

CCS Final Mock Test

Duration: 4 hours

Section 1-Carries 97 Questions -Each Questions carries 1 Mark.

Section-2-Contains 8 Case Studies---If Missing of Diagnosis or Procedures or Not coding leads to negative Marking

Total Points: 400 Points

Section-1

1. Patient presented to the hospital for SOB, due to complication transferred to acute care hospital. What is the appropriate discharge disposition assignment?

A. 02-Acute Care hospital B. 06-Home health C.62-Rehability facility D.65-Psychiatric facility

2. Patient admitted to the vaginal delivery for gestational diabetes. After vaginal Delivery, patient got second degree laceration on perineum muscle. What is the appropriate POA assignment for Gestational diabetes and second-degree laceration repair for this condition?

A. Gestational Diabetes -POA-Y and Second-degree laceration -POA-N

B. Gestational Diabetes -POA-N and Second-degree laceration -POA-N

C. Gestational Diabetes -POA-W and Second-degree laceration -POA-N

D. Gestational Diabetes -POA-U and Second-degree laceration -POA-Y

3. What is the correct CPT code assignment for percutaneous cryoablation for renal tumor for the left kidney?

A.50593 B.50543 C.50592 D. None of the above.

4. What is the correct ICD-10 CM code assignment for unspecified gastritis without bleeding?

A.K29.50

B. K29.00

C.K29.20

D.K29.70

5. **3 weeks of delivery, vaginal discharge, and foul smell was found and confirmed to have a sepsis specified as MRSA Puerperal sepsis. How would you report this service?**

A.O85, B95.62

B.O85, B95.61

C.O85, B95.3

D. O85, B96.20

6. **What is the correct ICD-10 CM Code assignment for Upper respiratory infection due to possible Rhino virus and Dehydration?**

A.J06.9, E86.0

B J06.9, B97.35

C.J06.9, B97.7

D.J06.9, B99.9

7. Mr. Jones admitted to the hospital with cellulitis of left axilla and clinical features of sepsis and also found to have an additional diagnosis of PNA and UTI. What is the appropriate ICD-10 CM code assignment for this scenario?

A. A41.9, L03.112, J18.9 and N39.0

B. L03.112, J18.9, A41.9 and N39.0

C. J18.9, L03.112, A41.9 and N39.0

D. N39.0, J18.9, L03.112 and J18.9

8. Mrs. Carolyn Vincent, 86 yrs old woman admitted to the hospital with the dehydration, attending physician confirming that dehydration was treated as primarily and underwent endocrinologist stated as hyponatremia treated with IV Fluids. What is the appropriate PDX assignment for this scenario?

A. Dehydration

B. Hyponatremia

C. Dehydration or Hyponatremia

D. Abnormal lab value

9. What is the correct code assignment of HTN with CHF and Hyperlipidemia?

A. I11.0, I50.9 & E78.5

B. I50.9, I11.9 & E78.5

C. I11.0, I50.32 & E78.2

D. None of the above

10. Mr. James Willington presented to the hospital with sigmoid biopsy, after the procedures completed patient noted to have heavy bleeding, physician tried to control the bleeding it not been happen, so planned Total sigmoidectomy and performed. In this case what is the appropriate root operation for this case?

A. Resection, Destruction

B. Excision, Resection

C. Excision, detachment

D. Resection, Extraction

11. Mr. Burks Dean admitted to the hospital for vaginal delivery. Patient got complication, decided and performed vacuum assisted delivery and newborn baby got birth trauma. Neonatal baby noted to have cerebral hemorrhage.

What is the appropriate POA assignment for cerebral hemorrhage?

A. Cerebral hemorrhage =Y-Present on admission

B. Cerebral hemorrhage =N -Not Present on admission

C. Cerebral hemorrhage =U-Unknown

D. I Cerebral hemorrhage =W -Clinical Undetermined

12. Patient admitted to the St. Mary hospital for planned Laparoscopic cholecystectomy. What is the appropriate CPT code assignment for this case?

A. 47562

B. 47600

C. 47605

D. 47563

13. Patient presented to the hospital with SOB, patient developed Complication and transferred to the Veterans administration hospital. What is the correct disposition assignment for this report?

A. Transferred to Federal hospital

B. Transferred to acute care hospital

C. Discharged to home health

D. None of the above

43 - Discharged/Transferred to a Federal Hospital

- This code applies to discharges and transfers to a government operated health care facility including:
 - Department of Defense hospitals;
 - **Veteran's Administration hospitals; or**
 - Veteran's Administration nursing facilities.

14. Neonatal baby born via vaginal delivery, mother was diabetic, baby underwent Glucose monitoring shows negative and GBS +VE mom and underwent vaccination in current encounter. What is the appropriate diagnosis codes for this report?

A. Z38.00, Z05.41, Z23

B. Z38.00, Z05.43, Z23

C. Z38.00, Z05.42, Z23

D. Z38.00, Z05.2, Z23

15. Newborn presented with congenital microcephaly on admission and what is the appropriate POA assignment for this report?

A.Y

B.N

C.W

D.U

16. Patient admitted to the hospital with Type-2 Subsequent MI in previous visit

Admitted for initial type -2 MI. What is the appropriate PDX selection for this case?

A. Code the I122 Category set of codes for Subsequent Type-2 MI

B. Code the I21 Category set of codes for Subsequent Type-2 MI

C. Code the I21.7 Category set of codes for Subsequent Type-2 MI

D.Code the I25.2 Category for set of codes for Subsequent Type-2 MI

17. Patient presented to the hospital for chest pain and SOB, noted to have diaphoretic, elevated troponin & Creatinine and BNP shows 12000.Chest x-ray shows cardiomegaly. Treated with IV Fluids. What are all diagnosis you will assign based on the documentation?

A.CHF, NSTEMI and AKI

B.CHF, STEMI and AKI

C.CHF and STEMI

D.CHF, NSTEMI and ATN

18.Clinical Indicator's:

Patient presented to the hospital with sepsis and PNA, developed hypotension.

Vasopressin administration was done, not controlled, For which condition you will raise query for?

A. Query for Septicemia

B. Query for Severe Sepsis

C. Query for Systemic inflammatory response syndrome with non-infectious process.

D. Query for Septic Shock.

19. Patient admitted to the hospital for anemia and found to have CKD unspecified & hypertensive urgency in this case which one you will assign as PDX?

A. D63.1, N18.9, I16.0

B. N18.9, D63.1, I16.0

C. I16.0, N18.9, D63.1

D. None of the Above

20. An 11 yrs. old boy presented to the hospital with unilateral Tonsillectomy. What modifier you will assign for this case?

A. 42821-50

B. 42820-51

C. 42825-59

D. 42825-52

21. Patient admitted to the hospital with Colon mass. Physician performed the polypectomy in the sigmoid colon and biopsy at the descending colon. What modifier will append for this scenario.

A. XU

B. XE

C.XP

D.XS

22. What is the appropriate code assignment for traumatic subarachnoid hemorrhage without LOC with cerebral edema underwent clot evacuation in the subarachnoid space. What is the appropriate ICD-10 CM and PCS code assignment?

A.S06.5X0A, S06.1X0A, 00C53ZZ

B.S06.6X0A, S06.1X0A, 00C53ZZ

C.S06.812A, S06.1X0A, 00C50ZZ

D.None of the above

23. Mr. Ketuncky came to the hospital for dysphagia and SOB.

Swallow study was performed shows normal. Chest x-ray ordered and revealed PNA.Clindamycin IV administration was done. In this case, for what diagnosis you will raise the query for?

A. Query for Infectious pneumonia

B. Query for COVID-19 Pneumonia

C. Query for Aspiration pneumonia

D. Query for Septic shock.

24. Mrs. Zella admitted to the IP Hospital with following conditions, please choose the below option, which options you will choose for physician query.

A. Acute Diastolic CHF, Respiratory failure, streptococcus pneumonia

B. Acute Diastolic CHF, chronic respiratory failure, viral pneumonia

C. Either A or B

D. None of the above.

25. Physician performed laparoscopic cholecystectomy in IP hospital. What is the correct ICD-10 PCS assignment for this case?

A.0FT44ZZ

B.0F944ZZ

C.0FTG4ZZ

D.0F180Z4

26. Patient presented to the hospital with Skin tags removal of 25 lesions, how would you assign the correct CPT code for this scenario?

A.11200

B.17110

C.11200, 11201

D.10060

27. Patient presented to the hospital with PNA, after admission noted to have UTI due to indwelling catheter, what is the correct PDX selection for this case?

A.T83.512A, N39.0, J18.9

B.T83.511A, J18.9, N39.0

C.J18.9, T83.511A, N39.0

D.T83.714A

28. Patient admitted for vaginal delivery for pre-existing hypertension with 39 weeks of gestation, delivered a baby boy via normal vaginal delivery.

Please select the diagnosis as per the sequencing direction.

A.O10.93, Z3A.39, Z37.0

B.O10.92, Z3A.39, Z37.0

C.O10.913, Z3A.39, Z37.0

D.Z3A.39, O10.93, Z37.0

29. A 65 yrs old male having 45 yrs with a PMH of tobacco dependence, currently no active of smoking coming for evaluation of cancer. What is the correct code assignment in this case?

A.F17.200

B.F17.210

C.Z87.891

D.Z77.222, Z05.86

30. What is the correct CPT code assignment for Bronchial alveolar lavage via bronchoscopy?

A. 31624

B. 31625

C. 31600

D.31622, 31623

31. Patient presented to the hospital with SOB, noted to have PMH of chronic respiratory failure, O2 therapy provided and nebulization is given. For what condition possibly query for?

A. Asthma

B. COPD

C. Respiratory failure

D. All of the above

32. Which of the following option in which major co-morbidity affecting the DRG?

A. Anoxic Encephalopathy **B. Coma** C. COPD Exacerbation D. Seizure

33. Patient have febrile with a temperature of 102.7, heart rate of 98, Laboratory results showed a white blood cell count of 13,500 with 12% bands, hyperlactatemia, and altered mental status. In this scenario, what type of query you will be place for this chart?

A. Based on the indicators, are you agree with coding of sepsis?

B. Patient presented with febrile with a temperature of 102.7, heart rate of 98, Laboratory results showed a white blood cell count of 13,500 with 12% bands, hyperlactatemia, and altered mental status. Blood cultures pending. Antibiotics ordered with fluid bolus, based on these clinical indicators, the patient's condition should be further specified as?

C. Either A or B

D. None of the Above

34. An 55 yrs. old diabetic patient has non-proliferative diabetic retinopathy right –(Moderate) **greater than left side**–(Mild) with chronic pancreatitis. How would you code this scenario?

A. E11.3991, E11.3212, K86.1

B. E11.3391, E11.3212, K86.1

C. E11.37, K86.1

D. E11.352, E11.355 and K86.1

35. How would follow the chart flow process in IP coding, Please choose the correct option and sequence accordingly?

A. Charge Coded, Service, registration, and diagnostic coding

B. Registration, diagnostic coding, services and charge coded

C. Diagnostic coding, registration, service and Charge coded

D. Registration, service, charge coded and diagnostic Coding

36. Patient admitted for planned cholecystectomy, general anesthesia administered, patient developed hypotension, and physician terminated the procedure after administration of anesthesia. What is the appropriate CPT modifier you will assign in this case?

A.73

B.74

C.59

D-79

37. In DRG 637, Diabetes W/MCC, in below options which MCC affects the selection of MS-DRG?

A. Encephalopathy

B. Acute Respiratory failure

C. Crohn's disease

D. Chronic bacteremia

38. Patient admitted to the hospital for infection, Came in previous visit for PICC line placement, current visit fever was came, and blood culture was taken shows bacteremia. In this case, what type of query will be placed for this scenario?

- A. Query for Sepsis
- B. Query for bacteremia due to CVC Catheter**
- C. Query for Sepsis due to catheter
- D. All of the above

39. What is the correct code assignment for acute diastolic CHF with hypertension?

- A.I11.0, I50.32
- B.I11.0, I50.21
- C.I13.0, I50.23, I50.31
- D.I11.0, I50.31**

40. In IP Hospital, Coding professional working in system, due to some urgent work he unlocked the system and went outside. Manager came to the table, looks unlocked, he locked the system. Under what violation it affects?

- A. Physical**
- B. Technical
- C. Administrative
- D. Organized

41. In hospital, manager asking the operative report to send via mail to get some data. Coder taken the report and send the data via mail to the wrong person. Under What violation it will come out?

- A. Transmission
- B. Technical**
- C. Administrative

C. Organized

42. Patient underwent preventive medicine counselling for behavioral change interventions, individual services for which diagnosis?

A.F11.20

B.F17.210

C.F11.21

D.F12.220

43. Outpatient E/M Services was performed by the physician, he wrote established patient as new patient in the report, Coder seen and requested the physician reason for writing. Physician responded as that is my practice of mine and known level of care. How does coder reports in this case?

A. Compliance team

B. reports to Manager on this issue

C.Complaining the Senior doctor, insulting his knowledge in front of all patients

D.Begging to the doctor to change the patient status with pulling his legs in front of him.

44. Patient presented to the hospital with abdominal pain and general consult was done. EGD and colonoscopy performed shows gastritis and diverticulitis. After scope evaluation it shows abdominal distention and shows ascites, paracentesis was performed. In this case, which PPX you will assign?

A.Paracentesis

B.Colonoscopy

C. EGD

D. EGD and colonoscopy

45. Please choose the options congenital complication as corrected as option for the question.

History of congenital corrected would be right option.

46. Patient presented to the hospital with one complaint. Header states procedure was performed right, and body of the report states it is performed on the left. In this case, How coder will deals this case?

A. Code according to the operative report

B. Query the provider for laterality

C. Ask manager for further clarification

D. Go and ask physician directly how to code this case.

47. Patient admitted with fluid overload due to missed dialysis and found to have HTN with ESRD and underwent hemodialysis for 5 hrs, How you deals this case?

A.E87.70, I12.0, N18.6, 5A1D80Z

B.I12.0, N18.6,5A1D90Z

C.E87.70, I12.0, N18.6,5A1D70Z,Z99.2

D.E87.70,5A1D70Z

48. Mr. George Washington admitted to the hospital with STEMI. Cardiac Cath shows CAD and Anterolateral ST Myocardial infarction and transferred to another hospital for CABG. Physician performed the CABG*3 from left internal mammary artery to the left anterior descending artery and aorta to two coronary arteries with Cardiopulmonary bypass and harvested saphenous vein from the left lower leg using endoscopic vein harvest. How would you report these services?

A.02100Z9, 021109W, 06BQ4ZZ, 5A1221Z, I25.10, I21.09

B.02100Z9, 021109W, 5A1221Z

C.02100Z9, 021109W,006B40ZZ,5A1221Z

D. 02100Z9,021109W,06BQ4ZZ ,5A1221Z, I21.09,I25.10

49. Patient presents for creation of an AV graft in the right arm. The brachial artery and the basilic vein are dissected. Basilic vein was cannulated, a nonautogenous AV graft is utilized, and a stent is advanced inside the AV graft which is deployed inside the basilic vein thus creating a sutureless venous anastomosis. Balloon angioplasty of the stent was performed, and a tunnel was created for the graft. Contrast was injected under cinefluoroscopy and a fistulogram and venogram were performed of the right upper extremity. The graft was completed successfully.

A pseudoaneurysm and a segment of the graft were dissected from the left upper extremity. Patient tolerated the procedure well. How would you report this services?

A.36830,76936

B.37205,75960

C.36832

D.36818

50. Acute Suppurative otitis media in(ASOM) AD coded as _____

A.H66.002

B.H66.001

C.H66.23

D.H66.43

51. Patient presented to the hospital with ESRD underwent kidney transplant transferring kidney from twins. How would you code transferring kidney from identical twins in this case?

A.0TY10Z1-Identical twins-Syngeneic

B.0TY10Z0-Identical twins-Allogenic

C.0TY10Z2-Identical twins-Zooplastic

D.None of the above

52. Patient presented to the hospital for general surgery after administration of anesthesia, **during postoperatively patient** developed acute respiratory failure. In which case which options you will choose?

A. Acute Respiratory failure

B. Post-operative Respiratory failure

C. Respiratory failure due to anesthesia

D. Query the provider regarding respiratory failure due to post procedural surgery.

53. Mr. Kennedy presented to the hospital with pressure ulcer that were present on admission but healed at the time of discharge. How would assign the codes?

A. Code the site and stage of Pressure ulcer

B. Query the provider

C. No code is required

D.Code the unspecified stage of pressure ulcer

54. Patient presented to the hospital with Blepharoplasty for right upper eyelid and left upper eyelid in this case. What is correct modifier for Eyelid in CPT Coding?

A.15822-E1 and 15822-E3

B.15822-50

C. 15822-E2 and 15822-E4

D.All of the above

55. Patient presented to the hospital with CAD and underwent CABG in two arteries from aorta to coronary arteries and saphenous vein harvested from right side and Cardiopulmonary bypass was instituted. Which one is the appropriate Primary PCS for this case?

A. 021109W

B. 02100Z9

C. 5A1221Z

D. 06BP4ZZ

56. Patient admitted to the **Outpatient hospital** with planned cholecystectomy for the complaint of chronic mild cholecystitis and sent the gall bladder to the pathology. Pathology report shows acute on chronic cholecystitis. How would you code the services?

A. Code only Chronic cholecystitis-K81.1 and disagree with pathology report.

B. Code Acute on chronic Cholecystitis -K81.2, Agree with pathology report

C.Either A or B

D. None of the above.

57. A bronchoscopy is performed, bronchoalveolar lavage (BAL), bronchial washings and cytology brushings were obtained in the right upper lobe bronchus;

endobronchial biopsies and transbronchial biopsies from the right upper lobe; and bronchoalveolar lavage samples were obtained from the left lower lobe. Should the BAL and brushings be separately coded?

A.0BB48ZX, 0B948ZX, 0BBC8ZX and 0B9B8ZX

B.0BBC8ZX and 0B988ZX

C.0B9M8ZZ

D. 0BB48ZX and 0B948ZX

58. Which of the following is a out of numeric sequence code in CPT Code book.

A. 11005 is not to be reported with 76942

B. 10005, Fine needle aspiration biopsy including ultrasonic guidance, first lesion

Don't report 10005-10006 at the conjunction with 76942

C. 12005 is not to be reported with 76942, which is a resequenced code

D. None of the above.

59. Patient presented to the hospital with head injury and also noted have scalp and hand laceration, found to have a TBI was ruled out. What is the appropriate PDX assignment for this case?

A. Head injury

B. Hand laceration or scalp laceration

C. Observation for other conditions ruled out

D.All the above

60. Mr. White working as chef doing chopping the vegetables at hotel using knife got scalp laceration of 5.0 cm and hand laceration of 1.0 cm, laceration was repaired at superficial level. In this case, how would you report the services?

A. 12002, S01.01XA, S61.412A, W26.0XXA, Y92.000, Y93.G9 and Y99.0

B. 12001, S01.01XA, S61.412A, W26.0XXA, Y92.000, Y93.G9 and Y99.0

C. 12001, S01.01XA, S61.412A, W26.0XXA, Y92.000, Y93.G9

D. S01.01XA, S61.412A, W26.0XXA, Y92.000, Y93.G9

61. Patient presented to the hospital with DM with polyneuropathy, with CKD, HTN and osteomyelitis. How would you report this case?

A. E11.42, E11.69, E11.22, I12.9, N18.9, M86.9

62. What is the correct code assignment for paraganglioma?

A.D44.1

B.D49.0

C.D44.7

D.D62

63. Patient presented to the problem with stroke, hemiparesis, and dysphagia. Hemiparesis is the main problem and primary focus of treatment. Which condition affects the DRG for this scenario?

A. Hemiparesis

B. Post-CVA Complication

C. CVA

D. All of the Above

64. Patient admitted to the hospital with STEMI and Respiratory failure and PTCA for two vessels with drug eluting stent placement. What is the appropriate the PDX and PPX for this scenario?

A. STEMI, 027035Z

B. Respiratory failure ,02703DZ

C. STEMI or Respiratory failure, 027035Z

D.All of the Above

65. Patient admitted to the hospital with gastric ulcer. After admission, patient developed bleeding is present. What is the POA indicator for this report?

A.N

B.U

C.Y

D.W

66. What is the correct CPT code assignment for Carpal tunnel for median nerve release?

A. 64721-50

B. 64722

C. 64726

D. 64719

67. CVC catheter infection is analyzed by _____

A. Safety measure

B. Patient safety indicators

C. Either A or B

D. None of the above

68. As per the ICD-10 PCS Coding, F0D belongs to which category?

A. Physical Rehabilitation and diagnostic audiology

B. Mental Health

C. Administration

D. Nuclear medicine

69. In reimbursement coding, CPT codes are paid under which payment system in reimbursement methodology?

A. IPPS-Inpatient prospective payment system

B. APC-Ambulatory payment classification

C. OPSS-Outpatient prospective payment system

D. Hospital outpatient billing.

70. BNP-Brain Natriuretic peptide is taken when patient presented with below symptoms -----

A. SOB

B. Chest pain

C. Wheezing

D. Snoring

71. When using the code book 2020. ICD-10 CM, Diabetes mellitus, physician does not mention type of Diabetes in the report. How would you report the type as per the ICD-10 CM guidelines?

A. Type-2 Diabetes Mellitus

- B. Type-1 Diabetes Mellitus
- C. Secondary DM
- D. Other diabetes
- E. Code both DM-1 and DM-2.

72. Revenue code how many digits code to identify the specific revenue centre, accommodation and or ancillary or claim?

- A. Two-digit code
- B. Three-digit code
- C. Five-digit code
- D. Four-digit code**

73. What is the correct CPT code assignment for injection of left paravertebral joints at lumbar -two levels?

- A.64490
- B.64490,64491
- C.64490,64492
- D.64493-LT,64494-LT**

74. Patient presented to the hospital with abdominal pain, nausea and vomiting with diarrhea. Final impression states crohn's disease and hyperlipidemia?

- A.K50.90, E78.5**
- B.R10.9, R11.2 & R19.7
- C.K50.90
- D.E78.5, R10.9,R11.2 & R19.7

75. Patient presented to the hospital with cachexia, nutritionist documented as 35% of muscle wasting, weight loss and validated as severe protein calorie malnutrition.

A. Query the attending provider for malnutrition

B. Code the severe malnutrition

C. Query the nutritionist for BMI

D. Code malnutrition unspecified as per the report.

76. Patient presented to the hospital with atrial fibrillation secondary to non-compliance of warfarin due to financial problem how would you code the diagnosis for the services?

A. I48.91, T45.7X5A, Z91.19

B. I48.91, T45.7X6A, Z91.120

C. Z91.19

D. I48.0, T45.7X6A, Z91.120

77. Please calculate the reimbursement for the below case.

When T clinical indicators apply, \$300 for the CPT Code for 50% Coverage, what is the payment calculation on this scenario?

A. \$650

B. \$350

C. \$1670

D. \$300

78. What is the appropriate discharge disposition assignment for nursing home?

A.03 B.05 C.06 D.62

79. If the physician missed to document the disposition in the report, what disposition you will assign?

A.01 B.04 C.07 D.65

80. HIPAA --- **Health Insurance portability and accountability act passed in 1996, UPGRADED in 2015.**

81. Why was HIPAA passed?

- a. Improve portability and continuity of health insurance coverage.
- b. Combat waste, fraud, and abuse in health insurance and health care delivery
- c. Promote the use of medical savings accounts
- d. Improve access to long term health care coverage
- e. Simplify the administration of health insurance

f. All of the above.

82. Medicare PART -B covers which of the following?

A. Home Health B. Hospice **C.DME** D. None of the above.

83. What does the codes G0008 and G0009 coded along with which CPT as per the medicare rule -----

A.G0008-Administration of Influenza virus vaccine and G0009-Administration of pneumococcal vaccine.

B.G0008-Administration of Hepatitis B vaccine & 90670

C.G0008 & G0009-Flu H1N1

D.G0008& G009-COVID-19 Vaccines

84. What does the correct code assignment for HCPCS modifier F7 and F8 as per the CPT Code handbook?

- A. Right Hand fourth digit -F7 and Right hand fifth digit -F8.
- B. Left hand first digit-F1 and Left hand second digit -F2.
- C. Right hand third digit -F7 and right hand fourth digit -F8.**
- D. None of the above

85. Patient admitted to the hospital with IP admission, after two days of admission patient was getting discharged. Under what payment system it is get reimbursed?

- A. OPSS B. IPPS **C.MS-DRG** D. Outpatient rehab center

86. Patient has hypertensive urgency. As per the UHDDS guidelines, you will code this diagnosis as?

- A. Secondary diagnosis -SDX**
- B. Co-morbidity
- C.Co-morbidity and Complication-1 st option you have to choose, if not available choose A option.**
- D.Complication only

87. Patient presented to the hospital with SOB and leg edema and noted to have CHF. Echocardiography shows 35% of ejection fraction treated with IV diuretics and IV fluids documented as acute CHF exacerbation. How would you code this scenario?

- A. Query the provider for the acuity of CHF requested by ED provider
- B Query the provider as diastolic CHF treated during admission to the attending provider
- C. Code the congestive heart failure, unspecified
- d. Query the provider as systolic CHF treated during admission to the attending provider.**

88. Patient presented to the hospital for PNA treating with antibiotics and also have respiratory failure, O2 saturation was very less treating with BIPAP, in this case, for what condition we need to raise the query for?

- A. Query for pneumonia
- B. Query for acuity of Respiratory failure, to specify acute or chronic or acute on chronic.**
- C. Query for Both.
- D. None of the above.

89. Patient presented to the hospital with left inguinal hernia not as incarcerated and recurrent and repaired was performed with mesh. How would you code the scenario?

- A.49521-LT, K40.90
- B.49505-LT, K40.90**
- C.49565-LT, K40.90
- D.49570-LT, K40.92

90. Patient admitted to the IP hospital with NSTEMI, noted to have AKI as SDX, which would be appropriate DRG on this case?

- A. DRG 280 ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC
- B. **281 ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH CC**
- C. 282 ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITHOUT CC/MCC
- D. 284 ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH CC

91. Patient presented to the hospital with hydronephrosis with ureteral calculus and have stent placement in left and right ureter stated as indwelling stent. How would you code this case?

A.52332-50, N13.2

B.52332-LT & 52332-RT

C.52322-50, N13.6

D. 52344-50, N13.2

92. True not in umbilical cord will be question -Code option as O69.82XX0 and eliminate GDM hence it would be HX as per the record is there means that is correct answer.

93.40 weeks, Newborn baby delivered by Vaginal delivery and have cardiac murmur and GBS +VE mom, which was negative.

Z38.00-E, P96.89, R00.1, Z05.1-Choose option Z38.00-E is there na that is correct answer.

94. Coder speaking the patient information discussed with physician through phone call and patient data was discussed via phone listened by doctor's wife, in this case code how to proceed with?

A. Terminate the physician from hospital.

B. Blocking phone and emails immediately.

C. Investigate the status to make sure to protect the data in upcoming days

95. Intercarpal fusion of left hand with bank bone graft- -0RGR07Z

96. Intercarpal fusion of right hand with bank bone graft- -0RGQ07Z

97. One code from 4 series and another from 7 series –Eliminate 7 series code, code only 4 series codes.

98. Patient admitted to the hospital with diabetic ketoacidosis with a history of diabetic retinopathy w/o macular edema, CKD and osteomyelitis foot.

Ans : DKA was pdx, remaining should be assigned as SDX

99. Patient was kept observation in ED for chest pain which is worsened and transferred to another hospital for further treatment. What is the correct disposition assignment for this case?

A. IP-Acute hospital

B. Home health

C. Hospice care

D. Psychiatric facility

100. Patient electively Admitted for screening for cpolon cancer and developed Afib so moved to ICU for further care.

Ans – Screening for colon cancer as PDX

Postoperative complication AS sdx

101. Patient presented to the hospital to ED for CHF, got fractured in ED, moving to IP admission. What is the correct POA assignment for this condition in IP admission?

A. Y- for CHF and N for Fracture

B. Y for Fracture and CHF

C. N for CHF and Y for Fracture

D. U for CHF and fracture.

102. Patient presented to the hospital with planned chemotherapy for 5 th cycle for lung cancer and noted to have anemia, neutropenia and thrombocytopenia on recurrent admission condition also. In this case, how would you follow this?

- A. Code the Pancytopenia due to chemotherapy
- B. Code the anemia, neutropenia and thrombocytopenia
- C. Query the provider as pancytopenia due to chemotherapy
- D. All of the above.

103. Please provide the hierarchy of coding the below medicine procedure

- A. Injection, infusion and IV push
- B. Infusion, IV push and Injection
- C. Hydration, injection and IV push
- D. IV Push, hydration and IV chemo

104. Lithotripsy and stent placement was performed at the right ureter. What is the correct CPT code assignment for this case?

- A. 52352-RT
- B. 52356-RT
- C. 52354-RT
- D. 52402-RT

105. Vaccination was performed under what goal?

- A. IV goal
- B. IM goal
- C. Oral goal
- D. All of the above.

http://bok.ahima.org/doc?oid=302747#.YQ_zSogzZPY

http://bok.ahima.org/doc?oid=106663#.YQ_za4gzZPY

https://library.ahima.org/doc?oid=105243#.YQ_ziYgzZPY

http://bok.ahima.org/doc?oid=300262#.YQ_zs4gzZPY

<http://www.hipaasurvivalguide.com/hipaa-security-rule.php>

