

Medical and Surgical	Lower Bones	Excision	Upper Femur, Right	Open	No Device	No Qualifier
0	Q	B	6	0	Z	Z

Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
Medical and Surgical	Lower Bones	Division	Upper Femur, Right	Open	No Device	No Qualifier
0	Q	8	6	0	Z	Z

Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
Medical and Surgical	Lower Joints	Excision	Hip Joint, Right	Open	No Device	No Qualifier
0	S	B	9	0	Z	Z

Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
Medical and Surgical	Lower Joints	Release	Hip Joint, Right	Open	No Device	No Qualifier
0	S	N	9	0	Z	Z

- a. 0QB60ZZ
- b. 0Q860ZZ
- c. 0SB90ZZ
- d. 0SN90ZZ

Practice Questions

The code book excerpt for practice question #321 has been updated:

321. When coding a benign neoplasm of skin of the vermilion border of the lip, which of the following codes should be used?

<p>D10 Benign neoplasm of mouth and pharynx D10.0 Benign neoplasm of lip Benign neoplasm of lip (frenulum) (inner aspect) (mucosa) (vermilion border) Excludes1: benign neoplasm of skin of lip (D22.0, D23.0) D10.1 Benign neoplasm of tongue</p>
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Benign neoplasm of lingual tonsil
D10.2 Benign neoplasm of floor of mouth
D23 Other benign neoplasms of skin
Includes: benign neoplasm of hair follicles benign neoplasm of sebaceous glands benign neoplasm of sweat glands
Excludes1: benign lipomatous neoplasm of skin (D17.0–D17.3)
Excludes2: melanocytic nevi (D22.-)
D23.0 Other benign neoplasm of skin of lip
Excludes1: benign neoplasm of vermilion border of lip (D10.0)
D23.1 Other benign neoplasm of skin of eyelid, including canthus
D23.10 Other benign neoplasm of skin of unspecified eyelid, including canthus
D23.11 Other benign neoplasm of skin of right eyelid, including canthus
D23.111 Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112 Other benign neoplasm of skin of right lower eyelid, including canthus
D23.12 Other benign neoplasm of skin of left eyelid, including canthus
D23.121 Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122 Other benign neoplasm of skin of left lower eyelid, including canthus
D23.2 Other benign neoplasm of skin of ear and external auricular canal
D23.20 Other benign neoplasm of skin of unspecified ear and external auricular canal
D23.21 Other benign neoplasm of skin of right ear and external auricular canal
D23.22 Other benign neoplasm of skin of left ear and external auricular canal

- a. D23
- b. D10.0
- c. D23.0
- d. D17.0

The code book excerpt for practice question #331 has been updated:

331. When coding a hydrocystoma of the right upper eyelid, which of the following codes should be used?

D10 Benign neoplasm of mouth and pharynx
D10.0 Benign neoplasm of lip
Benign neoplasm of lip (frenulum) (inner aspect) (mucosa) (vermilion border)
Excludes1: benign neoplasm of skin of lip (D22.0, D23.0)
D10.1 Benign neoplasm of tongue
Benign neoplasm of lingual tonsil
D10.2 Benign neoplasm of floor of mouth
D23 Other benign neoplasms of skin
Includes: benign neoplasm of hair follicles benign neoplasm of sebaceous glands benign neoplasm of sweat glands
Excludes1: benign lipomatous neoplasm of skin (D17.0–D17.3)
Excludes2: melanocytic nevi (D22.-)
D23.0 Other benign neoplasm of skin of lip
Excludes1: benign neoplasm of vermilion border of lip (D10.0)

D23.1	Other benign neoplasm of skin of eyelid, including canthus
D23.10	Other benign neoplasm of skin of unspecified eyelid, including canthus
D23.11	Other benign neoplasm of skin of right eyelid, including canthus
	D23.111 Other benign neoplasm of skin of right upper eyelid, including canthus
	D23.112 Other benign neoplasm of skin of right lower eyelid, including canthus
D23.12	Other benign neoplasm of skin of left eyelid, including canthus
	D23.121 Other benign neoplasm of skin of left upper eyelid, including canthus
	D23.122 Other benign neoplasm of skin of left lower eyelid, including canthus
D23.2	Other benign neoplasm of skin of ear and external auricular canal
D23.20	Other benign neoplasm of skin of unspecified ear and external auricular canal
D23.21	Other benign neoplasm of skin of right ear and external auricular canal
D23.22	Other benign neoplasm of skin of left ear and external auricular canal

- a. D23
- b. D17.0
- c. D23.121
- d. D23.111

The ICD-10-PCS table has been updated for practice question #344:

344. What is the procedure code for a patient who had ventilator management for more than 96 hours in ICD-10-PCS?

Section	5	Extracorporeal or Systemic Assistance and Performance	
Body System	A	Physiological systems	
Operation	1	Performance: Completely taking over a physiological function by extracorporeal means	
Body System	Duration	Function	Qualifier
2 Cardiac	0 Single	1 Output	2 Manual
2 Cardiac	1 Intermittent	3 Pacing	Z No Qualifier
2 Cardiac	2 Continuous	1 Output 3 Pacing	Z No Qualifier
5 Circulatory	2 Continuous A Intraoperative	2 Oxygenation	F Membrane, Central G Membrane, Peripheral, Veno-Arterial H Membrane, Peripheral, Veno-Venous
9 Respiratory	0 Single	5 Ventilation	4 Nonmechanical
9 Respiratory	3 Less than 24 Consecutive Hours	5 Ventilation	Z No Qualifier

	4 24-96 Consecutive Hours 5 Greater than 96 Consecutive Hours		
C Biliary	0 Single 6 Multiple	0 Filtration	Z No Qualifier
D Urinary	7 Intermittent, Less than 6 Hours Per Day 8 Prolonged Intermittent, 6-18 Hours Per Day 9 Continuous, Greater than 18 Hours Per Day	0 Filtration	Z No Qualifier

- a. 5A1955Z
- b. 5A1945Z
- c. 5A09557
- d. 5A09458

The E/M code descriptions for practice question #349 have been updated as follows:

- 349.** A patient who has been diagnosed with hypertension visits her physician on a monthly basis. The nurse conducted the blood pressure check under the physician’s supervision. Code the office visit.
- a. 99211, Office or other outpatient visit of the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
 - b. 99201, Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: problem focused history and examination, straightforward medical decision.
 - c. 99203, Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: detailed history and examination, low complexity medical decision.
 - d. 99212, Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: problem focused history and examination, straightforward medical decision.

The E/M code descriptions for practice question #382 have been updated as follows:

- 382.** Date of service: 1/3/2017. Last date of treatment: 2/12/2016. The patient is seen in the physician’s office for a cough and sore throat. The physician performs a problem-focused history, expanded problem-focused examination, and medical decision making is straightforward. What is the correct E/M code for this service?
- a. 99213, Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: expanded problem focused history and expanded problem focused examination, medical decision

making of low complexity

- b. 99212, Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: problem focused history and examination, straightforward medical decision
- c. 99214, Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: detailed history and examination, medical decision making of moderate complexity
- d. 99211, Office or other outpatient visit of the evaluation and management of an established patient that may not require the presence of a physician or other health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

The rationale for practice question #385 has been updated as follows:

385. **b** Utilization management is composed of asset of processes used to determine the appropriateness of medical services provided during specific episodes of care (Carter and Palmer 2016, 522).

On page iii in the front matter, the "on the website" section incorrectly states its contents. The 8th edition does not have flashcards on ahimapress.org.