
PMCC Instructor Final

1. Listening for body sounds, usually at the major organ sites such as the heart, lungs and abdomen, is referred to as:
 - a. Ultrasound
 - b. Echocardiography
 - c. **Auscultation (pg. A.2)**
 - d. Nociceptor

2. This procedure is performed on infants who require fluid in an emergency situation:
 - a. Amniocentesis
 - b. Intraoral cannulization
 - c. **Intraosseous infusion (pg. 12.26)**
 - d. Intravascular insertion

3. The two primary lymphoid components are:
 - a. Tonsils and adenoids
 - b. **Bone marrow and thymus (pg. 12.28)**
 - c. Spleen and thyroid gland
 - d. Liver and spleen

4. A physician performs a four-vessel autogenous (one venous, three arterial) coronary bypass. Select the CPT® code(s) for this procedure.
 - a. **33535, 33517 (pg. 12.12-12.13)**
 - b. 33535, 33517-51
 - c. 33534, 33518
 - d. 33513

5. A surgeon uses a laparoscope to perform two small intestinal resections with anastomosis. Select the CPT® code(s) for this procedure.
- 44202-51
 - 44202, 44203 (pg. 13.18)**
 - 44200, 44202
 - 44203 x 2
6. Code selection, when reporting a lesion excision, is determined by which of the following?
- Measuring the greatest clinical diameter of the lesion only
 - Measuring the greatest clinical diameter of the lesion plus the narrowest margin required for complete excision (CPT® book)**
 - Judgment of the provider
 - Measuring the greatest clinical diameter of the lesion plus the widest margin required for complete excision
7. Following the excision of a malignant lesion of the nose, the subsequent pathology report shows that an additional excision is necessary to remove the entire lesion. The patient is scheduled for a second visit during the postoperative period of the primary excision and the remainder of the lesion is removed. The original lesion measured 1.2 cm with skin margins of 0.6 cm. The second encounter involves excising an additional area having a diameter of 1.2 cm along one of the original margins. Select the CPT® code for the second encounter.
- 11641-76
 - 11642-58 (CPT® book)**
 - 11643
 - 11641-58
8. A patient is seen during a 90-day follow-up period for a second (staged) procedure in regard to infrared coagulation of internal hemorrhoids (IRC). Select the appropriate CPT® code for the second staged procedure.
- No code is necessary since the second procedure falls within the 90-day global period.
 - 46934-58 (IRC is a procedure for destroying internal hemorrhoids and the second staged procedure requires the -58 modifier for reimbursement, as long as the provider documented the necessity of the staged procedure in the preliminary procedure documentation) (pg. 13.21 & CPT® book)**
 - 46936-58
 - 46935

9. The surgeon performs plastic repair to correct a postoperative angulation of the ureter. Select the CPT® and ICD-9-CM codes.
- 50728; 598.2
 - 50700; 593.3 (pg. 14.7, CPT® book, & ICD-9-CM book)**
 - 50783; 593.70
 - 50780; 598.8
10. An obstruction in an infant diagnosed with congenital megacolon requires immediate surgery to repair the aganglionosis portion of the large intestine. During the procedure, the surgeon mobilizes the peritoneal reflection where the rectal stump is divided and closed. The retrorectal space is mobilized down to a level above the dentate line and through a transanal approach; the posterior rectal wall is opened one cm above the dentate line. Proximal bowel is brought down the retrorectal space and anastomosed to the rectal opening and a side-to-side anastomosis is created using a stapling device to eliminate the common wall between the rectal vault and the colon. Provide the ICD-9-CM and CPT® codes.
- 45120; 751.2
 - 45112; 751.2
 - 45112; 751.5
 - 45120; 751.3 (CPT® & ICD-9-CM books)**
11. A nine-year-old male with a history of burning and misdirected urinary stream presents to the urologist. An exam reveals a tight meatal stenosis. A cystoscopy and incisional meatotomy are performed. Select the CPT® codes for this procedure.
- 99201-25, 52000-22, 53020-59
 - 52000, 53020-59,-51 (pg. 14.10-14.11 & CPT® book)**
 - 99201-25, 52000-51, 53020-59
 - 52000-22, 53020-51
12. A physician performs a dilation and curettage to remove all remaining tissue in the patient's cervix, due to a blighted ovum under four weeks gestation, identified by ultrasound at the same session. Provide the CPT® code(s) for the physician's services.
- 58120
 - 59812, 76801-26 (CPT® book)**
 - 58120, 76801, 99201-25
 - 59840

**INSTRUCTOR TOOL:**

CPT® code 52290 would be used when documentation shows that the meatotomy is performed through the scope in conjunction with the cystourethroscopy.

13. A patient has been diagnosed with cancer of the ascending colon and hepatic flexure and is scheduled for an abdominal partial colectomy with take-down of the splenic flexure. The surgeon removes the diseased portion of the colon separating it from the small intestine and leaving rectal tissue intact. The remaining large bowel is anastomosed. Attention is then turned to the small intestine. The surgeon creates a loop from the end portion of the small intestine and the middle of the “J,” which has been created, is opened and anastomosed to create a bigger reservoir. He proceeds to create an opening at the base of the “J” pouch for attachment to the rectal cuff. Hemostasis is achieved. Another cut is made above the pouch and a temporary ileostomy is performed to allow time for the “J” pouch to heal before it is utilized. What are the CPT® and ICD-9-CM codes for the complete service?
- 44206-52, 44210; 153.0, 153.2
 - 44153; 153.8, 154.1
 - 44144, 44139; 153.8 (pg. 13.16-13.17)**
 - 44212; 558.9, V10.05
14. The provider performs ethanol injection sclerotherapy under ultrasound guidance to remove a monocystic thyroglossal duct cyst (TGDC). Select the CPT® and ICD-9-CM codes.
- 60001, 76942; 246.9
 - 36469, 76536; 759.2
 - 60280, 76942-26; 245.3
 - 60280, 76942-26; 759.2 (CPT® & ICD-9-CM books)**
15. Nerves that conduct impulses to the central nervous system are called:
- Efferent neurons
 - Dendrites and axons
 - Afferent neurons (Medical Dictionary)**
 - Vertebral neurons
16. A MRI confirms the diagnosis of Arnold-Chiari Type 1 malformation in a 33-year-old woman following complaints that she had experienced a two year history of dizziness and progressively worsening gait disturbances, and a one year history of rapid, repetitively abrupt onset of nausea. Due to complications associated with Arnold-Chiari, the patient underwent a suboccipital craniectomy and C1-3 laminectomy. In addition to this decompression, a fascial graft was sutured between the edges of the dural incision. Identify the correct procedure and diagnostic codes.
- 61345, 61322-51; 742.0
 - 61340, 61322-51; 742.0
 - 61343, 61322-51, 63001-51; 348.4
 - 61343; 348.4 (CPT® & ICD-9-CM books)**

17. The procedure to remove the posterior arch of the vertebra is called:
- Laminectomy (pg. 16.23)**
 - Vertebral corpectomy
 - Laminotomy
 - Diskectomy
18. **Preoperative Diagnosis:** Status post left ureterolithotomy
- Postoperative Diagnosis:** Status post ureterolithotomy; calculus of right renal pelvis
- Operative Technique:** The patient was brought to the cystoscopy suite on an outpatient basis status post left ureterolithotomy (42 days ago) with an indwelling double J ureteral stent placed during surgery. She was brought in for stent removal. Patient was placed in the dorsal lithotomy position, prepped and draped in the usual sterile fashion. The 21 scope was introduced with cystoscopy findings grossly normal. There was some obvious edema around the orifice of the stent. The stent was grasped with alligator biopsy forceps and removed without difficulty. She tolerated the procedure well. Surgeon will attempt to alkalinize the patient's urine to dissolve the stone in her right pelvis, which has remained asymptomatic. Select the CPT® code for this procedure.
- 52310
 - 52315
 - 52310-58 (CPT® book)**
 - 52290
19. The surgeon places a suprapubic cystostomy tube, to correct a problem with urinary retention, in a 68-year-old male patient. Select the CPT® and ICD-9-CM codes.
- 51045; 788.21
 - 51040; 788.20 (CPT® & ICD-9-CM books)**
 - 51010; 788.69
 - 51550; 788.29
20. The ophthalmologist performs strabismus surgery involving recession of the medial rectus muscle including a transposition procedure. Select the CPT® code(s).
- 67311, 67320 (CPT® book)**
 - 67311
 - 67314, 67320
 - 67312, 67335

21. A patient suffering from lower back pain presents to her family physician who orders a lumbar myelography for a suspected herniated disc following a physical exam. The patient is sent to the hospital where the radiologist injects contrast material into the patient's subarachnoid space through a percutaneously placed spinal needle. Films of the lumbar spine are obtained. Select the appropriate code(s) for the radiologist's services.
- a. 72270-26
 - b. 62284, 72265-26 (pg. 16.22 & CPT® book)**
 - c. 61055, 72240-26
 - d. 62284, 72270-26
22. This ICD-9-CM code describes a type of unconsciousness in which the patient cannot be aroused.
- a. 780.54
 - b. 780.71
 - c. 780.99
 - d. 780.01 (ICD-9-CM book)**
23. A pelvic ultrasound and histologic exam identify a large floating intramural leiomyoma in the uterus of a 34-year-old patient who had presented with menometrorrhagia unresponsive to hormone therapy. A hysteroscopic exam revealed that two leiomyomata had grown on a pedicle. They were released by progressive shaving of the stalks. The loop of the hysteroscope was placed at the most distant portions, and current was applied to each growth as the scope was drawn toward the surgeon. The stalks were shaved with the cautery forceps, which were used to remove the myomas from the cavity. Select the CPT® and ICD-9-CM codes.
- a. 58561; 218.1 (CPT® & ICD-9-CM books)**
 - b. 58545; 218.2
 - c. 58546; 218.1
 - d. 58555, 58546; 218.2
24. The surgeon performs a microsurgical sympathectomy of the ulnar artery. Select the CPT® code for the procedure.
- a. 69990
 - b. 64821, 69990
 - c. 64822 (CPT® book)**
 - d. 64822, 69990

25. A blepharocarcinoma is a tumor of which part of the eye?
- Ciliary body
 - Eyelid (pg. 17.18)**
 - Ocular adnexa
 - Anterior chamber
26. The physician passes the colposcope into the cervix to identify potentially precancerous conditions in the tissue of a patient with a history of cervical cancer. The cervix is swabbed with acetic acid, which reveals an abnormal condition. Two samples are taken from the biopsy site. Select the CPT® and ICD-9-CM codes.
- 99212-25, 57452, 57455, 88141; 180.8, V10.41
 - 57455, 88141; V10.41
 - 57452, 57455; 180.8
 - 57455; V76.2, V10.41 (pg. 15.12 & ICD-9-CM book)**

Questions 27 and 28:

A 93-year-old patient is admitted to the hospital for surgery.

Preoperative Diagnosis: Diabetes mellitus with diabetic proliferative retinopathy, vitreous hemorrhage, left eye

Postoperative Diagnosis: Same

Procedure Performed: Pars plana mechanical vitrectomy, membrane peeling and removal

27. The ICD-9-CM code(s) for the diagnosis is(are):
- 250.50
 - 379.23
 - 250.50, 362.02, 379.23 (ICD-9-CM book)**
 - 250.50, 379.23
28. The CPT® code for the procedure is:
- 67038 (CPT® book)**
 - 67036
 - 67299
 - 67005

29. A surgeon performs a radical mastoidectomy, removing the eardrum and middle ear bones (excluding the stapes) due to a cholesteatoma of the middle ear. Select the CPT® code.
- a. 69502
 - b. 69601
 - c. **69511 (CPT® book)**
 - d. 69603
30. The CPT® code for a transcanal labyrinthotomy with cryosurgery and multiple perfusions of drugs due to labyrinthitis is:
- a. 69802
 - b. 69949
 - c. **69801 (pg. 17.30-17.31)**
 - d. 69905
31. What CPT® code is used to report an ultrasound scan done as an alternative to simple urethral catheterization when measuring post void residual urine volume?
- a. 76857
 - b. **51798 (pg. 14.9)**
 - c. 51701
 - d. 76856
32. Select the anesthesia code and modifier for an 11-month-old inpatient who is undergoing surgery for hernia repair in the lower abdomen.
- a. 00834-P2
 - b. 00836-P1
 - c. **00834-P1, 99100 (CPT® book)**
 - d. 00862-P2
33. The radiologist performs an injection procedure for a sialogram in the hospital and provides interpretation and a written report. Select the CPT® code(s) for the procedure.
- a. 70390
 - b. 42550
 - c. 42660, 70390-26
 - d. **42550, 70390-26 (CPT® book)**

34. Within a vascular family, which orders of catheterization are coded?
- Highest order, with the lesser order branches each coded separately
 - Highest order only (pg. 19.17)**
 - Highest order with the lesser order branches coded together as one add-on code
 - Highest order and lesser order branches as one code with the work involved in getting to the artery coded separately

35. The radiologist advances a 5 French catheter into the abdominal aorta, via a right common femoral puncture, where injections were made. The catheter was then pulled down to the bifurcation for a complete bilateral run-off. The catheter was then manipulated into the left external iliac. Injection and imaging was done at each catheter stop. The radiologist performed this procedure in the hospital.

Which CPT codes would the radiologist report for this procedure?

- 36246, 75625-26, 75716-26, 75774-26 (CPT® book)**
 - 36245, 75625-26, 75716-26, 93544
 - 36246, 75625, 75716, 75774, 93544
 - 36245, 75625, 75716, 75774
36. A cardiac surgeon is listed as a preceptor in the medical documentation for surgery to correct transposition of the great arteries. There is no other documentation – exclusive of physical presence – regarding the preceptor. If needed, the CPT® modifier that best describes the preceptor’s role in the surgery.
- 82
 - 62
 - 80
 - No modifier is necessary. (This is the correct answer, since the preceptor is an expert in a given surgical field who offers expertise in surgical situations, though not necessarily direct surgical assistance)**

37. Select the ICD-9-CM diagnosis codes used for pseudoaneurysm, cardiac tamponade and left ventricular failure?

- 442.9, 423.9, 428.1 (ICD-9-CM book)**
- 414.10, 420.99, 428.0
- 424.0, 420.99, 428.1
- 441.9, 423.9, 428.0

38. The obstetrician performed a transabdominal ultrasound including a detailed anatomic evaluation of the patient's twins. Determine the appropriate CPT® code(s).
- 76801, 76802
 - 76805, 76810
 - 76811, 76812 (CPT® book)**
 - 76815
39. A neonate was born at 36 weeks gestation and weighed 1965 grams. At birth, the obstetrician suspected Down's syndrome, eg, trisomy-21. A comprehensive history of the mother's pregnancy and the birth, as well as a comprehensive examination of the neonate, were documented. Presence of characteristics associated with the chromosomal anomaly, eg, flaccid muscle tones, limbs comparatively short for gestational age and as compared to trunk size, relatively flat nose bridge, were noted. Based on the low birth weight and these suspicions, and despite the lack of noticeable physical distress (Apgar scores were 4, 7 and 9 at 1, 5 and 10 minutes, respectively), the neonate was taken to the NICU for monitoring and tests to examine the heart due to the prevalence of cardiac anomalies common to the syndrome. Medical decision making was documented as moderate. The obstetrician performed an ultrasound, which revealed a minor atrial septal defect, ostium secundum type. This finding did not necessitate immediate surgery to correct the defect. A genetic test confirmed the diagnosis of nonmosaic trisomy-21. The infant was transferred from NICU on Day 2 to regular neonatal care where an expanded problem focused interval history and expanded problem focused exam were performed with medical decision making of moderate complexity. On Day 3, a problem focused interval history and problem focused examination were performed with low complexity medical decision making. On Day 4, the neonate was discharged to home after the obstetrician spent 45 minutes with the parents giving instructions on how to deal with the child's ongoing developmental issues and care. During the baby's hospital stay, the parents also met with the hospital's genetic counselor who provided family support contact information. The obstetrician scheduled a 15 minute weekly appointment for the next six weeks to monitor the infant's progress. Code the obstetrician's services and the diagnoses for the neonate.

	Day 1	Day 2	Day 3	Day 4
a.	99222, 76604-26	99232	99231	99239
	764.07, 765.28,			
	745.5, 758.0			
	(CPT® book)			
b.	99295-52, 76604-26	99232	99231	99239
	764.07, 765.28,			
	745.5, 758.0			
c.	99219, 76604			99238
	764.07, 758.0			
d.	99295, 76604, 88263			99238
	758.0			
e.	99223			99238, 88263
	755.4, 745.5			

40. The neonate in the above scenario is now a six-month-old infant and undergoes percutaneous transcatheter implant closure of the atrial septal defect. Code the procedure.
- a. 37204
 - b. 93581
 - c. 33641
 - d. **93580 (CPT® book)**
41. After obtaining capillary blood, a glucose screening by Dextrostix method (reagent strip) was performed. Select the CPT® code(s) for the service.
- a. 82962
 - b. 82962, 36415
 - c. **82948, 36416 (pg. 20.13 & 12.25)**
 - d. 82948, 36410
42. A lab performs the following tests: Calcium, carbon dioxide, chloride, creatinine, glucose, alkaline phosphatase, potassium, sodium, urea nitrogen (BUN). Select the CPT® code(s) for the service.
- a. 80048
 - b. 82310, 82374, 82435, 82565, 82947, 84075, 84520
 - c. **80048, 84075 (CPT® book)**
 - d. 82310, 82374, 82435, 82565, 82947, 84075, 84132, 84520
43. A patient complaining of dizziness and vertigo brought on when reclining on her right side, ear against a pillow or other surface, is diagnosed with benign paroxysmal positional vertigo (BPPV). (BPPV is an abnormal reaction of the balance organ in the inner ear to certain head movements caused by minute canaliths that have worked their way from the vestibule of the inner ear [where canaliths occur naturally] into the semicircular canals.) For therapy, the provider used the canalith repositioning procedure (CRP or Epley maneuver), which involves maneuvering the patient's head through a series of positions in an effort to reposition the canaliths. Select the CPT® and ICD-9-CM codes.
- a. **92700; 386.11 (CPT® & ICD-9-CM books)**
 - b. 92542; 386.19, 387.2
 - c. 95831; 388.9
 - d. 92700-50; 386.11

44. A 21-year-old patient with ESRD, whose attending physician receives a monthly payment, goes outside of the usual setting for the refilling of an implantable insulin infusion pump. The provider at this setting is neither the patient's attending physician nor the physician's substitute. The provider also reprograms the pump. Select the CPT® and ICD-9-CM codes.
- a. 90925, 36585; 585
 - b. 96530-77; 586
 - c. 49419; 586
 - d. **96530; 585 (pg. 21.13, 21.49 & ICD-9-CM book)**
45. During an ambulatory surgery encounter, the surgeon excises a lipoma on the abdomen and a lump in the left breast. The specimens are submitted to the pathology laboratory for microscopic examination. Select the CPT® code(s) for the surgical pathology services.
- a. 88304 x 2
 - b. **88307, 88304 (pg. 20.27-20.28)**
 - c. 88300 x 2
 - d. 88305 x 2
46. A lab performs two separate special stains to exclude the presence of acid-fast bacilli and fungi during the examination of a total lung resection. Select the CPT® code(s) for this procedure.
- a. 88309
 - b. 88307, 88312
 - c. **88309, 88312 x 2 (page 20.28)**
 - d. 88309, 88313 x 2
47. A 10-year-old patient presents to her internal medicine physician for an immunization against pneumonia. No other services were performed. Select the CPT® code(s) for this comprehensive electrophysiological evaluation.
- a. 90732
 - b. 90281, 90471
 - c. **90732, 90471 (pg. 21.4 & CPT® book)**
 - d. 90471
48. A patient undergoes right atrial and ventricle pacings and recordings with His bundle recording and the induction of arrhythmia. Select the CPT® codes for this comprehensive electrophysiological evaluation.
- a. 93619, 93618-51
 - b. 93609
 - c. 93620, 93623
 - d. **93620 (pg. 21.34 & CPT® book)**

49. An ophthalmologist performs a vitrectomy immediately following an ophthalmic endoscopy that revealed severe proliferative diabetic retinopathy with hemorrhage in the left eye of a 26-year-old patient with eight years of insulin-dependent diabetes. During the same operative session, the surgeon strips strands from the epiretinal membrane attached to the retina that could create traction and lead to retinal detachment. Select the CPT® codes for this procedure.
- a. 67036
 - b. 67030, 67036, 66990
 - c. **67038, 66990 (pg. 17.14 & 17.13)**
 - d. 99212, 67038, 66990
50. A dermatologist used a hand-held laser that has a xenon chloride source and provided intense, targeted UVB light to treat moderate localized psoriatic skin plaques that have developed on the patient's forehead. Select the CPT® codes for this procedure.
- a. 96920 x 8
 - b. 99222-25, 11000
 - c. 99251-25, 15780
 - d. **96920 (note that size of the treated area was not noted) (pg. 21.50)**