

MEDICAL CODING

What is HCPCS ?

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

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

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

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

Arthroscopic chondroplasty includes notchplasty so CPT code would be 29877

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

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

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

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

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

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

45384 for hot biopsy polypectomy (Jumbo forceps).

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

491.20 is the combination code for chronic bronchitis and COPD.

The patient decompensated COPD ?

491.21 : Decompensated or exacerbated COPD is coded to 491.21

The patient has COPD and emphysema?

492.8

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

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

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

19125 Placement of radiological 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

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on charts where medical coding is used such as a doctor's office or a hospital

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whether by a commercial payer the patient or CMS While the medical coder and medical biller may be the same person or may work closely together to make sure all invoices are paid properly the medical coder is primarily responsible for abstracting and assigning the appropriate coding on the claims In order to accomplish this the coder checks a variety of sources within the patient s medical record i e the transcription of the doctor s notes ordered laboratory tests requested imaging studies and other sources to verify the work that was done Then the coder must assign CPT codes ICD 9 codes and HCPCS codes to both report the procedures that were performed and to provide the medical biller with the information necessary to process a claim for reimbursement by the appropriate insurance agency This text is intended to dispel any ambiguity prior to taking your national certification This text contains over 400 preparatory examination questions covering ICD 9 ICD 10 Revenue cycle Medical report extrapolation assignments HCPCS UB04 and CPT

The Essential Guide to Coding in Otolaryngology Seth M. Brown, Kimberley J. Pollock, Michael Setzen, Abtin Tabaei, 2021-09-07 The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is a comprehensive manual on how to properly and compliantly code for both surgical and non surgical services It is a practical guide for all otolaryngology providers in the United States including physicians early in their career requiring a working knowledge of the basics experienced providers looking to understand the latest updates with ICD 10 CM and CPT changes related specialists audiology speech pathology and physician extenders providing otolaryngologic health care and office administrative teams managing coding and billing Included are sections on how to approach otolaryngology coding for all subspecialties in both the office and operating room Foundational topics such as understanding the CPT and ICD 10 CM systems use of modifiers managing claim submissions and appeals legal implications for the provider coding for physician extenders and strategies to optimize billing are presented by experts in the field Focused on a practical approach to coding billing and practice management this text is user friendly and written for the practicing physician audiologist speech pathologist physician extender and coder The income and integrity of a medical practice is tied to the effectiveness of coding and billing management As profit margins are squeezed the ability to optimize revenue by compliant coding is of the utmost importance The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is vital not only for new physicians but for experienced otolaryngologists New to the Second Edition Strategies for integrating revised guidelines for coding and documenting office visits New and evolving office and surgical procedures including Eustachian tube dilation and lateral nasal wall implants Updated coding for endoscopic sinus surgery and sinus dilation Billing for telehealth visits Revision of all sub specialty topics reflecting changes in coding and new technologies New and revised audiologic diagnostic testing codes Key Features All chapters written by practicing otolaryngologists health care providers practice managers legal experts and coding experts Discussion of the foundations of coding billing and practice management as well as advanced and complex topics Otolaryngology subspecialty focused discussion of office based and surgical coding Tips on how to code

correctly in controversial areas including the use of unlisted codes A robust index for easy reference Medical Coding Vino C. Mody, Jr.,2019-07-10 This book teaches medical coding for anesthesia and pain management It will prepare the reader for passing the Certified Anesthesia and Pain Management Coder CANPC exam as well as improving their professional practiceThe book goes beyond the concepts and applications that are required to pass the exam It provides critical insights into actual scenarios faced by coders in the real world 70 unique cases are presented that will highlight the correct coding method These give the reader practice in applying principles to actual patient cases The author s unique formula allows the reader to arrive at the best coding decision for the most complex patients Each case is discussed from a clinical viewpoint to explain the coding rational This book is both an invaluable asset for anyone working towards a CANPC exam but also serves as a useful reference for those currently holding the certificate *Medical Coding Certification Exam Preparation* Cynthia Lorraine Stewart,Cynthia Louise Ward,2018-07 **A Guide to Assessments that Work** John Hunsley,Eric J. Mash,2018 This volume addresses the assessment of the most commonly encountered disorders or conditions among children adolescents adults older adults and couples Strategies and instruments for assessing mood disorders anxiety and related disorders couple distress and sexual problems health related problems and many other conditions are reviewed by leading experts *Guide to Health Claims Examining* ICDC Publishing, Inc,2007 This comprehensive text presents the principles and theories behind health claims examining It builds a complete understanding of all the skills necessary to process pay and apply claims as an examiner accurately and consistently Highlights include Learning objectives that identify key skills and concepts On the Job Now Professional self assessment sections Practice Pitfalls Bad habits to avoid in the workplace Chapter review questions and in text exercises This book should be used in conjunction with the workbook The Practice of Health Claims Examining Second Edition which simulates daily duties as if the student were working for an insurance carrier Book jacket *Medical Coding* Speedy Publishing LLC,2014-07-18 Every known illness disease and condition has a specific number that goes along with the word describing the person s medical problem Every physician and their office staff must know medical codes for the sake of billing purposes If the doctor and office staff does not code a specific illness condition or disease correctly the insurance company may not pay for treatment medication in hospital stays outpatient treatment and a number of surgical and other procedures performed for the patient making it impossible for the patient to receive the proper treatment Common illnesses diseases and conditions listed in a pamphlet would enable the medical student to become familiar and able to memorize with the more common medical codes *Medical Coding: Icd-10-Cm Speedy Study Guides* Speedy Publishing,2014-07-16 Every known illness disease and condition has a specific number that goes along with the word describing the person s medical problem Every physician and their office staff must know medical codes for the sake of billing purposes If the doctor and office staff does not code a specific illness condition or disease correctly the insurance company may not pay for treatment medication in hospital stays outpatient treatment and a number of surgical and other

procedures performed for the patient making it impossible for the patient to receive the proper treatment Common illnesses diseases and conditions listed in a pamphlet would enable the medical student to become familiar and able to memorize with the more common medical codes The bottom line for using proper ICD codes is money reimbursement for the medical community and patient **Use of Address Coding Guides in Geographic Coding** ,1971 **Ebony** ,2000-09 EBONY is the flagship magazine of Johnson Publishing Founded in 1945 by John H Johnson it still maintains the highest global circulation of any African American focused magazine **Human Engineering Guide to Equipment Design** United States. Department of Defense. Joint Services Steering Committee,1972 *Ebony* ,2000 **Medical Coding Certification Exam Preparation: A Comprehensive Guide** Cynthia Ward,Cynthia Stewart,2013-02-21 Medical Coding Certification Exam Preparation is the resource your students need to prepare for the CPC and other coding certification exams It provides a comprehensive review of topics students need to know for these exams including coverage of anatomy medical terminology pathophysiology as well as concepts guidelines and rules of medical coding Authors Cynthia Stewart and Cynthia Ward bring a fresh approach to exam prep based on their teaching experience and helping students prepare for certification exams They provide the necessary tools to understand how to break each case down and translate services procedures and diagnoses into the most appropriate codes for reimbursement

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