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 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?

Artheoscopic 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 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 patinet decompensated COPD ?

491.21 : Decompensated or exacerbated COIPD is coded to 491.21

The patient has COPD and emphysema?

492.8

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 radiologicl 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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