

2020 CCS-P Self-Assessment Items

ICD-10-CM DX (1-14)

1. A 85-year-old male presents to the ED with acute bronchitis. He has emphysema and COPD as well as hypothyroidism. He's admitted for treatment of the acute bronchitis and COPD. What diagnosis code(s) should be assigned?
 - a. J44.0, J20.9
 - b. J20.9, J43.9
 - c. J44.0, J43.9, J20.9
 - d. J44.0

2. A patient presented for a colonoscopy due to a positive Cologuard® test. What diagnosis code should be assigned for the visit?
 - a. R19.5
 - b. Z12.11
 - c. R85.89
 - d. Z01.89

3. What ICD-10-CM diagnosis code(s) should be assigned for a diagnosis of 'internal presacral abscess'?
 - a. K65.1
 - b. A18.01
 - c. K66.8
 - d. K68.19

4. An 80-year-old female was seen by her Primary care provider. He documented aortic valve stenosis with mitral valve insufficiency as one of her diagnoses. What diagnosis code(s) should be assigned for this office visit?
 - a. I35.0, I34.0
 - b. I08.0
 - c. I05.0, I06.0
 - d. I08.3

5. A 25-year-old patient is seen in the mental health clinic for a scheduled visit. The provider documents a diagnosis of chronic schizophrenia with acute exacerbation. What diagnosis code should be assigned for the visit?
 - a. F20.89
 - b. F23
 - c. F20.9
 - d. F20.5

6. A patient is admitted for induction of labor due to pre-eclampsia and she delivers. The physician documents "pre-eclampsia without severe features". What diagnosis code should be assigned?
 - a. O14.04
 - b. O14.14
 - c. O14.91
 - d. O14.00

7. The provider documented a diagnosis of 'Triple I' on the discharge summary of a patient at 29 weeks gestation. What diagnosis code should be assigned for this diagnosis?

- a. O41.122
- b. O41.123
- c. O41.8X3
- d. O41.8X2

8. Mr. Smith presented to his physician's office with lower back pain. His provider documented a diagnosis of 'lumbar facet joint arthropathy'. What diagnosis code should be assigned?

- a. M46.96
- b. M19.90
- c. M47.896
- d. M47.816

9. When coding diagnoses for a home health visit, all conditions documented should be coded whether or not they impact the plan of care.

- a. True
- b. False

10. A patient presented with left mid forearm synostosis who had this surgically resected. There was also a history of an upper radial fracture of the left arm. What diagnosis code(s) should be coded?

- a. M89.8X3, S52.592S
- b. M89.8X3
- c. M89.8X3, S52.102S
- d. M89.8X2, S52.102A

11. A patient presented to the ED with a malpositioned left subclavian central venous catheter. This was repositioned. The appropriate diagnosis code assigned for the malpositioned catheter is T82.524A.

- a. True
- b. False

12. Patient presented to the ED with a concerning heartbeat. The provider documented the diagnosis of chronic persistent atrial fibrillation. What diagnosis code should be assigned?

- a. I48.11
- b. I48.20
- c. I48.19
- d. I48.91

13. Which form of Ehlers-Danlos Syndrome (EDS) is the most severe in presentation?

- a. Hypermobility
- b. Vascular
- c. Classical
- d. None of the above

14. The ICD-10-CM Official Guidelines for Coding and Reporting were updated for FY 2020 (effective 10/1/19) to include new 'terms' of "compatible with" and "consistent with" to the Uncertain Diagnosis Principal diagnosis guidelines (II.H.)

- a. True
- b. False

CPT (15-27)

15. Code CPT 11008 would be coded separately when there is a hernia repair with the removal of mesh.

- a. True

b. False

16. A patient is seen for a post-myelogram computed tomography (CT) imaging of the thoracolumbar regions. What CPT codes would be reported?

- a. 72128, 72132
- b. 72129, 72132
- c. 72130, 72132
- d. 72129, 72131

17. A 65-year-old male presents for a diagnostic cystourethroscopy. The provider notes that the patient has a urethral stricture. The patient is treated by inserting an instrument through the cystourethroscope and injecting a corticosteroid into the urethral tissue for treatment of the urethral stricture? What is the CPT code assigned?

- a. 52281
- b. 52282
- c. 52283
- d. 52287

18. A patient had a cystourethroscopy with a bupivacaine ureter injection prior to being catheterized. What is the correct CPT code?

- a. 52007
- b. 52005
- c. 52281
- d. 52327

19. What is the correct CPT code to report the endoscopic placement of a drug-eluting implant in the ethmoid sinus in conjunction with biopsy, polypectomy, or debridement?

- a. 31237
- b. 31299
- c. 31253
- d. 31288

20. A patient with a hiatal hernia presents for herniorrhaphy and placement of a metal band as his esophageal sphincter augmentation device. What is the correct CPT code?

- a. 43280
- b. 43284
- c. 43283
- d. 43332

21. A surgeon performs meniscus repair with an open repair of the meniscal root. What code(s) would you use?

- a. 29882
- b. 27403, 29882
- c. 27403
- d. 27405

22. A patient is being seen for a percutaneous implantation of a multi-electrode neurostimulation lead with an integrated receiver. What would be the correct CPT code assignment?

- a. 64553
- b. 64555
- c. 64561
- d. 64999

23. What code(s) should be reported when a physician performs a robotic-assisted simple prostatectomy laparoscopically?
- 55899
 - 55840
 - 55842
 - 55845
24. A 40-year-old female was seen to have a CO2 laser excision performed via direct laryngoscopy of a subglottic scar band that had caused stenosis. What would be the correct CPT code assignment?
- 31540
 - 31541
 - 69990
 - 31505
25. A patient is seen for a septoplasty and nasal swell body (NSB) reduction on septal mucosa during the same session. What would be the correct CPT code(s) assigned?
- 30117
 - 30117, 30520
 - 30520
 - 30118
26. What is the correct CPT code assignment for remote imaging to screen an asymptomatic patient for diabetic retinopathy?
- 92227
 - 92228
 - 92002
 - 92014
27. A patient is being seen for a direct microlaryngoscopy with bilateral laser reduction for vocal cord thickness/mass. What CPT procedure code is assigned?
- 31540
 - 31541
 - 31545
 - 31546

General (28-30)

28. Which of the following procedures was removed from the inpatient only list for CY 2020?
- 27130: Total Hip Arthroplasty
 - 27134: Revision of total hip arthroplasty
 - 27700: Arthroplasty of ankle
 - All of the above
29. The CY 2020 Physician Fee Schedule Final Rule changed the conversion factor from \$36.04 to:
- \$36.05
 - \$36.09
 - \$36.50
 - \$36.55
30. The effective date in the 2020 Physician Fee Schedule Final Rule added the following to the list of telehealth services:
- G2086

- b. G2087
- c. G2088
- d. All the above