

# 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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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

**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

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**Medical Coding ICD-10-PCs (Speedy Study Guides** LLC Publishing,Speedy Publishing LLC,2014-05 Medical Coding ICD 10 PCS is the newest procedure coding system There are a total of 72 081 codes included in ICD 10 PCS Each of the seven alphanumeric characters used in each code represents something specific A chart would be very beneficial in trying to decipher what each code s letter or number represents For example the first number of the code represents the type of service that was rendered Other characters used represents a body system body part or region root operation etcetera

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**Newman's Billing and Coding Specialist Study Guide** Xavier Newman,Xavier R S Newman Nrcs,2012-01-01 Medical coding professionals provide a key step in the medical billing process Every time a patient receives professional health care in a physician s office hospital outpatient facility or ambulatory surgical center ASC the provider must document the services provided The medical coder will abstract the information from the documentation assign the appropriate codes and create a claim to be paid 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

*Medical Coding* Vito 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 rationale 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 Billing & Coding For Dummies** Karen Smiley,2019-12-05 The definitive guide to starting a successful career in medical billing and coding With the healthcare sector growing at breakneck speed it s currently the largest employment sector in the U S and expanding fast medical billing and coding specialists are

more essential than ever These critical experts also known as medical records and health information technicians keep systems working smoothly by ensuring patient billing and insurance data are accurately and efficiently administered This updated edition provides everything you need to begin and then excel in your chosen career From finding the right study course and the latest certification requirements to industry standard practices and insider tips for dealing with government agencies and insurance companies Medical Billing Coding For Dummies has you completely covered Find out about the flexible employment options available and how to qualify Understand the latest updates to the ICD 10 Get familiar with ethical and legal issues Discover ways to stay competitive and get ahead The prognosis is good get this book today and set yourself up with the perfect prescription for a bright secure and financially healthy future *Medical Coding & Billing + Medical Terminology + CPC Exam Study Guide* ,2023 **Medical Coding Certification Exam Preparation: A**

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