

Full Answer Key

Chapter 1: Introduction to Clinical Coding

Chapter 1 Review

1. The American Medical Association (AMA) updates the CPT codes, and the Centers for Medicare and Medicaid Services (CMS) updates the HCPCS National Codes (Level II).
2. Four
3. ICD-9-CM and CPT/HCPCS
4.
 - a. Diagnosis: ICD-9-CM
Procedure: CPT/HCPCS
 - b. Diagnosis: ICD-9-CM
Procedure: CPT/HCPCS
 - c. UB-04 (CMS-1450)
5. ICD-9-CM
6. Procedure code 11440 is linked with diagnosis code #1 (216.3). Procedure code 82951 is linked with diagnosis code #3 (790.29).

Note: Depending on the carrier, you may link more than one reference number in block 24E, whereas some payers require just one. When reporting more than one code on a CMS-1500 claim, enter the code with the highest fee in line 1 of block 24 and the remaining in descending order of charges.

Chapter 2: Application of the CPT System

Exercise 2.1 Organization of CPT

1. Surgery
2. Evaluation and Management
3. Pathology and Laboratory
4. Category II codes
5. Medicine
6. Radiology
7. Anesthesia
8. Category III codes
9. Maternity Care and Delivery
10. Standby Services
11. Radiation Oncology
12. Surgical Pathology

Answer Key For Clinical Coding Workout 2013

**Emma Jane Johnston, Annie Shoya
Kiema**



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