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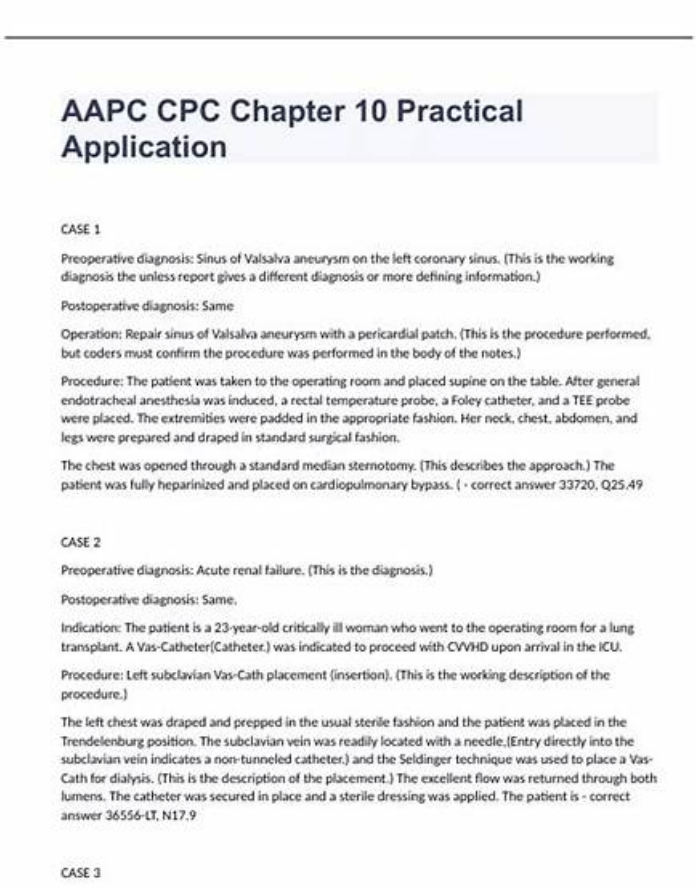

AAPC CPC Chapter 10 Practical Application

CASE 1

Preoperative diagnosis: Sinus of Valsalva aneurysm on the left coronary sinus. (This is the working diagnosis the unless report gives a different diagnosis or more defining information.)

Postoperative diagnosis: Same

Operation: Repair sinus of Valsalva aneurysm with a pericardial patch. (This is the procedure performed, but coders must confirm the procedure was performed in the body of the notes.)

Procedure: The patient was taken to the operating room and placed supine on the table. After general endotracheal anesthesia was induced, a rectal temperature probe, a Foley catheter, and a TEE probe were placed. The extremities were padded in the appropriate fashion. Her neck, chest, abdomen, and legs were prepared and draped in standard surgical fashion.

The chest was opened through a standard median sternotomy. (This describes the approach.) The patient was fully heparinized and placed on cardiopulmonary bypass. (- correct answer 33720, Q25.49

CASE 2

Preoperative diagnosis: Acute renal failure. (This is the diagnosis.)

Postoperative diagnosis: Same.

Indication: The patient is a 23-year-old critically ill woman who went to the operating room for a lung transplant. A Vas-Catheter(Catheter.) was indicated to proceed with CVVHD upon arrival in the ICU.

Procedure: Left subclavian Vas-Cath placement (insertion). (This is the working description of the procedure.)

The left chest was draped and prepped in the usual sterile fashion and the patient was placed in the Trendelenburg position. The subclavian vein was readily located with a needle.(Entry directly into the subclavian vein indicates a non-tunneled catheter.) and the Seldinger technique was used to place a Vas-Cath for dialysis. (This is the description of the placement.) The excellent flow was returned through both lumens. The catheter was secured in place and a sterile dressing was applied. The patient is - correct answer 36556-LT, N17.9

CASE 3

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q84-Q89):

NEW QUESTION # 84
A complete pulmonary function test using a body plethysmograph is performed on a patient in conjunction with spirometry. After reviewing the results, a provider suspects the presence of an obstructive disease and administers a bronchodilating medicine just prior to repeating the test to reevaluate the expiratory flow rate. Which code(s) should be reported?

- A. 99212-25, 94726,94010-51, 94060-51
- B. 99212-25, 94726, 94060-76
- C. 94726, 94060-51
- D. 94726, 94060

Answer: D

Explanation:
Answers A and B can be eliminated because the complete pulmonary function test includes interpretation of the test results: therefore, the review ofthis would not be considered separately identifiable. The CPT code 94060 includes spirometry before and after a bronchodilator has been administered, so a separate spirometry code (94010) would be inappropriate. Last, a modifier is not needed because the procedures are routinely done in conjunction with each other.

NEW QUESTION # 85
Dr. Black orders a hepatitis panel for a patient who has recently returned from traveling abroad and is now experiencing lower abdominal pain. The laboratory completed a hepatitis A antibody test, hepatitis B core antibody test, and a hepatitis C antibody test. Select the CPT and the ICD-IO-CM codes that the laboratory will report.

- A. 86709, 86705, 86803, RIO.31, RIO.32
- B. 86709, 86705, 86803, RIO.30
- C. 80074-52, RIO.30
- D. 80074, RIO.30

Answer: B

Explanation:
The hepatitis B surface antigen test was not performed, so the actual panel code in answer A was not completed, leaving each test to be reported separately. It would not be appropriate to add modifier 52 to 80074 in answer B. Because the provider did not specify which side the lower abdominal pain was on, it would be reported as unspecified with RIO.30, eliminating answer C.

NEW QUESTION # 86
Which is NOT a type of injection through which contrast is administered?

- A. Intrathecal
- B. Intravascular
- C. Intramuscular
- D. Intra-articular

Answer: C

Explanation:

Per CPT guidelines, administration of contrast materials is given through the following routes: intravascular, intra-articular, and intrathecal. Alternate routes also include orally and/or rectally; however, the "contrast administration alone does not qualify as a study 'with contrast'"

NEW QUESTION # 87
A physician performs a simple repair on a Medicare patient who comes in with a 2.7 cm cut, an open wound, on the neck. The repair is made with Dermabond. Which CPT code(s) should be reported?

- A. 99213-25, G0168
- B. 12002, G0168
- C. 0
- D. G0168

Answer: D

Explanation:
When a wound is repaired with a tissue adhesive, Medicare accepts only the HCPC code G0168. Answers B and C accurately reflect the repair code for a commercial carrier. An E/M would not be added as an additional charge because the patient's encounter was only for the repair, thus eliminating answer D.

NEW QUESTION # 88
A 72 -year-old patient is admitted due to atrial fibrillation. A comprehensive electrophysiology study is completed with fluoroscopic guidance, followed by a cardiac catheter ablation during the same procedure. The procedure took 22 minutes, and the patient was moderately sedated. Which CPT codes should the cardiologist report?

- A. 93656, 77001, 99152, 99153
- B. 93650, 93619-26-59, 99152
- C. 93650, 93619-26-59, 77001, 99152, 99153
- D. 93656, 99152

Answer: D

Explanation:
It is common practice to perform both an electrophysiology (EP) study and a cardiac ablation procedure in the same session. These procedures have been bundled in the CPC manual, and the coding of such is dependent on the type of arrhythmia being treated. The EP study and cardiac ablation are not to be reported separately. In this scenario, the patient has atrial fibrillation, which is reported with CPT 93656. When fluoroscopy is used for guidance rather than for diagnostic imaging, it is usually not reported separately from the primary procedure. Moderate sedation can be reported when used, and selection is based on time. CPT 99152 and 99153 are counted in 15-minute intervals. lvVhen the procedure does not fall on a 15-minute interval, it must at least meet the halfway point of the time stated to be reported.

NEW QUESTION # 89
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