

RESPIRATORY & CARDIOVASCULAR (MULTIPLE CHOICE)

CPC® STUDY GROUP WITH LEGACY EDUCATION

1. The provider performs a diagnostic thoracoscopy followed by the thoroscopic excision of a pericardial cyst. What CPT® code(s) is/are reported?
 - a. 31601, 32662-51
 - b. 32601, 32661-51
 - c. 32658
 - d. 32661

2. A patient's nose was hit with a baseball during a high school baseball game. At that time reconstruction was performed with local grafts. Patient returns now as an adult, discontent with the bony prominence along the bony pyramid and flat look of the tip of the nose. He underwent major repair with osteotomies and nasal tip work. What CPT® code is reported?
 - a. 30410
 - b. 30435
 - c. 30450
 - d. 30462

3. A 43-year-old female is seen in the emergency room with severe epistaxis. She said this is a common occurrence for her during the cold dry months of winter and this is why she is here for the third time this week. Extensive bilateral posterior cautery and packing is again required to control the hemorrhage. What CPT® code is reported for the procedure? (Note: Do not code the E/M)
 - a. 30905-22
 - b. 30903-50
 - c. 30905-50
 - d. 30906-50

4. A 20-year-old patient is seen for 5 transbronchial lung biopsies of 2 separate lobes. One biopsy is taken in one lobe and 4 biopsies in another lobe. What CPT® code(s) is/are reported?
 - a. 31628
 - b. 31628, 31632
 - c. 31629, 31632
 - d. 31628, 31632 x 4

5. A 25-year-old male presents with a deviated nasal septum. The patient undergoes a nasal septum repair and submucous resection. Cartilage from the bony septum was detached and the nasoseptum was realigned and removed in a piecemeal fashion. Thereafter, 4-0 chronic was used to approximate mucous membranes. Next, submucous resection of the turbinates was handled in the usual fashion by removing the anterior third of the bony turbinate and lateral mucosa followed by bipolar cauterization. What CPT® codes are reported?
- a. 30520, 30140-51
 - b. 30420, 30140-51
 - c. 30620, 30999-51
 - d. 30450, 30999-51
6. A physician performs a four-vessel autogenous (one venous, three arterial) coronary bypass on a patient who had a previous CABG two years ago, utilizing the saphenous vein, radial artery and the left and right internal mammary arteries. Select the CPT® codes for this procedure.
- a. 33535, 33510, 35600-51, 33530
 - b. 33534, 33518, 33530
 - c. 33533, 35600, 33519, 33530
 - d. 33535, 35600, 33517, 33530
7. Physician changes the old battery to a new one on a patient's dual chamber permanent pacemaker. What CPT® code(s) is/are reported?
- a. 33212
 - b. 33229
 - c. 33213, 33233-51
 - d. 33228
8. Patient is diagnosed with acute systolic heart failure due to hypertension with CKD stage 4. What ICD-10-CM codes are reported?
- a. I13.0, I50.21, N18.4
 - b. I11.0, I12.9, I50.21, N18.4
 - c. I10, I12.9, I50.21, N18.4
 - d. I13.0, I50.21, N19

9. A PICC with a port is placed under fluoroscopic guidance for a 45-year-old patient for chemotherapy infusion by a physician. The procedure was performed in the hospital. Report the codes for the physician.
- a. 36568
 - b. 36571, 77001-26
 - c. 36570, 77001-26
 - d. 36571
10. MAZE procedure is performed on a patient with atrial fibrillation. The physician isolates and ablates the electric paths of the pulmonary veins in the left atrium, the right atrium and the atrioventricular annulus while on cardiopulmonary bypass. What CPT® code is reported?
- a. 33254
 - b. 33255
 - c. 33256
 - d. 33259

RESPIRATORY & CARDIOVASCULAR (FILL IN THE BLANKS)

CPC® STUDY GROUP WITH LEGACY EDUCATION

1. The provider performs a diagnostic thoracoscopy followed by the thoroscopic excision of a pericardial cyst. What CPT® code(s) is/are reported?

CPT®: _____

2. A patient's nose was hit with a baseball during a high school baseball game. At that time reconstruction was performed with local grafts. Patient returns now as an adult, discontent with the bony prominence along the bony pyramid and flat look of the tip of the nose. He underwent major repair with osteotomies and nasal tip work. What CPT® code is reported?

CPT®: _____

3. A 43-year-old female is seen in the emergency room with severe epistaxis. She said this is a common occurrence for her during the cold dry months of winter and this is why she is here for the third time this week. Extensive bilateral posterior cautery and packing is again required to control the hemorrhage. What CPT® code is reported for the procedure? (Note: Do not code the E/M)

CPT®: _____

4. A 20-year-old patient is seen for 5 transbronchial lung biopsies of 2 separate lobes. One biopsy is taken in one lobe and 4 biopsies in another lobe. What CPT® code(s) is/are reported?

CPT®: _____, _____

5. A 25-year-old male presents with a deviated nasal septum. The patient undergoes a nasal septum repair and submucous resection. Cartilage from the bony septum was detached and the nasoseptum was realigned and removed in a piecemeal fashion. Thereafter, 4-0 chronic was used to approximate mucous membranes. Next, submucous resection of the turbinates was handled in the usual fashion by removing the anterior third of the bony turbinate and lateral mucosa followed by bipolar cauterization. What CPT® codes are reported?

CPT®: _____, _____

6. A physician performs a four-vessel autogenous (one venous, three arterial) coronary bypass on a patient who had a previous CABG two years ago, utilizing the saphenous vein, radial artery and the left and right internal mammary arteries. Select the CPT® codes for this procedure.

CPT®: _____, _____, _____, _____

7. Physician changes the old battery to a new one on a patient's dual chamber permanent pacemaker. What CPT® code(s) is/are reported?

CPT®: _____

8. Patient is diagnosed with acute systolic heart failure due to hypertension with CKD stage 4. What ICD-10-CM codes are reported?

CPT®: _____, _____, _____

9. A PICC with a port is placed under fluoroscopic guidance for a 45-year-old patient for chemotherapy infusion by a physician. The procedure was performed in the hospital. Report the codes for the physician.

CPT®: _____, _____

10. MAZE procedure is performed on a patient with atrial fibrillation. The physician isolates and ablates the electric paths of the pulmonary veins in the left atrium, the right atrium and the atrioventricular annulus while on cardiopulmonary bypass. What CPT® code is reported?

CPT®: _____

ANSWER KEY

1. The provider performs a diagnostic thoracoscopy followed by the thoroscopic excision of a pericardial cyst. What CPT® code(s) is/are reported?
 - a. 31601, 32662-51
 - b. 32601, 32661-51
 - c. 32658
 - d. 32661

Rationale: Endoscopy guidelines state that surgical thoracoscopy always includes a diagnostic thoracoscopy and, therefore, is not coded separately. In the CPT® Index look for Thoracoscopy/Surgical/with Excision Pericardial Cyst, Tumor and/or Mass referring to 32661.

2. A patient's nose was hit with a baseball during a high school baseball game. At that time reconstruction was performed with local grafts. Patient returns now as an adult, discontent with the bony prominence along the bony pyramid and flat look of the tip of the nose. He underwent major repair with osteotomies and nasal tip work. What CPT® code is reported?
 - a. 30410
 - b. 30435
 - c. 30450
 - d. 30462

Rationale: The procedure performed now is a secondary rhinoplasty due to unfavorable results from the initial rhinoplasty. In the CPT® Index look for Rhinoplasty/Secondary directing you to code range 30430-30450. Code selection is based on the reason for the repair and the extensiveness of the repair. 30450 reports a major secondary revision including osteotomies and nasal tip work.

3. A 43-year-old female is seen in the emergency room with severe epistaxis. She said this is a common occurrence for her during the cold dry months of winter and this is why she is here for the third time this week. Extensive bilateral posterior cautery and packing is again required to control the hemorrhage. What CPT® code is reported for the procedure? (Note: Do not code the E/M)
 - a. 30905-22
 - b. 30903-50
 - c. 30905-50
 - d. 30906-50

Rationale: Epistaxis is the term for nasal hemorrhage. In the CPT® Index look for Packing/ Nasal Hemorrhage and you are directed to code range 30901-30906. Code selection is determined by whether the procedure is posterior or anterior. This is posterior and is subsequent making the correct code 30906. Modifier 50 indicates this was done bilaterally.

4. A 20-year-old patient is seen for 5 transbronchial lung biopsies of 2 separate lobes. One biopsy is taken in one lobe and 4 biopsies in another lobe. What CPT® code(s) is/are reported?
- a. 31628
 - b. 31628, 31632
 - c. 31629, 31632
 - d. 31628, 31632 x 4

Rationale: Transbronchial biopsies are performed via a bronchoscopy. In the CPT® Index look for Bronchoscopy/Biopsy and we are directed to codes 31625-31629, 31632, 31633. Code 31628 represents a transbronchial biopsy of one lobe. A parenthetical statement under this code indicates to use code 31632 for any additional transbronchial biopsies on additional lobes. Code 31632 is reported once even when multiple biopsies are taken in a lobe.

5. A 25-year-old male presents with a deviated nasal septum. The patient undergoes a nasal septum repair and submucous resection. Cartilage from the bony septum was detached and the nasoseptum was realigned and removed in a piecemeal fashion. Thereafter, 4-0 chronic was used to approximate mucous membranes. Next, submucous resection of the turbinates was handled in the usual fashion by removing the anterior third of the bony turbinate and lateral mucosa followed by bipolar cauterization. What CPT® codes are reported?
- a. 30520, 30140-51
 - b. 30420, 30140-51
 - c. 30620, 30999-51
 - d. 30450, 30999-51

Rationale: Septum repair is a septoplasty. In the CPT® Index Septoplasty or Resection/Nasal Septum Submucous refers you to see Nasal Septum, Submucous Resection directing you to 30520. Under the code, there is a parenthetical statement to use 30140 for submucous resection of the turbinates. Modifier 51 is used to indicate multiple procedures.

6. A physician performs a four-vessel autogenous (one venous, three arterial) coronary bypass on a patient who had a previous CABG two years ago, utilizing the saphenous vein, radial artery and the left and right internal mammary arteries. Select the CPT® codes for this procedure.
- a. 33535, 33510-51, 35600-51, 33530
 - b. 33534, 33518, 33530
 - c. 33533, 35600-51, 33519, 33530
 - d. 33535, 35600-51, 33517, 33530

Rationale: Because this is a combo graft, codes 33517-33523 must be coded for the venous portion of the graft. Also, this is a redo more than one month after the original surgery, so the add-on code +33530 is appropriate. Look in the CPT® Index for Coronary Artery Bypass Graft (CABG)/Arterial-Venous Bypass which directs you to 33517-33519, 33521-33523, 33531, and Arterial Bypass which directs you to 33533-33536. In this CPT® Index look for CABG is Harvest/Upper Extremity Artery which directs you to 35600. 35600 will require modifier 51 since it was a second procedure performed at the same session. Look for the codes in the numeric section and you see all additional codes are add-on codes; therefore, no modifiers are required. To code for the reoperation look in the CPT® Index for Reoperation/Coronary Artery Bypass/Valve procedure which directs you to 33530.

7. Physician changes the old battery to a new one on a patient's dual chamber permanent pacemaker. What CPT® code(s) is/are reported?
- a. 33212
 - b. 33229
 - c. 33213, 33233-51
 - d. 33228

Rationale: CPT® guidelines state "When the battery of a pacemaker is changed, it is actually the pulse generator that is changed." It is reported with one code. In the CPT® Index look for Pacemaker. This will direct you to see Cardiac Assist Devices. Look for Cardiac Assist Devices/Pacemaker System/Replacement/Pulse Generator referring you to codes 33227-33229. Code 33228 is reported for dual chamber (dual lead system).

8. Patient is diagnosed with acute systolic heart failure due to hypertension with CKD stage 4. What ICD-10-CM codes are reported?

- a. I13.0, I50.21, N18.4
- b. I11.0, I12.9, I50.21, N18.4
- c. I10, I12.9, I50.21, N18.4
- d. I13.0, I50.21, N19

Rationale: There is a causal connection with hypertension and heart failure, and one is assumed with CKD, so combination code I13.0 is required. The type of heart failure and stage of CKD are also needed to complete the coding. In the ICD-10-CM Alphabetic Index look for Hypertension/cardiorenal (disease)/with heart failure/with stage 1 through stage 4 chronic kidney disease referring you to I13.0. In the Tabular List there is a note below I13.0 to use additional code to identify the type of heart failure. Look in the Alphabetic Index for Failure/heart/systolic (congestive)/acute referring you to I50.21. Instructions further indicate to also code for the stage 4 chronic kidney disease. Look in the Alphabetic Index for Disease, diseased/kidney/chronic/stage 4 (severe) referring you to N18.4. Verify code selection in the Tabular List.

9. A PICC with a port is placed under fluoroscopic guidance for a 45-year-old patient for chemotherapy infusion by a physician. The procedure was performed in the hospital. Report the codes for the physician.

- a. 36568
- b. 36571, 77001-26
- c. 36570, 77001-26
- d. 36571

Rationale: Look in the CPT® Index for Central Venous Catheter Placement/Insertion/Peripheral/with Port referring you to 36570-36571. The age of patient is 45; therefore, report 36571. Fluoroscopic guidance for central venous access is reported with 77001 and can be found by looking in the CPT® Index for Fluoroscopy/Venous Access Device directing you to 36598, 77001. The correct code for fluoroscopy is 77001. Modifier 26 is necessary to show the professional service only.

10. MAZE procedure is performed on a patient with atrial fibrillation. The physician isolates and ablates the electric paths of the pulmonary veins in the left atrium, the right atrium and the atrioventricular annulus while on cardiopulmonary bypass. What CPT® code is reported?

- a. 33254
- b. 33255
- c. 33256
- d. 33259

Rationale: The procedure described above is extensive according to CPT® definition. Look in the CPT® Index for Maze Procedure/Open referring you to 33254-33256. The patient was on bypass; therefore, the correct code is 33256.