

ANSWERS TO EXERCISES IN TEXTBOOK - Chapter 1

ANSWERS TO THINKING IT THROUGH

Thinking It Through 1.1 page 7

1. Employment opportunities for medical insurance specialists in physician practices will continue to grow, primarily due to an aging population and the increases in health care spending.

Thinking It Through 1.2 page 8

1. You may describe managed care or indemnity coverage. Locate the policies' sections on benefits, exclusions, and financial responsibilities.

Thinking It Through 1.3 page 11

1. Indemnity care health plans are more likely to offer a greater choice of physicians, as managed care offers a more restricted choice of (and access to) provider and treatments in exchange for lower premiums, deductibles, and other charges.

Thinking It Through 1.4 page 14

1.A. The health plan covers diabetic supplies and emergency services, but not dental exams.
B. PCP visits have a lower copayment than specialty visits.

Thinking It Through 1.5 page 15

1. PPOs are the most popular type of insurance plan due to their extensive network of physicians and hospitals, their negotiated discounts from usual fees, and lack of a requirement for referrals.

Thinking It Through 1.6 page 16

1. Consumer-driven health plans combine a health plan, usually a PPO, that has a high deductible and low premiums, with a special "savings account" that is used to pay medical bills before the deductible has been met.

Thinking It Through 1.7 page 18

1. As national health reform is implemented, there will likely be a dramatic decrease in the number of uninsured patients who are seen in physician practices. The new changes make health care more accessible, and will offer coverage to a greater number of people than before, reducing the number of people without insurance.

Thinking It Through 1.8 page 24

1. A. Yes—essential
- B. Yes—essential
- C. No—not essential
- D. No—detailed procedure not warranted by simple diagnosis

Thinking It Through 1.9 page 27

1. Purchasing supplies from a relative could raise the question of a conflict of interest and should be avoided.
2. Reporting overstated codes on insurance claims is not ethical.

Thinking It Through 1.10 page 28

1. Certification is important for administrative medical office employees as it demonstrates an advanced level of dedication and ambition on their part, and demonstrates that they are proficient in the field that they pursue. As far as personal goals are concerned, students should express some interest in obtaining a certification in a specialty that is relevant to the career they intend to pursue.

REVIEW QUESTIONS

Matching page 30

1. H
2. F
3. A
4. G
5. E
6. I
7. D
8. B
9. C
10. J

Multiple Choice page 31

1. C
2. A
3. B
4. A
5. B
6. B
7. A
8. D
9. D
10. D

Short Answer page 32

1. (Step 1) Preregister patients, (Step 2) establish financial responsibility, (Step 3) check in patients, (Step 4) review coding compliance, (Step 5) review billing compliance, (Step 6) check out patients (Step 7) prepare and transmit claims, (Step 8) monitor payer adjudication (Step 9) generate patient statements, and (Step 10) follow up payments and collections.
2. Four of the following: medical terminology, anatomy and physiology, communication skills, attention to detail, flexibility, computer skills, honesty and integrity, ability to work as team member

ANSWERS TO APPLYING YOUR KNOWLEDGE pages 33-34**Case 1.1**

A. \$10

B. The patient is responsible for a deductible of \$250. After that deductible is met, the patient is responsible for 20 percent of the fee.

C. The patient must receive approval in advance for hospital admission. This approval must be obtained at least seven days before a scheduled visit to the hospital and within forty-eight hours of an admission based on an emergency (or on the next business day after a weekend or holiday emergency admission).

Case 1.2

A. \$95

B. \$750, \$250

C. \$336, \$84

D. 0

E. \$535.50; \$229.50

F. \$1055.60

G. The patient owes \$1,890; the payer will not pay until the annual deductible has been met.

H. The patient owes \$2,100; the payer owes \$2,400.

Case 1.3

A. PPO

B. \$5659.92

C. \$2,500

D. 0

E. \$6,000

ANSWERS TO EXERCISES IN TEXTBOOK – Chapter 2

ANSWERS TO THINKING IT THROUGH

Thinking It Through 2.1 page 43

1. A. The letter is a consultation report; it reports the results of bronchoscopy, such as negative washings and absence of tumor.

B. The letter illustrates continuity of care in the use of a chest X-ray done by the primary care physician in the specialist's diagnostic process; because this information was shared, the chest X-ray did not have to be repeated.
2. EHRs will help ensure the continuity of care for patients by allowing all physicians to see their complete medical history and know what past conditions, treatments, and procedures they have had.

Thinking It Through 2.2 page 47

1. The HITECH Act is designed to promote the adoption and meaningful of HIT, while addressing the privacy and security concerns that are associated with electronic transmission of health information. The law provides several provisions to strengthen the civil and criminal enforcement of HIPAA rules.

Thinking It Through 2.3 page 49

1. Although business associates are not directly accountable to the federal government, they are responsible for following HIPAA rules as they are treated as covered entities under the HITECH Act. Furthermore, the HITECH Act has expanded the definition of BAs to include vendors of personal health records.

Thinking It Through 2.4 page 57

Figure 2.5 shows a sample summary of Notice of Privacy Practices.

1. Permission is required for release of PHI to a patient's life insurance company.
2. Written authorization is not required for emergency treatment.
3. Patients have the right to an accounting of disclosures, which states to whom information has been released.

Thinking It Through 2.5 page 58

1. Your password should conform to the guidelines on page 58 in the HIPAA/HITECH Tip Selecting Good Passwords.
2. You cannot permit your colleague to access your files, but you should say that you will be happy to assist by discussing the problem and their solution to it.

Thinking It Through 2.6 page 60

1. This incident could be considered as a breach as this inappropriate disclosure of information could pose some risk to the affected person. On the other hand, you may consider this occurrence to be too minor to be considered a breach.

2. A business associate that discovers, or is responsible for, a breach, is required to notify the associated covered entity. The covered entity is then ultimately responsible for notifying the affected individual(s).

Thinking It Through 2.7 page 62

1. A. Marilyn did not follow release-of-information procedures to verify that Mr. Ramirez had authorized any information to be disclosed.

B. If Mr. Ramirez files a complaint with the federal Office of Civil Rights, she may be found in violation of the rights of Mr. Ramirez to have this information protected and be subject to penalties.

Thinking It Through 2.8 page 66

1. Fraud is an intentional deceptive act to obtain a benefit, while abuse consists of actions that improperly use another's resources. Punishments will vary based on the circumstances involved, but because fraud is always a deliberate act (while abuse is not always deliberate), it will more consistently create the most severe punishment.

Thinking It Through 2.9 page 68

1. A. Mary is asking Kathleen to commit fraud on her behalf by deliberately falsifying the record.

B. Kathleen should explain that she cannot do as Mary asks, although she is sorry not to comply, because of her medical ethics and responsibility to observe the office's policies and procedures.

Thinking It Through 2.10 page 70

1. Ongoing training would be important as it keeps medical insurance specialists sharp and up to date. Ongoing training ensures that they are aware of the most current updates, regulation changes, and developments in the field, and are best prepared to perform their jobs effectively.

REVIEW QUESTIONS

Matching Page 72

1. F
2. J
3. D
4. C
5. I
6. G
7. H
8. A
9. E
10. B

Multiple Choice Page 73

1. C
2. A
3. B
4. C
5. A
6. C
7. D
8. C
9. C
10. A

Short Answer Page 73

1. A. OCR: Office for Civil Rights
- B. PHI: Protected Health Information
- C. TCS: Transactions and Code Sets
- D. DRS: Designated Record Set
- E. EHR: Electronic Health Record
- F. CC: Chief Complaint
- G. NPI: National Provider Identifier
- H. NPP: Notice of Privacy Practices
- I. OIG: Office of Inspector General

ANSWERS TO APPLYING YOUR KNOWLEDGE Pages 75-76

Case 2.3

Based on the release form, the information about the treatment for alcohol abuse should not have been released.

Case 2.4

- | | |
|-------------------|--------------------|
| A. yo: year old | E. Pt: patient |
| B. hx: history | F. adm.: admitted |
| C. ca: cancer | G. op: operative |
| D. bx: biopsy | H. Dx: diagnosis |

ANSWERS TO EXERCISES IN TEXTBOOK - Chapter 3

ANSWERS TO THINKING IT THROUGH

Thinking It Through 3.1 page 78

1. It is important to determine if patients are new and/or established in the practice, so that patient information will be gathered accurately and efficiently.

Thinking It Through 3.2 page 87

1. Patients' insurance coverage should always be verified prior to their office visit to best protect the practice from the possibility of nonpayment.

Thinking It Through 3.3 page 89

1. "Ralph Plane Smith" is used, because the patient's name in the PMP database should match the payer's records.

2. The policyholder is Arnold Kopelman; the patient is his spouse.

Thinking It Through 3.4 page 93

1. Electronic transactions are the fastest and most efficient method for verifying a patient's eligibility for benefits. In addition, they offer extra benefits, such as trace numbers, more-detailed information, and can be sent automatically.

Thinking It Through 3.5 page 95

1. Referrals are a document that may be required by a health plan for a patient to be seen by a another physician than the primary care physician for further evaluation and/or treatment. Preauthorization is a prior approval that may be required by a health plan before a patient sees a specialist, is admitted to the hospital, or has a particular procedure.

Thinking It Through 3.6 page 97

1. The secondary payer needs to know what the primary payer paid on the claim. The basic information that is provided is patient identification, diagnosis and procedure information, charges billed, and amount paid.

Thinking It Through 3.7 page 100

1. Age range = 40-64
2. New patient.
3. Procedures: ECG, injection.
4. Lab: Urinalysis.

Thinking It Through 3.8 page 102

1. Collecting balances from patients at the time of service is an excellent way for medical practices to increase their cash flow, limit their later collection efforts, and maximize the likelihood of getting paid in full.

Thinking It Through 3.9 page 105

1. According to the financial policy in Figure 3.12, payment is expected at the time of the patient's visit for services that are not covered by an insurance plan. The practice does not accept assignment for health plans that it does not contract with directly; patients are responsible for securing payment from their insurance plan in these circumstances.

REVIEW QUESTIONS

Matching Page 107

1. E
2. C
3. I
4. D
5. A
6. G
7. B
8. F
9. J
10. H

Multiple Choice Page 108

1. B
2. B
3. A
4. C
5. D
6. C
7. A
8. D
9. B
10. A

Completion Page 109

1. A. nonPAR
nonparticipating
- B. COB coordination of
benefits
- C. PAR participating
- D. NP new patient
- E. EP established patient

ANSWERS TO APPLYING YOUR KNOWLEDGE Pages 109-110

Case 3.1

new patient

Case 3.2

Patient Name: Harry Cornprost

Date of Call: 10/25/2016

Topic: Reschedule appointment with Dr. Connelley

Outcome: Appointment rescheduled for 12/4/2016

Case 3.3

A. New York Health

B. Gloria's plan

C. Karen's plan

D. Bernard's plan (or Orion's plan)

E. Jim's employer's plan

Case 3.4

A. 30% of \$80, or \$24

B. The discounted rate the physician receives is \$480 – 15%, or \$408; patient pays \$10, HMO \$398

C. The discounted rate the physician receives is \$210 – 20%, or \$168; patient pays \$25.20 and the PPO pays \$142.80

ANSWERS TO EXERCISES IN WORKBOOK LESSON 4

CERTAIN INFECTIOUS AND PARASITIC DISEASES

Chapter 1: Codes A00-B99

Pages 31-32

- | | | |
|-----------|------------|------------|
| 1. B75 | 10. A82.9 | 19. A04.5 |
| 2. B79 | 11. A15.5 | 20. B02.9 |
| 3. A69.20 | 12. B17.2 | 21. B20 |
| 4. A52.11 | 13. A23.9 | 22. A08.32 |
| 5. B34.1 | 14. A06.7 | 23. B37.2 |
| 6. B53.0 | 15. A54.01 | 24. B33.23 |
| 7. M35.2 | 16. A68.1 | 25. A38.9 |
| 8. A51.0 | 17. A37.80 | |
| 9. B15.9 | 18. A54.24 | |

NEOPLASMS

Chapter 2: Codes C00-D49

Pages 33-34

- | | | |
|-----------|------------|-------------------|
| 1. C41.1 | 10. C41.2 | 19. Z85.028 |
| 2. D10.9 | 11. C95.91 | 20. Z12.31, Z80.3 |
| 3. D01.7 | 12. C81.78 | 21. C00.1 |
| 4. D48.5 | 13. D25.9 | 22. D23.62 |
| 5. C78.89 | 14. C96.0 | 23. D06.9 |
| 6. D49.89 | 15. Z12.83 | 24. D49.1 |
| 7. C10.9 | 16. R18.8 | 25. D02.3 |
| 8. D00.1 | 17. C79.89 | |
| 9. D33.2 | 18. C71.2 | |

DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM

Chapter 3: Codes D50-D89

Pages 35-36

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|----------|----------|----------|
| 1. D50.9 | 4. D66 | 7. D58.8 |
| 2. D51.3 | 5. D58.9 | 8. D58.8 |
| 3. D57.1 | 6. D55.8 | 9. D58.1 |

10. D50.9	14. D64.4	18. D69.59
11. D69.0	15. D51.0	19. D63.1
12. D60.1	16. D68.0	20. D55.2
13. D64.0	17. D69.6	

ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES

Chapter 4: Codes E00-E89

Pages 37-40

1. E03.1	10. E23.0	19. E08.42
2. E76.3	11. E05.00	20. Z71.3, E66.9
3. E71.510	12. E10.65	21. E23.6
4. E89.0	13. E11.9	22. E72.01
5. E56.1	14. E11.649	23. E86.0
6. E27.5	15. E10.21	24. E01.8
7. E40	16. E11.319	25. E52
8. E06.3	17. E04.9	
9. E34.8	18. E66.01, Z68.41	

MENTAL and BEHAVIORAL DISORDERS

Chapter 5: Codes F01-F99

Pages 41-42

1. F70	8. F41.8	16. F10.129
2. F32.9	9. F41.0	17. F11.20, F13.20
3. F07.0	10. F60.81	18. F11.20
4. F17.200	11. F14.10	19. F91.8
5. R41.0	12. F84.3	20. F30.9
6. F04	13. F31.63	
7. F41.9	14. F20.2	
	15. F15.10	

DISEASES OF THE NERVOUS SYSTEM

DISEASES OF THE EYE AND ANDEXA

DISEASES OF THE EAR AND MASTOID PROCESS

Chapter 6: Codes G00-G99

Chapter 7: Codes H00-H56

Chapter 8: Codes H60-H95

Pages 43-44

1. G10	2. G11.4	3. G83.9
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|--------------------------|--------------------------|--------------------------|
| 4. G54.0 | 12. E76.1 | 20. B36.8, <i>H62.41</i> |
| 5. G93.2 | 13. E88.9, <i>G99.0</i> | 21. H04.579 |
| 6. H44.529 | 14. C34.02, <i>G73.1</i> | 22. H65.00 |
| 7. H25.019 | 15. E27.1, <i>G73.7</i> | 23. H93.11 |
| 8. H53.2 | 16. E75.21, <i>H36</i> | 24. H10.023 |
| 9. H53.40 | 17. G11.1 | 25. H40.11 |
| 10. H53.51 | 18. E11.36 | |
| 11. T56.1X4A, <i>G92</i> | 19. E05.00 | |

DISEASES OF THE CIRCULATORY SYSTEM

Chapter 9: Codes I00-I99

Pages 45-48

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|-------------|------------|--------------------------|
| 1. I01.1 | 15. I21.09 | 29. I10 |
| 2. I09.2 | 16. I63.22 | 30. I10 |
| 3. I20.0 | 17. I66.22 | 31. I06.1, I09.81, I50.9 |
| 4. I20.0 | 18. I65.09 | 32. I08.0, I48.1 |
| 5. I25.730 | 19. I65.8 | 33. N18.9, <i>I32</i> |
| 6. I27.0 | 20. I49.5 | 34. I11.0, I50.1 |
| 7. I33.9 | 21. I07.0 | 35. I11.9 |
| 8. I31.1 | 22. I25.2 | 36. I42.6, F10.20 |
| 9. I95.81 | 23. I31.0 | 37. I20.9, I10 |
| 10. I51.7 | 24. I85.01 | 38. A18.84 |
| 11. I97.130 | 25. I20.8 | 39. E13.51 |
| 12. A39.51 | 26. I15.8 | 40. I83.11 |
| 13. I45.9 | 27. I15.0 | |
| 14. I25.2 | 28. I15.2 | |

DISEASES OF THE RESPIRATORY SYSTEM

Chapter 10: Codes J00-J99

Pages 49-50

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|-----------|---------------------|-------------|
| 1. J47.9 | 10. J09.12 | 19. J35.3 |
| 2. J35.8 | 11. B25.0 | 20. J21.0 |
| 3. J34.2 | 12. J15.1 | 21. J45.909 |
| 4. J38.3 | 13. J96.20 | 22. J30.1 |
| 5. J33.0 | 14. J12.0, J45.909 | 23. J44.0 |
| 6. J36 | 15. J44.9 | 24. J03.90 |
| 7. J61 | 16. J44.0 | 25. J32.0 |
| 8. J85.2 | 17. J70.0, W90.8XXA | |
| 9. B44.81 | 18. J34.3 | |

DISEASES OF THE DIGESTIVE SYSTEM**Chapter 11: Codes K00-K94****Pages 51-52**

1. K61.0	10. K22.3	19. K40.21
2. K37	11. K50.90	20. K70.9, F10.20
3. K21.0	12. K56.41	21. K44.9
4. K01.1	13. K74.3	22. K66.0
5. K05.00	14. K52.2, Z91.012	23. K65.9
6. K21.9	15. B34.1, K77	24. K50.90
7. K00.0	16. K28.6	25. K27.5
8. K14.6	17. K82.4	
9. K11.20	18. K81.2	

DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE**Chapter 12: Codes L00-L99****Pages 53-54**

1. L50.0	10. L13.0	19. L89.223
2. L72.1	11. L56.5	20. no code assigned
3. L68.0	12. L42	21. L24.0
4. L60.0	13. L03.039	22. L13.1
5. L85.1	14. L40.50	23. L98.9
6. L84	15. L55.2	24. L89.141
7. L28.0	16. L89.512	25. L70.0
8. L41.4	17. L89.810	
9. L00, L49.0	18. L89.629	

DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE**Chapter 13: Codes M00-M99****Pages 55-56**

1. M20.31	10. M34.9	19. M86.39
2. M81.0	11. M24.119	20. M66.249, M66.349
3. M20.10	12. M79.673	21. M86.261
4. M79.609	13. M88.9	22. M71.20
5. M54.5	14. M87.859	23. M84.472P
6. M54.2	15. M91.10	24. M21.542
7. M51.46	16. M35.2	25. M41.34
8. M77.30	17. M32.12	
9. M22.40	18. B91, M89.611	

DISEASES OF THE GENITOURINARY SYSTEM

Chapter 14: Codes N00-N99

Pages 57-58

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|-----------|--------------------------------|--------------------|
| 1. N19 | 10. N83.20 | 19. N41.01, B95.5 |
| 2. N20.1 | 11. N18.9, <i>I32</i> | 20. N75.1, N39.3 |
| 3. N28.89 | 12. N40.1, N39.46 | 21. N87.0 |
| 4. N30.10 | 13. B40.9, <i>N41.9</i> | 22. N60.11, N60.12 |
| 5. N34.0 | 14. N76.0, B95.8 | 23. N39.3 |
| 6. N46.9 | 15. N73.6, N99.4, <i>N97.1</i> | 24. E11.21 |
| 7. N64.89 | 16. N30.00, B96.2 | 25. N80.1 |
| 8. N70.03 | 17. E11.29 | |
| 9. N80.0 | 18. A18.11, <i>N12</i> | |

PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM

Chapter 15: Codes O00-O9A

Pages 59-60

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|-----------|--------------------|---------------------|
| 1. O01.9 | 10. O21.0 | 19. O30.209, Z37.62 |
| 2. O00.0 | 11. O36.0990 | 20. O64.3XX0, Z37.9 |
| 3. O03.82 | 12. O69.3xx0 | 21. O46.90 |
| 4. O03.30 | 13. O88.83 | 22. O48.0 |
| 5. Z33.2 | 14. O92.12 | 23. O24.419 |
| 6. O03.81 | 15. O71.2 | 24. O71.1 |
| 7. O02.1 | 16. O72.3 | 25. O22.33, I82.4z2 |
| 8. O20.9 | 17. O80, Z37.0 | |
| 9. O45.90 | 18. O30.009, Z37.2 | |

CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

Chapter 16: Codes P00-P96

Pages 61-62

- | | | |
|-----------|----------------------------|---------------------------|
| 1. P07.03 | 9. P54.5 | 17. Z38.4, Z38.30, P07.32 |
| 2. P04.3 | 10. P35.0 | 18. P22.1 |
| 3. P00.4 | 11. P37.5 | 19. P55.0 |
| 4. P59.29 | 12. P84 | 20. P01.3 |
| 5. P22.0 | 13. Z38.00, P07.18, P07.30 | |
| 6. P81.9 | 14. Z38.30, P28.0 | |
| 7. P61.2 | 15. Z38.01, P72.1 | |
| 8. P90 | 16. Z38.30, P08.21 | |

CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ANOMALIES

Chapter 17: Codes Q00-Q99

Pages 63-64

1. Q76.49	8. Q31.0	15. Q68.8
2. Q65.00	9. Q26.8	16. Q90.2
3. Q64.10	10. Q30.0	17. Q82.0
4. Q53.9	11. Q37.9	18. Q31.8
5. Q44.6	12. Q45.1	19. Q64.32
6. Q43.1	13. Q61.2	20. Q79.4
7. Q38.3	14. Q70.23	

SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS

Chapter 18: Codes R00-R99

Pages 65-66

1. R40.20	10. R50.9	19. N81.3, N39.45
2. R55	11. R18.8	20. R07.2, R06.4
3. R94.31	12. R19.06	21. G47.30, G47.10
4. B34.9	13. R21	22. R53.82
5. R73.09	14. R11.2	23. N23
6. R16.1	15. R04.0	24. R00.2
7. N39.41	16. R03.0, R45.0	25. R75, Z20.6
8. R06.2	17. R23.1, R23.2	
9. R06.6	18. E11.52	

INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

Chapter 19: Codes S00-T88

Pages 67-71

1. S02.2XXB	11. S41.109A	21. S02.10XB
2. S32.10XA/S32.2XXA	12. S00.10XA	22. S25.22XA
3. S32.012A	13. S04.60XA	23. S12.030A
4. S92.402A	14. T79.4XXA	24. S62.521A
5. S63.649A	15. S81.051S	25. S27.2XXA
6. S33.6XXA	16. S43.429A	26. S27.812A
7. S06.0X1A	17. S43.026A	27. T18.9XXA
8. S21.332D	18. S82.862D	28. S90.30XA
9. S05.30XA	19. S42.121A	29. S08.122A
10. S01.20XA	20. S02.61XA	30. S62.109A

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| 31. S22.49XA, V83.9xxA | 42. T49.0X- | 55. T67.5XXA |
| 32. S61.419A, W25.XXXA | 43. T45.4X- | 56. T54.3X4A |
| 33. S57.80XA, W23.1XXA | 44. T52.4x- | 57. T49.7X4A |
| 34. S30.0XXA, V80.010A | 45. T63.45- | 58. T41.3X4A |
| 35. S81.809A, W29.8XXA | 46. T63.311A | 59. T43.95XA |
| 36. T20.39XA,, T31.0 | 47. T36.0X1A | 60. T40.3X6A |
| 37. T24.119A, T24.139A | 48. T42.8X4A | 61. T38.5X4A |
| 38. T23.651A, T23.652A | 49. T52.0X4A | 62. T46.3X4A |
| 39. T21.39XA, T31.33 | 50. T56.1X4A | 63. T45.511A |
| 40. T24.301A, T24.302A,
T21.34XA,
T21.33xA, T31.55 | 51. T51.2X2A | 64. T66.XXXA |
| 41. T52.3X- | 52. T56.0X4A | 65. T78.01XA |
| | 53. T67.2XXA | |
| | 54. T68.XXXA | |

EXTERNAL CAUSES OF MORBIDITY

Chapter 20: Codes V00-Y99

Pages 29-30

- | | | |
|-------------|------------------------|------------------------|
| 1. V00.311A | 10. V40.0XXA | 19. S06.0X1A, Y93.61 |
| 2. V24.5XXD | 11. W90.2XXA | 20. S52.342A, V43.52XA |
| 3. Y63.2 | 12. X02.0XXA | 21. V95.32XA, Y99.0 |
| 4. Y65.52 | 13. V81.4XXA | 22. W10.8XXA, Y92.00 |
| 5. Y90.3 | 14. Y99.2 | 23. W33.02XA |
| 6. W69.XXXA | 15. Y93.c2 | 24. Y37.310A, Y99.1 |
| 7. W13.4XXA | 16. S42.401D, V00.111D | 25. V18.0XXA |
| 8. X30.XXXS | 17. S62.501A, W11.XXXA | |
| 9. W00.0XXA | 18. S60.222A, W60.XXXA | |

FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES

Chapter 21: Codes Z00-Z99

Pages 27-28

- | | | |
|------------|---------------------------|-----------------------|
| 1. Z00.00 | 10. Z20.01 | 19. Z16, supplemental |
| 2. Z20.1 | 11. Z01.810, primary | 20. Z48.02, primary |
| 3. Z13.5 | 12. Z51.0, primary | 21. Z82.71 |
| 4. Z14.1 | 13. Z02.0, primary | 22. Z36 |
| 5. Z23 | 14. Z71.6, primary | 23. Z44.22 |
| 6. Z40.02 | 15. Z34.00, primary | 24. Z52.4 |
| 7. Z68.42 | 16. Z82.2, supplemental | 25. Z01.419 |
| 8. Z94.1 | 17. Z91.040, supplemental | |
| 9. Z30.430 | 18. Z22.52, primary | |

CODING QUIZ: ICD-10-CM**Pages 73-78**

1. 3	15. 1	29. 2
2. 2	16. 3	30. 3
3. 3	17. 2	31. 3
4. 4	18. 1	32. 2
5. 2	19. 4	33. 3
6. 3	20. 3	34. 3
7. 4	21. 2	35. 2
8. 1	22. 4	36. 1
9. 2	23. 2	37. 4
10. 4	24. 4	38. 1
11. 2	25. 1	39. 2
12. 1	26. 4	40. 3
13. 2	27. 2	
14. 2	28. 3	

ANSWERS TO EXERCISES IN TEXTBOOK - Chapter 4

ANSWERS TO THINKING IT THROUGH

Thinking It Through 4.1 page 114

1. Possible answers include Swine flu (H1N1), Bird Flu (also called avian flu/H5N1), West Nile virus, SARS, HIV/AIDS, human Creutzfeldt-Jakob disease, and Lyme disease.

Thinking It Through 4.2 page 115

1. It is important to use current ICD codes so that the diagnosis is properly and accurately communicated, and to ensure that the maximum possible benefit is received.

Thinking It Through 4.3 page 118

1. A. Eponym

B. Supplementary

2. Stieda's disease: *see* Bursitis, tibial collateral—the coder must turn to **Bursitis**; tibial collateral in the Alphabetic Index.

Atrophia: *see also* Atrophy—the coder should also review the entry or entries under **Atrophy**.

Branchial: *see* condition—the coder must turn to the specific condition that has affected the respiration.

3. *See* cross-references are not followed by codes, since the coder must turn to the referenced main term to further research the condition.

Thinking It Through 4.4 page 122

1. B58 Toxoplasmosis excludes congenital toxoplasmosis (P37.1)

2. J44.0, Chronic obstructive pulmonary disease with acute lower respiratory infection, is followed by the phrase “Use additional code to identify the infection,” meaning that the infectious organism, if known, should also be coded.

3. The note that follows category S80, Superficial injury of knee and lower leg, indicates that a seventh character must be reported with all codes in this category.

4. Category E11, Type 2 diabetes mellitus, includes diabetes (mellitus) due to insulin secretory defect, diabetes NOS, and, insulin resistant diabetes (mellitus).

5. Because the instruction is to “Code first underlying disease...”, these codes are manifestation codes and may not be primary.

Thinking It Through 4.5 page 128

1. Z00.00, N63

Examination; medical (adult)

Mass; breast

Guideline: Code the primary diagnosis first, followed by current coexisting conditions.

2. R51

Headache

Guideline: Code to the highest level of certainty (do no code rule-outs).

3. J38.7

Ulcer, ulcerated, ulcerating, ulceration, ulcerative; larynx

Guideline: Code chronic condition when treatment is provided.

4. M62.81, G14

Weak, weakening, weakness; muscle

Syndrome; postpolio (myelitic)

Guideline: Code late effects.

5. M19.90

Osteoarthritis

Guideline: Code to the highest level of specificity.

Thinking It Through 4.6 page 133

1. External cause codes are not reportable as primary codes, because they code for supplementary information rather than primary conditions.

Thinking It Through 4.7 page 136

1. It is important to find the appropriate listing in the Alphabetic Index to be directed to the correct code in the Tabular List. The Tabular List must always be checked to verify the code, as it contains additional information and notes.

A. patient complains of abdominal cramps

B. **Pain(s);** abdominal

Note: In the Alphabetic Index, the main term and subterm "**Cramp(s);** abdominal," contains a note that states "see Pain, abdominal."

C. R10.9

D. Yes, the listing in the Tabular List matches the Alphabetic Index, because both represent unspecified abdominal pain.

2. A. cerebral atherosclerosis

I67.2

Arteriosclerosis; cerebral

Note: The main term **Atherosclerosis** has a note that directs the user to the main term **Arteriosclerosis**.

B. spasmodic asthma with status asthmaticus

J45.902

Asthma, asthmatic; with; status asthmaticus

C. congenital night blindness

H53.63

Blindness; night; congenital

D. recurrent inguinal hernia with obstruction

K40.31

Hernia, hernial; inguinal; with; obstruction; recurrent

E. incomplete bundle branch heart block

I45.4

Block, blocked; bundle-branch (incomplete)

Note: The block is not specified as right or left.

F. acute bacterial food poisoning

T62.91XA

Poisoning; food (acute)

Note: The seventh character indicates an initial encounter.

G. malnutrition following gastrointestinal surgery

K91.2

Malnutrition; following gastrointestinal surgery

H. skin test for hypersensitivity

Z01.82

Test, tests, testing; skin, diagnostic; allergy

I. frequency of urination disturbing sleep

R35.1

Nocturia

Note: This main term is specific to frequent urination at night.

Thinking It Through 4.8 page 137

1. A. N 39.0

Infection, infected, infective; urinary (tract) Note: The infectious agent is not known.

B. J44.9

Disease, diseased; pulmonary; chronic obstructive Note: This condition is unspecified.

C. E11.9

Accident; cerebrovascular Note: This condition is unspecified.

D. T75.4xxA

Electrocution Note: The seventh character indicates an initial encounter or episode.

REVIEW QUESTIONS**Matching**

1. B
2. E
3. I
4. H
5. C
6. J
7. F
8. A
9. D
10. G

Multiple Choice

1. D
2. B
3. C
4. B
5. A
6. C
7. D
8. B
9. A
10. C

ANSWERS TO APPLYING YOUR KNOWLEDGE**Case 4.1**

A. N28.0

Infarct, infarction; brewer's

B. H10.89

Conjunctivitis; Parinaud's

C. J30.1

Rhinitis; allergic; due to; pollen

D. I49.9

Arrhythmia (cardiac)

Note: This is an unspecified condition.

E. 54.9

Backache

Note: This is an unspecified condition.

F. L72.3

Cyst; sebaceous

G. N60.22

Fibroadenosis, breast

Note: The fifth digit character specifies that this condition is affecting the left breast.

H. N30.21

Cystitis; chronic; with hematuria

I. O80, Z37.0

Delivery; normal

Note: This code requires an additional code to indicate the outcome of delivery.

Outcome of delivery; single; liveborn

J. L89.512

Ulcer, ulcerated, ulcerating, ulceration, ulcerative; pressure; stage 2; ankle

Note: The fifth digit character indicates the condition is on the right ankle, and the sixth digit character indicates it is a stage 2 pressure ulcer.

K. J11.82

Influenza; with; myocarditis

Note: The influenza virus is not identified.

L. H66.93

Otitis (acute); media

Note: The fifth digit character indicates a bilateral condition.

M. A78, I39

Endocarditis; due to; Q fever

Note: The Alphabetic Index lists both codes.

N. Z23

Vaccination; encounter for

O. R42

Vertigo

Note: This condition is not otherwise specified.

P. D64.81

Anemia; due to; antineoplastic chemotherapy

Q. M62.451

Contraction(s), contracture, contracted; muscle; thigh

Note: The sixth digit character indicates the condition is in the right thigh.

R. J11.1

Influenza; with; respiratory manifestations NEC

Note: This condition is not otherwise specified.

S. J15.3

Pneumonia; in (due to); Streptococcus; group B

T. N92.0

Menorrhagia

Note: This condition is not otherwise specified.

Case 4.2

A. The first code is correct. The second code, for seborrheic dermatitis, requires another digit, L21.9. (Code to the highest level of specificity.)

L40.1, L21.9

Psoriasis; pustular (generalized)

Dermatitis; seborrheic

Note: This is an unspecified condition.

B. The coding is incomplete. Code N40.1 has the instruction, "Use additional code for associated symptoms, when specified." Code R32 should be listed as the secondary code to identify urinary incontinence NOS.

(Code the primary and coexisting conditions.)

N40.1, R32

Enlargement, enlarged; prostate; with lower urinary tract symptoms

Incontinence

Note: This is an unspecified condition.

C. The code for arthritis cannot be assigned, since the arthritis was not confirmed. Only code M25.562 should be listed. (Code only to the highest level of certainty.)

M25.562

Pain(s); joint; knee

Note: The sixth digit character indicates the pain is in the left knee.

ANSWERS TO EXERCISES IN WORKBOOK FOR LESSON 5

MODIFIERS pages 83-84

Note: For further explanation of CPT modifiers, refer to Appendix A in AMA's CPT code book.

1. **99 Multiple Modifiers:** Two or more modifiers may be necessary to completely delineate a service.
2. **59 Distinct Procedural Service:** It may be necessary to indicate that a procedure or service was distinct or independent from other services performed on the same day.
3. **24 Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period:** Indicates that an E/M service was performed during a postoperative period for a reason(s) unrelated to the original procedure.
4. **58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period:** Indicates that the performance of a procedure or service during the postoperative period was planned or anticipated, more extensive than the original procedure, or for therapy following a procedure.
5. **80 Assistant Surgeon:** Used for surgical assistant services.
6. **53 Discontinued Procedure:** Indicates that a surgical or diagnostic procedure was started but discontinued.
7. **76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional:** Indicates that a procedure or service was repeated by the same physician subsequent to the original procedure or service.
8. **23 Unusual Anesthesia:** Used when a procedure that usually requires either no anesthesia or local anesthesia must be done under general anesthesia due to unusual circumstances.
9. **32 Mandated Services:** Used for services related to mandated consultation and/or related services.
10. **66 Surgical Team:** Indicates highly complex procedures carried out under the "surgical team" concept.
11. **47 Anesthesia by Surgeon:** Used to report regional or general anesthesia provided by the surgeon.
12. **22 Increased Procedural Services:** Used when the work required to provide a service is substantially greater than typically required.
13. **51 Multiple Procedures:** Indicates multiple procedures were performed, other than E/M services.
14. **62 Two Surgeons:** Used when two surgeons work together as primary surgeons performing distinct part(s) of a procedure.
15. **52 Reduced Services:** Indicates a service or procedure is partially reduced or eliminated at the physician's discretion.

16. 78 Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period: Indicates that another procedure was performed during the postoperative period of the initial procedure.

17. 55 Postoperative Management Only: Identifies the postoperative component of a surgical procedure when one physician performed the postoperative management and another physician performed the surgical procedure.

18. 50 Bilateral Procedure: Indicates bilateral procedures performed at the same session, when not otherwise identified in the listings.

19. 26 Professional Component: Used to report the physician component of a service separately.

20. 53 Discontinued Procedure: Indicates that a surgical or diagnostic procedure was started but discontinued.

EVALUATION & MANAGEMENT

Codes 99201-99499

Pages 85-90

1. 99201 Evaluation and Management; Office and Other Outpatient

Note: The presenting problem is self limited or minor and for a new patient.

2. 99213 Evaluation and Management; Office and Other Outpatient

Note: The presenting problem is of low to moderate severity and for an established patient.

3. 99222 Hospital Services; Inpatient Services; Initial Hospital Care

Note: This visit is initial hospital care of moderate severity.

4. 99243 Evaluation and Management; Consultation

Note: The office consultation is for a presenting problem of moderate severity.

5. 99383 Preventive Medicine; New Patient

Note: The new patient is in late childhood, between 5 and 11 years old.

6. 99456 Disability Evaluation Services; Examination

Note: The evaluation was performed by someone other than the treating physician.

7. 99231 Hospital Services; Inpatient Services; Subsequent Hospital Care

Note: This service is subsequent hospital care for a patient who is stable, recovering or improving.

8. 99285 Evaluation and Management; Emergency Department

Note: The presenting problem for this emergency service is of high severity and poses an immediate significant threat to life or physiologic function.

9. 99316 Nursing Facility Services; Discharge Services

Note: This nursing facility discharge service is more than 30 minutes.

10. 99347 **Evaluation and Management**; Home Services

Note: The home services are for a problem that is self limited or minor and for an established patient.

11. 99251 **Evaluation and Management**; Consultation

Note: This inpatient consultation is for a presenting problem that is self limited or minor.

12. 99288 **Evaluation and Management**; Emergency Department

Note: There is physician direction of emergency medical systems.

13. 99291 **Evaluation and Management**; Critical Care

Note: This critical care has a duration of 60 minutes.

14. 99469 **Evaluation and Management**; Neonatal Critical Care

Note: This subsequent inpatient neonatal care is for a critically ill neonate, 28 days of age or younger.

15. 99307 **Evaluation and Management**; Nursing Facility; Subsequent Care

Note: This subsequent nursing facility care is for a stable patient.

16. 99397 **Evaluation and Management**; Preventive Services

Note: This service is for an established patient who is aged 65 years and older.

17. 99204 **Evaluation and Management**; Office and Other Outpatient

Note: The presenting problem is of moderate to high severity and for a new patient.

18. 99243 32 **Evaluation and Management**; Consultation

Note: The office consultation is for a presenting problem of moderate severity; modifier 32 is required as this service is mandated by a third-party payer.

19. 99396, 99214 25 **Evaluation and Management**; Preventive Services

Note: This service is for an established patient who is aged 40-64 years.

Evaluation and Management; Office and Other Outpatient

Note: The presenting problem is of moderate to high severity and for an established patient; modifier 25 is required as the E/M service is significant, separately identifiable, and performed by the same physician on the same day of the other service.

ANESTHESIA**Codes 00100-01999****pages 91-92**

1. 01961	11. 00846	21. 00220 P5
2. 01202	12. 00952	22. 00103 53
3. 00914	13. 01274	23. 01482 P3
4. 00402	14. 01622	24. 00790, 99140
5. 00580	15. 01967	25. 01382 P2
6. 00322	16. 01320 P2	26. 01920 P4
7. 00172	17. 01170 P1	27. 01990 P6
8. 00600	18. 00880 P4	28. 00524, 99100
9. 00500	19. 00102, 99100	
10. 00472	20. 00842 P1	

Integumentary System**Codes 10040-19499****Pages 95-96**

1. 10120	10. 19364	19. 19100 50
2. 10061	11. 19301	20. 19342, 19396 51
3. 11400	12. 17286	21. 15786, 15787 x 2
4. 11423	13. 11901	22. 15400, 15401
5. 15786	14. 15750	23. 17000, 17003 x 3
6. 15819	15. 11604	24. 11000, 11001
7. 15826	16. 11602, 11620 51	25. 13101, 13102
8. 16035	17. 15100 58	
9. 19318	18. 15836, 15837 51	

Musculoskeletal System

Codes 20000-29999

Pages 97-99

1. 29700	13. 22849	25. 29799
2. 27650	14. 22800	26. 28292 50
3. 26055	15. 25365	27. 20101
4. 25530	16. 26951	28. 27280
5. 25800	17. 27216	29. 28130 79
6. 24400	18. 20220	30. 27333
7. 28530	19. 23462	31. 27842
8. 28445	20. 27340	32. 27479
9. 28001	21. 24435	33. 23520, 27560 51
10. 24800	22. 27130	34. 29860
11. 24358	23. 27222	35. 29894
12. 24134	24. 23184	

Respiratory System

Codes 30000-32999

Pages 101-102

1. 31225	12. 31256	Thoracentesis
2. 31000	13. 31601	Note: No imaging guidance was used.
3. 31360	14. 30020	23. 32482
4. 31587	15. 30117 x 2	24. 31255
5. 31613	16. 31090	25. 31622
6. 31750	17. 31231	Bronchoscopy; Exploration
7. 32310	18. 31526	Note: No additional device for the diagnostic bronchoscopy is mentioned.
8. 32905	19. 31235	
9. 30125	20. 30130, 31020 51	
10. 30320	21. 31500	
11. 32661, 32662 51	22. 32554	

Cardiovascular System**Codes 33010-37799****Pages 103-105**

1. 33233	13. 33217	25. 33533, 33519
2. 33420	14. 33320	26. 35501, 35518 51
3. 33510	15. 33778	27. 75978
4. 33542	16. 33690	28. 35907 54
5. 33670	17. 33720	29. 36569
6. 34530	18. 37785 50	30. 36415
7. 35301	19. 33822	31. 33210
8. 35721	20. 33464	32. 33475 53
9. 36000	21. 33243, 33241 51	33. 33915
10. 33681	22. 33011, 76930 26	34. 33916
11. 36260	23. 33223	35. 33875
12. 33031	24. 33406	

Hemic and Lymphatic Systems; Mediastinum and Diaphragm**Codes 38100-39599****Pages 107-108**

1. 38305	9. 38100	15. 39000
2. 38792	10. 38241	16. 38200, 75810 26
3. 39501	Transplantation; Stem Cells	17. 38790 50, 75807 26
4. 39400	Note: The procedure is an autologous transplantation.	18. 38564
5. 38505	11. 38790	19. 38115
6. 38550	12. 39541	20. 38745, 38746
7. 38770	13. 38308	
8. 38120	14. 38794	

Digestive System
Codes 40490-49999
Pages 109-110

1. 40530	10. 43810	19. 44960
2. 49525	11. 41010	20. 45384
3. 49425	12. 42120 76	21. 43200
4. 49000	13. 42835	22. 41130
5. 48020	14. 43107	23. 49557 50
6. 47600	15. 49440	24. 44186
7. 47701	16. 43246	25. 43458, 74360 26
8. 47100	17. 44312, 42900 59	
9. 44800	18. 44144	

Urinary System
Codes 50010-53899
Pages 111-112

1. 50600	10. 51700	19. 52630
2. 50700	11. 50820	20. 52648 53
3. 50951T and HCPCS	12. 50546	21. 50590 RT
4. 53400	13. 50200, 77002	22. 50340 50
5. 53040	14. 50405	23. 52290
6. 52332	15. 50045, 50570 51	24. 52601
7. 51880	16. 52601 58	25. 51992
8. 51784	17. 52235	
9. 51101	18. 51820	

Male Genital System; Intersex Surgery**Code 54000-55980****Pages 113-114**

1. 54670	10. 54700	19. 54230, 74445
2. 54520 50	11. 54620	20. 54015
3. 55250	12. 54530	21. 54318
4. 55605	13. 54055	22. 54352
5. 54692	14. 54065	23. 54440 79
6. 55810	15. 54840	24. 54110, 54200 51
7. 55680	16. 55530 53	25. 55705
8. 55450	17. 55550	
9. 55120	18. 54150	

Female Genital System; Maternity Care and Delivery**Codes 56405-59899****Pages 115-116**

1. 56501	12. 59820	Note: This procedure was not performed by an assisting physician, which is further indicated by the modifier.
2. 56633	13. 59840	
3. 57160	14. 59514	
4. 57061	15. 59622, 59525	
5. 57558	16. 58540, 51920 51	21. 58805
6. 59160	17. 58350, 99070 (or HCPCS code)	22. 57110
7. 58400	18. 58550	23. 59400
8. 58150	19. 59866	24. 59100, 58611 59
9. 58180	20. 59300 80	25. 59414
10. 58300	Episiotomy	
11. 59610		

Endocrine System/Nervous System

Codes 60000-64999

Pages 117-118

- | | | |
|----------|------------------|----------------------|
| 1. 60220 | 8. 60500 | 15. 63090, 63091 x 2 |
| 2. 61105 | 9. 60252 | 16. 61880 |
| 3. 61615 | 10. 60540 | 17. 62223 |
| 4. 62100 | 11. 62362 | 18. 62269, 77012 |
| 5. 61304 | 12. 63650 | 19. 63005 |
| 6. 60300 | 13. 64553 | 20. 61320, 61321 51 |
| 7. 60650 | 14. 61522, 61107 | |

Eye and Ocular Anexa; Auditory System Operating Microscope

Codes 65091-69990

Pages 119-120

- | | | |
|----------|------------------|--------------|
| 1. 67938 | 10. 66130 | 19. 69676 50 |
| 2. 68100 | 11. 67800 79 | 20. 67950 54 |
| 3. 69090 | 12. 69610, 69990 | 21. 66720 |
| 4. 69711 | 13. 69100 50 | 22. 65771 |
| 5. 69502 | 14. 69210 | 23. 67105 |
| 6. 67715 | 15. 65175 | 24. 68420 |
| 7. 67875 | 16. 66930 | 25. 69205 |
| 8. 67250 | 17. 69620 53 | |
| 9. 66984 | 18. 69140 | |

Radiology Section
Codes 70010-79999
Pages 121-122

1. 71100	internal carotid artery and is	Note: There is no mention of
2. 70350	a bilateral procedure,	thyroid imaging.
3. 72196	requiring the modifier.	18. 77786
4. 72128	10. 75731	19. 76828
5. 74000	11. 77078, 77074	20. 75992, 75993 x 2
6. 74425	12. 77057	21. 73040
7. 75605	13. 79999	22. 72193
8. 75557	14. 78813	23. 76529
9. 36224 50	15. 78469	24. 77261
Angiography; Carotid Artery	16. 78299	25. 77427 x 2
Note: This procedure, now	17. 78012	
coded from the Surgery	Nuclear Medicine;	
section, is performed on the	Diagnostic; Thyroid; Uptake	

Pathology and Laboratory Section
Codes 80047-89398
Pages 123-124

1. 82465	10. 86663	19. 80502
2. 82565	11. 81003	20. 80101 32
3. 82951	12. 86593	21. 85002
4. 83001	13. 84132	22. 85025
5. 89136	14. 84702	23. 84588
6. 88108	15. 80061, 83721	24. 84153
7. 87520	16. 86762	25. 80055, 80061
8. 87088	17. 88240 x 5	
9. 86901	18. 86277	

Medicine Section
Codes 90281-99607
Pages 125-128

1. 90375, 96372

2. 90281, 96372

3. 90749, 90471

Vaccines; Unlisted
Vaccine/Toxoid

Note: The vaccine for Lyme disease is not listed.

Immunization
Administration; One
Vaccine/Toxoid

4. 90636, 90471

5. 90845

6. 90901

7. 90935

Hemodialysis; Procedure;
with Evaluation

Note: This procedure has only a single physician evaluation.

8. 91299

9. 92235

10. 92577

11. 92975

12. 93888

13. 94150

14. 95004 x 5

Allergy Tests; Skin Tests;
Allergen Extract

Note: Five different tests were performed.

15. 95180 53

16. 96422, 96423 x 2

17. 96912

18. 97004 32

19. 96372

20. 92555 52

21. 92997, 92998 x 2

22. 93451

23. 93454

24. 93453 22

25. 93562

26. 93452, 93568

27. 93531

28. 93455

29. 92920

Percutaneous Transluminal
Angioplasty; Artery;

Coronary

Note: This procedure is for only one major coronary artery.

30. 93303

31. 95813

32. 95131

Allergen Immunotherapy;
Allergenic Extracts; Injections
and Provision; Insect Venom

Note: The procedure is for two stinging insect venoms.

33. 90471, 90472, 90700,
90707

Immunization
Administration; One
Vaccine/Toxoid

Immunization
Administration; Each
Additional Vaccine/Toxoid

Vaccines; Diphtheria, Tetanus,
Acellular Pertussis (DTaP)

Vaccines; Measles, Mumps,
and Rubella (MMR)

Category II Codes
Codes 0001F-7025F
Page 129

- | | |
|----------|----------|
| 1. 4000F | 4. 2000F |
| 2. 1000F | 5. 0503F |
| 3. 0502F | |

Category III Codes
Codes 0019T-0259T
Pages 131-132

Note: Change twice annually; verify before using.

- | | | |
|----------|----------|-----------|
| 1. 0084T | 5. 0085T | 9. 0045T |
| 2. 0066T | 6. 0182T | 10. 0078T |
| 3. 0140T | 7. 0017T | |
| 4. 0194T | 8. 0191T | |

HCPCS Level II National Codes and Modifiers
Pages 133-136

- | | | |
|-----------------|---|--------------|
| 1. E1130 | 14. V2760 x 2 | 25. A6241 |
| 2. L0150 | 15. Q4049 | 26. 11441 E3 |
| 3. L3807 | 16. J9120 x 4 | 27. 26508 FA |
| 4. L7364, L7366 | 17. J7622 | 28. 98940 AT |
| 5. Q0035 | 18. J7649 | 29. 01200 AA |
| 6. A0428 | 19. G0008 | 30. 33502 LD |
| 7. A4615 | 20. 78492 | 31. 28290 TA |
| 8. A4773 x 2 | Perfusion; Imaging;
Myocardial; PET Scan | 32. 94760 TC |
| 9. A5061 | | 33. 66984 SG |
| 10. B4083 | 21. E1590 | 34. 81003 QW |
| 11. V5364 | 22. E0265 | 35. 27222 RT |
| 12. V5011 | 23. E0135 NU | |
| 13. V2630 | 24. E0650 RR | |

CODING QUIZ: CPT AND HCPCS

1. 92921

2. 92920

3. 92920 52

4. 92920 53

① Incorrect: **Percutaneous Transluminal Angioplasty**; Artery; Coronary

Note: This code is for an additional branch of a major coronary artery.

② Incorrect: **Percutaneous Transluminal Angioplasty**; Artery; Coronary

Note: This code is lacking the necessary modifier as the procedure was discontinued.

③ Incorrect: **Percutaneous Transluminal Angioplasty**; Artery; Coronary

Note: This code is lacking the necessary modifier as the procedure was discontinued, not reduced.

④ **Correct: Percutaneous Transluminal Angioplasty**; Artery; Coronary

Note: The modifier for a discontinued procedure is required.

2. 2

3. 3

4. 2

5. 1

6. 3

7. 1

8. 3

9. 4

10. 2

11. 2

12. 3

13. 1

14. 4

15. 2

16. 3

17. 2

18. 3

19. 1

20. 2

21. 4

22. 2

23. 4

24. 1

25. 4

26. 3

27. 3

28. 2 (listed code should be 43327, not 43324) ✓

29. 3

30. 1

31. 4

32. 3

33. ~~3~~-reported change to 1 (4-1-11)

listed codes should be:

1. 36224 26

2. 36225 26

3. 36224

4. 36225

① **Correct: Angiography; Carotid Artery**

Note: This code requires the modifier to show that it is for the professional component.

② **Incorrect: Angiography; Subclavian Artery**

Note: This procedure is performed on the carotid artery, not the subclavian artery.

③ **Incorrect: Angiography; Carotid Artery**

Note: This code is lacking the modifier to show that it is for the professional component.

④ **Incorrect: Angiography; Subclavian Artery**

Note: This procedure is performed on the carotid artery, not the subclavian artery.

34. 4

35. 2

36. 3 (replace 'immune globulin 1g' with 'gammunex 500 mg') ✓

37. 3

38. 2

39. 1 (change second code to L9999) ✓

40. 3

ANSWERS TO EXERCISES IN TEXTBOOK - Chapter 5

ANSWERS TO THINKING IT THROUGH

Thinking It Through 5.1 page 146

1. The American Medical Association (AMA) owns and maintains the CPT code set.

Thinking It Through 5.2 page 147

1.	Surgery Section	10021–69990
2.	Medicine Section	90281–99607
3.	Radiology Section	70010–79999
4.	Evaluation and Management Section	99201–99499
5.	Pathology and Laboratory Section	80047–89398
6.	Anesthesia Section	00100–01999

Thinking It Through 5.3 page 153

A. Extraction 66920

Extraction; Lens; Intacapsular

B. Coombs 86880

Coombs Test Note: CPT codes 86885 and 86886 only apply if an "indirect" test is specified.

C. X-ray 74260

X-ray; Duodenum

D. Unlisted 21089

Unlisted Services and Procedures; Maxillofacial Prosthetics

E. DTAP 90721

DTaP Immunization

2. The symbol ● indicates a new procedure code. You should select five that are new in the CPT.
3. The symbol + indicates an add-on code, a procedure commonly carried out in addition to a primary procedure. Code 92978 is used for each additional vessel beyond the first vessel involved with primary code 92997, percutaneous transluminal pulmonary artery balloon angioplasty.
4. The symbol ▲ indicates that the code's description has been changed. You should select five that are changed in the CPT.

5. The symbols ► ◄ enclose new or revised text other than the procedure's description. You should select five codes with new or revised text in the CPT.
6. The symbol (◎) next to a code means that moderate sedation is a part of the procedure that the surgeon performs. You should select appropriate codes with this symbol in CPT.
7. The symbol ✕ next to a code means that FDA approval is pending. You should select an appropriate code from CPT's vaccines and toxoids code section.
8. The symbol # indicates a resequenced code. You should select an appropriate code with this symbol from the CPT.

Thinking It Through 5.4 page 156

1. The symbol—a circle with a backslash—in front of code 93503, insertion and placement of flow directed catheter, means that the modifier 51, Multiple Procedures, cannot be used with this code.
2. A. Case 1 Modifier 22: procedural statement mentions service provided was greater than typically represented by the CPT code
B. Case 2 Modifier 47: surgeon administers anesthesia
C. Case 3 Modifier 53: surgeon discontinues the service
D. Case 4 Modifier 50: bilateral service
E. Case 5 Modifier 62: two surgeons

Thinking It Through 5.5 page 159

1. 26160
Excision; Cyst; Finger
2. 31237
Biopsy; Nose; Endoscopic
3. 29881
Arthroscopy; Surgical; Knee; Debridement/Shaving with Chondroplasty
Note: The correct code must be selected by reviewing the choices in the Surgery section from the code range given in the CPT Index (29880-29881).
4. 42310
Salivary Glands; Abscess; Incision and Drainage
Note: The correct code must be selected by reviewing the choices in the Surgery section from the code range given in the CPT Index (42310-42320).
5. 52325
Cystourethroscopy; Removal; Calculus
Note: The correct code must be selected by reviewing the choices in the Surgery section from the code range given in the CPT Index (52310-52315, 52320-52325, 52352).

Thinking It Through 5.6 page 171

1. A. Case A Detailed: history contains chief complaint (CC), extended history of present illness (HPI), review of respiratory and other systems; past history of thyroid problems

B. Case B Problem-focused: history contains CC, brief HPI, and review of the affected system

2. A. Case A. 99212

Evaluation and Management; Office and Other Outpatient

Note: The presenting problem is self limited or minor and for an established patient.

B. Case B. 99205

Evaluation and Management; Office and Other Outpatient

Note: The presenting problem is of moderate to high severity and for a new patient.

C. Case C 99211

Evaluation and Management; Office and Other Outpatient

Note: The presenting problem is minimal and for an established patient.

3. Established patient (EP)

Thinking It Through 5.7 page 173

1. The modifier P3 refers to a "Patient with severe systemic disease" when it appears with an anesthesia CPT code.

Thinking It Through 5.8 page 177

1. In order of likely highest to lowest rate of reimbursement, code 44950

(appendectomy):

59 Separate procedure

51 Multiple procedure

53 Discontinued service

Rationale should point out that separate surgeries should be a greater value than multiples done in the same system or site; discontinued service is lower because presumably less time is spent.

2. As the notes at the beginning of the Laparoscopy section containing CPT code 44180 state, surgical laparoscopy always includes diagnostic laparoscopy. Therefore, 49320 would not be reported in conjunction with 44180.

Thinking It Through 5.9 page 179

1. Special reports are frequently used when filing radiology claims because unlisted codes are often reported, and the special report provides the necessary information about the nature, extent, and need for the procedures and describes the time, effort, and equipment necessary to provide it.

Thinking It Through 5.10 page 180

1. Both are reportable.
2. No, only the comprehensive metabolic panel would be reported (80053), as it includes all of the tests in the electrolyte panel (80051).

Thinking It Through 5.11 page 182

1. 93005 ECG; tracing only, without interpretation and report; this code does not include the professional component.

Thinking It Through 5.12 page 182

1. The American Medical Association (AMA) offers a listing of Category II and III codes, and can be used as a source for verification purposes. The website from the AMA for updates: ama-assn.org/go/cpt

Thinking It Through 5.13 page 189

1. F8
2. TA
3. QN
4. A0428

Ambulance

Note: The correct code must be selected by reviewing the choices in the code range given in the HCPCS Index (A0021-A0999).

5. E0602

Pump; breast

6. J3485

Zidovudine; 10 MG; IV

Note: Use the Table of Drugs and Biologicals to find the drug name and HCPCS code.

7. Q0111

Wet mount

8. E0265

Bed; hospital

Note: The correct code must be selected by reviewing the choices in the code range given in the HCPCS Index (E0250-E0270).

REVIEW QUESTIONS

ANSWERS TO REVIEW QUESTIONS

Matching

1. G
2. A
3. H
4. B
5. E
6. C
7. F
8. I
9. D
10. J

Multiple Choice

1. D
2. C
3. A
4. B
5. D
6. B
7. A
8. C
9. C
10. A

Completion

1. Step 1 Review Complete Medical Documentation.

Step 2 Abstract the Medical Procedures from the Visit Documentation.

Step 3 Identify the Main Term for Each Procedure.

Step 4 Locate the Main Terms in the CPT Index.

Step 5 Verify the Code in the CPT Main Text.

Step 6 Determine the Need for Modifiers.

2. History: problem-focused, expanded problem-focused, detailed, or comprehensive

Examination: problem-focused, expanded problem-focused, detailed, or comprehensive

Medical decision making: straightforward, low complexity, moderate complexity, or high complexity

ANSWERS TO APPLYING YOUR KNOWLEDGE

Case 5.1

A. 99203

Evaluation and Management; Office and Other Outpatient

Note: The presenting problem is of moderate severity and for a new patient.

B. 99223

Evaluation and Management; Hospital

Note: This visit is initial hospital care of high severity.

C. 99244

Evaluation and Management; Consultation

Note: The office consultation is of moderate to high severity.

D. 99386

Preventive Medicine; New Patient

Note: The new patient is between 40 and 64 years old.

E. 99455

Disability Evaluation Services; Evaluation

Note: The evaluation was performed by the treating physician.

F. 99232

Evaluation and Management; Hospital

Note: This service is subsequent hospital care for a patient who has developed a minor complication.

G. 99284

Evaluation and Management; Emergency Department

Note: The presenting problem for this emergency service is of high severity.

H. 99307

Evaluation and Management; Nursing Facility; Subsequent Care

Note: This nursing facility care is for a patient in stable condition.

I. 99341

Evaluation and Management; Home Services

Note: The home services are of low severity and for a new patient.

J. 99441

Evaluation and Management; Telephone Services

Note: The service was within 5-10 minutes of medical discussion.

Case 5.2

A. 01960

Anesthesia; Vaginal Delivery

B. 01830 P1, 99100

Anesthesia; Wrist

Anesthesia; Special Circumstances; Extreme Age

Note: The correct code must be selected by reviewing the choices given in the Anesthesia section from the CPT Index (00400, 01810-01860); this is an open procedure for a healthy patient older than 70.

C. 10180

Incision and Drainage; Wound Infection; Skin

D. 17110

Destruction; Warts; Flat

Note: The correct code must be selected by reviewing the choices given in the Surgery section from the CPT Index (17110-17111).

E. 23545

Dislocation; Clavicle; with Manipulation

F. 26011

Incision and Drainage; Abscess; Finger

Note: This incision is complicated.

G. 11056

Lesion; Skin; Paring or Curettement

Note: The correct code must be selected by reviewing the choices given in the Surgery section from the CPT Index (11055-11057); the paring falls in the 2 to 4 lesions range.

H. 59160

Curettage; Postpartum

I. 19260

Excision; Chest Wall; Tumor

Note: The correct code must be selected by reviewing the choices given in the Surgery section from the CPT Index (19260-19272); the ribs are included in the excision.

J. 52601 P2

Prostatectomy

Note: This patient has mild systemic disease, requiring a modifier.

K. 59000

Aminocentesis

L. 50630

Ureterolithotomy

Note: The correct code must be selected by reviewing the choices given in the Surgery section from the CPT Index (50610-50630); the procedure is on the lower one-third of the ureter.

M. 42821

Tonsillectomy

Note: The correct code must be selected by reviewing the choices given in the Surgery section from the CPT Index (42820-42826); the patient is over age 12.

N. 45330

Sigmoidoscopy; Exploration

Note: The correct code must be selected by reviewing the choices given in the Surgery section from the CPT Index (45330, 45335); this procedure is diagnostic.

O. 28238

Kidner Procedure

P. 29515

Splint; Leg; Short

Q. 31075

Sinusotomy; Frontal Sinus; Exploratory

Note: The correct code must be selected by reviewing the choices given in the Surgery section from the CPT Index (31070-31075).

R. 19000, 19001 X 2

Puncture Aspiration; Cyst; Breast

Note: Each additional cyst must be reported separately.

S. 22802

Arthrodesis; Spinal Deformity; Posterior Approach

Note: The correct code must be selected by reviewing the choices given in the Surgery section from the CPT Index (22800-22804); this procedure is in the range of 7 to 12 vertebral segments.

T. 59400

Vaginal Delivery; Routine Care

Case 5.3

A. 96401

Chemotherapy; Subcutaneous

Note: The correct code must be selected by reviewing the choices given in the Medicine section from the CPT Index (96401-96402); the procedure is not specified as hormonal.

B. 99070

Supply; Materials

C. 93010

Electrocardiography; Evaluation

Note: The service only includes the interpretation and report.

D. 80412

Corticotrophic Releasing Hormone (CRH)

E. 81003

Urinalysis; Automated

Note: The correct code must be selected by reviewing the choices given in the Pathology and Laboratory section from the CPT Index (96401-96402); the procedure is without microscopy.

F. 75600

Aortography

Note: The correct code must be selected by reviewing the choices given in the Radiology section from the CPT Index (75600-75605, 75630, 93567); the procedure is without serialography.

G. 85097

Bone Marrow; Smear

H. 97001

Physical Medicine/Therapy/Occupational Therapy; Evaluation

I. 95075

Ingestion Challenge Test

J. 95829

Electrocorticogram; Intraoperative

Case 5.4

A. 1. 99 multiple modifiers

2. 66 surgical team

3. 51 multiple procedures (knee, pelvis, left wrist repair)

4.50 bilateral procedure (knee surgery, both knees)

B. 25260 47

Repair; Arm; Lower

The correct code must be selected by reviewing the choices in the Surgery section from the code range given in the CPT Index (25620-25263, 25270).

C. 71020 77

X-ray; Chest

Note: The correct code must be selected by reviewing the choices in the Radiology section from the code range given in the CPT Index (71010-71035); the procedure is a repeat procedure by another physician.

D. 78

Case 5.5

A. G0010

Vaccination, administration; hepatitis B

B. A6206

Contact layer

Note: The correct code must be selected by reviewing the choices in the code range given in the HCPCS Index (A6206-A6208).

C. L3300

Shoes; lift

Note: The correct code must be selected by reviewing the choices in the code range given in the HCPCS Index (L3300-L3334).

D. P3000

Papanicolaou (Pap) screening smear

Note: The correct code must be selected by reviewing the choices given in the HCPCS Index (P3000, P3001, Q0091).

E. E0210

Electric heat pad for peritoneal dialysis

F. E0305

Rail; bed

Note: The correct code must be selected by reviewing the choices given in the HCPCS Index (E0305, E0310).

G. J9035

Bevacizumab; 10 MG; IV

Note: Use the Table of Drugs and Biologicals to find the drug name and HCPCS code.

H. C1719

Brachytherapy; nonhigh dose rate iridium 192

I. B9002

Pump; eternal infusion

Note: The correct code must be selected by reviewing the choices given in the HCPCS Index (B9000, B9002).

J. J7030

Saline; solution

Note: The correct code must be selected by reviewing the choices in the code range given in the HCPCS Index (J7030-J7050).

K. J2650

Prednisone Acetate; 1 ML; IM

Note: Use the Table of Drugs and Biologicals to find the drug name and HCPCS code.

L. A4772

Glucose; test strips

Note: The correct code must be selected by reviewing the choices given in the HCPCS Index (A4253, A4772); the test strips are used for dialysis.

M. A4246

pHisoHex solution

N. A7018

Water; for nebulizer

O. E0117

Crutches; articulating, spring assisted

P. E0147

Walker; heavy duty, multiple braking system

Q. B9006

Parenteral nutrition; pump

Note: The correct code must be selected by reviewing the choices given in the HCPCS Index (B9004, B9006); the pump is stationary.

R. H0001

Assessment; alcohol and/or substance

Note: The correct code must be selected by reviewing the choices given in the HCPCS Index (G0396-G0397, H0001); the test is not specified to be a structured assessment.

S. J9130 X4

Dacarbazine; 100 MG; IV

Note: A total of 400 mg is injected, requiring four separate HCPCS codes.

T. E1399

Durable medical equipment (DME)

Note: The correct code must be selected by reviewing the range of choices given in the HCPCS Index (E0100-E8002).

Case 5.6

- A. TA
- B. TC
- C. GA

ANSWERS TO EXERCISES IN WORKBOOK LESSON 6**Section 1 - page149**

- | | | |
|------|------|-------|
| 1. Y | 5. N | 9. Y |
| 2. Y | 6. N | 10. N |
| 3. N | 7. Y | |
| 4. Y | 8. Y | |

Section 2 - pages 151-152

- | | |
|--------------------------|-------------------------|
| 1. K85.9 | 6. K76.6, I85.10; 43400 |
| 2. D64.0 | 7. N10, B96.2; 87086 |
| 3. F10.20, K70.10, G31.2 | 8. T19.9XXA; 52290 |
| 4. J12.2; 71035 | 9. K91.2; 91065 |
| 5. K35.2; 44960 | 10. N80.0, N94.6; 58550 |

Section 3 - pages 153-154

- | | |
|-------------------------|-----------------------------|
| 1. M12.9 | 6. R19.07 |
| 2. J11.1, R09.1 | 7. C50.412; 19102-LT, 77031 |
| 3. R31.9, R35.0, R10.84 | 8. R94.31; 93000 |
| 4. I88.0 | 9. J01.00, J32.0; 31256 |
| 5. R42 | 10. E05.41; 99244 |

Section 4 - pages 155-156

- | | |
|-------------------------|--|
| 1. Z11.4; 86703 | 6. S42.321A, W12.XXXA, Y99.0; 24505-RT, |
| 2. Z23; 90371, 96372 | 7. T24.131A, T24.132A, T31.30, X06.2XXA, X03.8XXA; 16000, 36% TBSA, first degree |
| 3. Z00.00; 99386 | 8. T40.991, R55; 43753 |
| 4. Z12.31, Z80.3; 77057 | 9. T36.95XA, R11.2; 99213 |
| 5. O80, Z37.0; 59400 | 10. S21.309, W33.01XA; 20101 |

Section 5 - pages 157-158

1. site of pain: abdominal quadrant, periumbilical, or epigastric
2. vomiting of blood (hematemesis) or blood in stool (melena)
3. simple, mucopurulent, or obstructive chronic bronchitis; suppurative, obliterans, purulent emphysematous/chronic asthma
4. episode of care
5. tubotympanic or atticotympanic, benign
6. emotional, consciousness, or psychomotor disturbance
7. manifestation and type
8. acute, chronic, or subacute
9. group
10. body site/laterality: shoulder region, upper arm, forearm, hand, pelvic region and thigh, lower leg, or ankle and foot

Section 6 - pages 159-160

- | | |
|--------------------|-------------------------------|
| 1. T82.110A | 7. T82.837A |
| 2. D78.11 | 8. T82.110A |
| 3. T81.4XXA | 9. C55 |
| 4. T88.1XXA | 10. K81.0, I97.711; 47562-53, |
| 5. T80.89XA | 92950 |
| 6. T83.51XA, A41.0 | |

Section 7 - pages 161-162

- | | |
|--|---|
| 1. Z00.00, Z84.1; 99396,
80053, 84100 | 6. J12.0; 31628 |
| 2. K92.1; 45332 | 7. I10; 80061 |
| 3. S82.222A; 27750 | 8. H25.012; 66984–LT |
| 4. L72.1; 11426, 11404 | 9. D07.5; 52601 |
| 5. S02.609B, V47.11XA; 21470 | 10. Z01.01, H25.012; 92004, 92310–52, V2512 |

Section 8 - pages 163-173**Part A**

- | | |
|---|---|
| 1. Principal Diagnosis: T45.1X5A
Other Diagnoses: R11.2, C91.00 | 7. Principal Diagnosis: T45.511A
Other Diagnoses: R04.0, R79.1,
Z79.01, I48.0 |
| 2. Principal Diagnosis: O15.2 | 8. Principal Diagnosis: J96.02
Other Diagnoses: I50.23 |
| 3. Principal Diagnosis: A04.7
Other Diagnoses: N17.9, E86.0, J18.9 | 9. Principal Diagnosis: N17.9
Other Diagnoses: E86.0, E11.21, I12.0,
N18.6, Z99.2 |
| 4. Principal Diagnosis: Z38.01
Other Diagnoses: P07.16, P07.32, 61.0,
P28.4 | 10. Principal Diagnosis: I25.110
Other Diagnoses: I10, E78.5, Z87.891 |
| 5. Principal Diagnosis: J21.0
Other Diagnoses: E87.1, E86.0 | |
| 6. Principal Diagnosis: E66.01
Other Diagnoses: Z68.43, I10, E78.5,
E11.9 | |

Part B

- | | |
|---|---|
| <p>1. Principal Diagnosis: M51.16
Other Diagnoses: I10, J45.20
Procedure Code: 0ST20ZZ</p> | <p>0UT24ZZ, 0TJB4ZZ, 07BC4ZZ</p> |
| <p>2. Principal Diagnosis: D35.2
Other Diagnoses: L01.00, I10, E78.5
Procedure Code: 0GT04ZZ</p> | <p>7. Principal Diagnosis: K94.13
Other Diagnoses: L89.154, G35,
E11.9, I10, I73.9, E89.0, F03, Z89.611,
Z86.71, Z79.01, Z87.440
Procedure Code: 0DW07UZ</p> |
| <p>3. Principal Diagnosis: Z51.11
Other Diagnoses: C83.70, N20.0
Procedure Code: 3E03305</p> | <p>8. Principal Diagnosis: N39.0
Other Diagnoses: B96.1, E87.1, I50.30,
I50.9, I48.0, I34.0, E11.9, M88.9, I10,
E78.5, J45.909, Z79.01, Z88.0
Procedure Code: ---</p> |
| <p>4. Principal Diagnosis: J18.9
Other Diagnoses: N17.9, C79.51,
Z85.46, K59.00, I12.9, N18.9, I25.10,
D64.9, F33.0, Z95.0, Z88.0
Procedure Code: B020ZZZ</p> | <p>9. Principal Diagnosis: S06.5X9A
Other Diagnoses: S82.891A,
S37.099A, W13.9XXA, E11.9, I10,
E78.5
Procedure Code: BD20ZZZ,
BR20ZZZ, 2W3LX1Z</p> |
| <p>5. Principal Diagnosis: O36.8130
Other Diagnoses: Z37.0
Procedure Code: 10D0021</p> | <p>10. Principal Diagnosis: I63.50
Other Diagnoses: N39.0, B96.2,
I69.959, I69.921, I10, D64.9, Z95.0
Procedure Code: BW28ZZZ,
F06Z3ZZ, F08Z1ZZ, F07Z9ZZ</p> |
| <p>6. Principal Diagnosis: C54.1
Other Diagnoses: M35.3, I10, F33.0,
Z79.52
Procedure Codes: 0UT94ZZ, UT74ZZ,</p> | |

Coding Quiz: Auditing Linkage and Compliance - pages 175-178

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

ANSWERS TO EXERCISES IN TEXTBOOK - Chapter 6**ANSWERS TO THINKING IT THROUGH***Thinking It Through 6.1 page 198*

1. The diagnosis code R17 represents jaundice, and the procedure code 99212 stands for a problem-focused history/examination with straightforward decision making, properly linking a level of E/M with this presenting problem.

Thinking It Through 6.2

1. Mutually exclusive code
2. A. The procedures—paring of corns/calluses and nail trimming—appear to be simple.
B. The billing of the E/M code in addition to this simple procedure is a possible case of billing abuse unless both services are well documented.

Thinking It Through 6.3

1. Your answer should indicate that a claim should only be rejected for a lack of medical necessity if it does not meet the generally accepted professional medical standards of care. If a claim for Botox is acceptable based on the guidelines of medical necessity and the payer, then it appears to be a valid claim.

Thinking It Through 6.4

1. List the diagnoses of fever before the otitis media.
2. A. O35.0 (material care for known/suspected fetal abnormality/damage) requires a seventh character to specify a single or multiple gestations.
B. Ear piercing is a cosmetic procedure and not medically necessary.
C. Incorrect linkage (herpes simplex with other specified complications/excision of soft tissue lesion, external auditory canal).

D. General health panel (80050) includes the comprehensive metabolic panel (80053).

Thinking It Through 6.5

1. A. All three areas do not have to be documented because the code descriptor requires two out of the three.

B. 99213

Thinking It Through 6.6

1. \$299

2. 1,000 charged more

Thinking It Through 6.7

1. The conversion factor changes each year to reflect changes in the annual cost of living (COLA) index.

Thinking It Through 6.8

1. You must know how to use CPT to decide which E/M code to use for Question 1. The correct code is 99203. This applies also to Question 1 of the Supplemental RBRVS Exercises; correct code is 99204.

A. \$83.82

B. \$2,074.44

C. \$2,025.35

D. \$1,333.47

Thinking It Through 6.9

1. A. \$2,100.53

B. \$4,181.47

Thinking It Through 6.10

1. Age 0–2 year-old male or female baby; age 5–19 year-old male or female child

2. $\$186.96 \div 11 = \16.996 , or \$17 after rounding

Thinking It Through 6.11

1. Upfront collections help cash flow and reduce the need for later collections from patients.

REVIEW QUESTIONS**ANSWERS TO REVIEW QUESTIONS****Matching - page 227**

- | | | |
|------|------|-------|
| 1. I | 5. B | 9. J |
| 2. G | 6. F | 10. H |
| 3. E | 7. C | |
| 4. A | 8. D | |

Multiple Choice – page 228

- | | | |
|------|------|-------|
| 1. A | 5. D | 9. D |
| 2. C | 6. C | 10. C |
| 3. A | 7. A | |
| 4. A | 8. C | |

Completion – Page 229

1. The formula for calculating a RBRVS charge:

Work RVU x Work GPCI = *W*

Practice Expense RVU x Practice Expense GPCI = *PE*

Malpractice RVU x Malpractice GPCI = *M*

Conversion Factor = *CF*

$(W + PE + M) \times CF = \text{Payment}$

2. A. CCI: Correct Coding Initiative—Medicare’s national program that applies computerized edits to claims to ensure compliant billing

B. GPCI: geographic practice cost index—factor that is used by Medicare to adjust fees according for services provided in a particular geographic area

C. MPFS: Medicare Physician Fee Schedule—list of the allowed fees that are reimbursable to Medicare participating physicians, based on the RBRVS system

D. UCR: usual, customary, and reasonable—charge-based payment system

E. RVS: relative value scale—system of assigning unit values to medical services based on an analysis of the skill and time required of the physician to perform them

F. RBRVS: resource-based relative value scale—federally mandated relative value scale for establishing Medicare charges

G. MUE: medically unlikely edit—a CMS unit-of-service edit that checks for clerical or software-based coding or billing errors, such as anatomically related mistakes

H. RAC: Recovery Audit Contractor (RAC)—a program designed to audit Medicare claims

ANSWERS TO APPLYING YOUR KNOWLEDGE – Pages 229-231

Case 6.1 A

1. Codes are correctly linked: bilateral screening mammography with breast screening mammogram.
2. Codes are not correctly linked: office visit, established patient, high level, with impacted cerumen of right ear.
3. Codes are not correctly linked, gender problem: paravaginal defect repair with chronic prostatitis due to *Staphylococcus aureus*.
4. Codes are correctly linked: chemotherapy administration, with chemotherapy, breast carcinoma.
5. Codes are correctly linked: office visit, new patient, three components, radiological exam, spine, radiologic exam, ankle, with displaced fracture of medial malleolus of right tibia, sprain of joints and ligaments of neck, fall after striking against sports equipment, accident at place for sport.

Case 6.1B

Screening diagnosis Z00.00

Preventive service 99396

Problem diagnosis N63

Problem-focused visit with modifier 99212 25

Case 6.2

- A. \$103.86
- B. \$1632.63
- C. \$60.98

Case 6.3

A. Mountville Health Plan's allowed charges are the basis for billing.

Payer: Allowed Charges: $\$89 + \$87 = \$176 \times 80\% = \140.80 ;

Patient: $\$176 \times 20\% = \35.20

B. Mountville Health Plan's allowed charges are the basis for billing.

Payer: Allowed Charges: $\$119 + \$36 + \$69 = \224 .

Patient has not met \$375 of the deductible, so patient pays entire charge of \$224.

C. The provider's usual charges are the basis for billing. The patient pays a \$25 copayment. Payer pays $\$44 - \$25 = \$19$.

D. The provider's usual charges are the basis for billing. The payer pays $\$134 \times 80\% = \107.20 ; patient $\$134 \times 20\% = \26.80 .

E. The Medicare Allowed Charge is the basis for billing.

Payer: Allowed charges: $\$48 + \$30 = \$78 \times 80\% = \62.40 ;

Patient: $\$78 \times 20\% = \15.60

Case 6.4

A. 10

B. 90

C. ZZZ

D. 90

E. 0

F. XXX

G. 10

H. 90

I. 0

J. 90