MEDICAL CODING

What is HCPCS 7

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 bunioncetomy what is the CPT code that represent this service?

28110: Ostectomy, 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 hemorrhid colums what is the CPT code to represent this?

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

The potient underwent arthroscopic chandroplasty 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 polypectomty of three polyps by snare technique and one polyp was removed by Jumbo forceps.

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

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 patinet decompensated COPD ?

491.21 : Decompensated or exacerbated COPD is coded to 491.21

The patient has COPD and emphysema?

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

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

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

19125 Placment of radiologicI 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

Cystoureteroscopy 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 Study Guide

Speedy Publishing

Medical Coding Study Guide:

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Table of Contents Medical Coding Study Guide

- 1. Understanding the eBook Medical Coding Study Guide
 - The Rise of Digital Reading Medical Coding Study Guide
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Medical Coding Study Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Medical Coding Study Guide
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Medical Coding Study Guide
 - Personalized Recommendations
 - Medical Coding Study Guide User Reviews and Ratings
 - Medical Coding Study Guide and Bestseller Lists
- 5. Accessing Medical Coding Study Guide Free and Paid eBooks
 - Medical Coding Study Guide Public Domain eBooks
 - Medical Coding Study Guide eBook Subscription Services
 - Medical Coding Study Guide Budget-Friendly Options

- 6. Navigating Medical Coding Study Guide eBook Formats
 - ∘ ePub, PDF, MOBI, and More
 - Medical Coding Study Guide Compatibility with Devices
 - Medical Coding Study Guide Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Medical Coding Study Guide
 - Highlighting and Note-Taking Medical Coding Study Guide
 - Interactive Elements Medical Coding Study Guide
- 8. Staying Engaged with Medical Coding Study Guide
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Medical Coding Study Guide
- 9. Balancing eBooks and Physical Books Medical Coding Study Guide
 - Benefits of a Digital Library
 - o Creating a Diverse Reading Collection Medical Coding Study Guide
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Medical Coding Study Guide
 - Setting Reading Goals Medical Coding Study Guide
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Medical Coding Study Guide
 - Fact-Checking eBook Content of Medical Coding Study Guide
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements

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