**Path Questions – 2**

1. A patient with rheumatoid arthritis is being treated with gold. The physician orders a therapeutic drug test to measure the level of gold.
2. A patient presents to the ED with crushing chest pain radiating down the left arm and up under the chin. There are elevated S-T segments on EKG. The cardiologist sees and admits the patient to CCU. He orders three serial CPK enzymes levels with instructions that the tests are also to be done with isoenzymes if the initial tests are elevated for that date of service. The CPK enzyme levels were elevated.
3. The patient presents with burning urination and frequency. The physician performs a UA dipstick, which shows elevated WBC. He orders a urine culture with identification for each isolate to determine which antibiotic to give to the patient for the infection.
4. Patient is undergoing in vitro fertilization to get pregnant. Following the retrieval of follicular fluid from the patient, the physician uses a microscope to examine the fluid to identify the ooctyes .
5. A patient has an iliac crest bone marrow biopsy. The physician suspects the patient has myelofibrosis. The bone marrow specimen is sent to pathology for gross and microscopic exam. What is the appropriate code for the pathologist’s service.
6. A pathologist performs a comprehensive consultation and report after reviewing a patient’s records, specimens and official findings from other sources. What is the correct code.
7. Dr. Ross, a pathologist, completed both gross and microscopic surgical pathology after a lung wedge biopsy. Dr. Miles, the surgeon, sent a single specimen to the laboratory after the completion of a limited biopsy by thoracotomy. How would Dr. Ross report her services?
8. Robert was sent to a local laboratory for pre-employment drug screening. He provided a urine sample to the laboratory technologist. The technologist completed a qualitative screening, including one procedure for multiple drug classes using non-chromatographic methods with a multiplexed kit. The test was negative and results were sent back to the requesting employer. How should you report this laboratory service?
9. Jane underwent a combined rapid anterior pituitary evaluation panel with multiple exposures and suppressions and had a hepatic function panel. How should these tests be reported?
10. Dr. Thomas received a request for consultation that included records and specimens. Dr. Thomas did not see the patient, but documented the patient as inpatient status with a comprehensive family history of colon cancer. The patient takes multiple medications and is at high risk of complications due to weight loss, chronic diarrhea, and a continued fever. His confirmative opinion, based on the review of specimens and records, indicates positive small-cell cancer. Dr. Thomas sent his written report back to the requesting physician. How should Dr. Thomas report his services?
11. Larry had a venipuncture during his annual physical examination. The blood sample was used for the following antibody tests: West Nile IgM, Shigella, mumps, and total hepatitis B. How should you report these tests?
12. Today, an extended culture of five-day embryos was completed. The transfer tests will be completed when the culture test results are confirmed. The culture testing results are scheduled for return within 48 hours. How should the culture service be reported?
13. A patient had the following blood tests completed as part of her primary care physician’s described metabolic panel: albumin, bilirubin total, calcium total, carbon dioxide, chloride, creatinine, glucose, phosphatase alkaline, potassium, protein total, sodium, transferase (ALT SGPT), transferase aspartate (AST SGOT), urea nitrogen (BUN), bilirubin direct, and a hepatitis A IgM. How should these services be reported?
14. A patient had glucose tolerance testing completed on five specimens. How should these laboratory services be reported?
15. Which modifier appended to code 88239 would describe solid tumor testing of Von Hipple–Lindau disease