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Medical Billing Training: Certified Professional Biller (CPB)®

Practical Application Workbook

AAPC

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Clinical Examples Used in this Book

AAPC believes it is important in training and testing to reflect as accurate a setting as possible to students and examinees. All examples and case studies used in our study guides and exams are actual, redacted office visit and procedure notes donated by AAPC members. To preserve the real-world quality of these notes, we have not re-written or edited the notes to the stringent grammatical or stylistic standards found in the text of our products. Some minor changes have been made for clarity or to correct spelling errors originally in the notes. The notes otherwise appear as one would find them in a coding setting.

1. A patient was seen for a left ear infection. The provider diagnosed the patient with Swimmer's Ear in the left ear. The biller received a denial from XYZ Insurance Company stating H60.33 is an invalid diagnosis code. Why is this an invalid code?

    a. H60.33 represents a procedure instead of a diagnosis

    b. H60.33 requires an additional character; the code should be H60.339

    c. H60.33 requires an additional character; the code should be H60.332

    d. H60.33 is not an invalid diagnosis code

2. A patient is seen for a cough, chest congestion, and a headache. The provider documents a URI. What ICD-10-CM code(s) is/are reported?

    a. J06.9

    b. J98.8

    c. R05.9, R09.89, R51.9

    d. R05.9, R09.89, R51.9, J98.8

3. What codes are reported for a patient that is being treated for ESRD and hypertension?

    a. I12.0, N18.6

    b. I12.9, N18.6

    c. I12.0, N18.5

    d. I11.9, N18.9

4. A patient complains of a severe sore throat, a fever, and headache. Based on the results of a rapid strep test the provider determines the patient has strep throat. What ICD-10-CM code(s) is/are reported?

    a. R07.0, R50.9, R51.9

    b. J02.9, R50.9, R51.9

    c. J02.0, R50.9, R51.9

    d. J02.0

5. What should a biller do if the ICD-10-CM instructions indicate *"See"* or *"See Also*?"

    a. Ignore this statement it is only used by coders

    b. Only research the other codes if you do not know what this diagnosis is

    c. Add all the ICD-10-CM codes indicated to the claim

    d. Go to the main term referenced with the "see" note to locate the correct code

6. Which ICD-10-CM code must be listed first on a claim?

    a. Z87.892

    b. Z98.870

    c. Z51.0

    d. Z65.0

7. A patient presents with a lump in the lower inner quadrant of her right breast. The provider orders a mammogram. What is the correct ICD-10-CM code for the encounter?

    a. N63.14

    b. C50.919

    c. Z12.31

    d. Z12.39

8. A 3-year-old is seen for ear infections in both of his ears. The provider's assessment indicates that the infection is worse in the child's right ear. What ICD-10-CM code(s) should be assigned?

    a. H66.90

    b. H66.91, H66.92

    c. H66.92, H66.91

    d. H66.93

9. A patient has a burn that the provider notates as non-healing. How should this be coded?

    a. Code as an infected burn

    b. Code as a corrosion burn

    c. Code as a late effect burn

    d. Code as an acute burn

10. A patient is seen in the emergency room for treatment of injuries that occurred from a fall during rock climbing. The patient has a large laceration of the forehead that requires stitches. The patient also suffered some small abrasions and bruises in the area. What code(s) should be selected?

    a. S01.81XA

    b. S02.82XA

    c. S01.90XA

    d. S01.81XA, S00.81XA, S00.83XA

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