left renal artery were adequately visualized. The catheter was used to selectively catheterize the right and left renal artery. Selective right and left renal angiography were then performed, demonstrating a widely patent right and left renal artery.

What CPT coding is reported?

Options:

A- 36251

B- 36252

C- 36253, 75625-26

D- 36252, 75625-26

Answer:

D

Explanation:

CPT code 36252 describes selective catheter placement of the main renal artery with angiography of both kidneys, which matches the procedure of selectively catheterizing the right and left renal arteries and performing angiography. Additionally, CPT code 75625-26 is for an abdominal aortography with interpretation and report. The -26 modifier indicates that the professional component of the service was performed.

AMA's CPT Professional Edition (current year), Codes 36252, 75625-26

Question 10

The pulmonologist performs a bronchoscopy with fluoroscopic guidance. The scope is introduced into the right nostril and advanced to the vocal cords and into the trache

a. The scope is advanced to the right upper lobe and a lung nodule is noted. An endobronchial biopsy is performed.

What CPT code is reported for the procedure?

Options:

A- 31624

B- 31625

C- 31628

D- 31622

Answer:

B

Explanation:

The CPT code 31625 is used for bronchoscopy with a transbronchial lung biopsy. This includes the use of fluoroscopic guidance, as described in the scenario.

AMA's CPT Professional Edition (current year)

Question 11

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

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

Options:

A- 34702

B- 34701

C- 34707

D- 34708

Answer:

A

Explanation:

The emergent endovascular repair of an infrarenal abdominal aortic aneurysm with an aorto-aortic tube endograft is coded with CPT 34702. This code includes the deployment of the endograft and the necessary balloon angioplasty for sealing the proximal and distal attachment zones.

AMA's CPT Professional Edition (current year)

Question 12

Question Type: MultipleChoice

A mother brings her 2-year-old son to the pediatrician's office because he stuck a bead up his left nostril. The pediatrician uses a nasal decongestant to open the blocked nostril and removes the bead with nasal forceps.

What CPT coding is reported?

Options:

A- 30210-50

B- 30210

C- 30300

D- 30300-50

Answer:

C

Explanation:

Removal of a foreign body from the nose using forceps or other instrumentation is coded with CPT 30300. This code includes the use of local anesthesia, which aligns with the scenario where a nasal decongestant was used.

AMA's CPT Professional Edition (current year)