

## Instruments

It is very important to recognize the names of instruments used in your office. Match the picture with the appropriate instrument's name on the following page. Each instrument has a number below the picture. Connect this number with the name of the instrument in the answer sheet.



The following questions will apply for CME credit for the 2008-2009 recertification year. All completed answer sheets should be held until you receive your recertification notice in the mail (April of 2008). At that time, attach all Journal answer sheets to your notice and mail to:

Janet B. Grace, PMAC  
3844 Emerson Drive

Fill in Instrument Number	Name of Instrument
	<b>Probe and Packer</b>
	<b>Self-Retaining Retractor</b>
	<b>Tissue Nipper</b>
	<b>Needle Holder</b>
	<b>Tissue Forceps</b>
	<b>Bone File</b>
	<b>Scalpel Handle</b>
	<b>Rongeur</b>
	<b>Iris Scissor</b>
	<b>Nail Splitter</b>
	<b>Periosteal Elevator</b>
	<b>Curette</b>
	<b>Osteotome</b>
	<b>Forceps</b>
	<b>Bandage Scissors</b>

15 to 13 Correct answers	5 Credits
12 to 10 Correct answers	4 Credits
9 to 7 Correct answers	3 Credits
6 to 4 Correct answers	2 Credits
3 to 1 Correct answers	1 Credit

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_



Everyone has the responsibility to learn coding. There are various markings and instructions used in code books which have a bearing on how you code claims.

**For this questionnaire you will need to have access to both ICD and CPT current coding books.**

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Schiller Park, IL 60176

1. In the ICD-9 book, **N E C** stands for: \_\_\_\_\_
2. In the ICD-9 book, **N O S** stands for: \_\_\_\_\_
3. In the "Sprains and Strains" category (840-848) there are "braces" around a category of words \_\_\_ of:  
    joint capsule  
    ligament  
    muscle  
    Tendon

When you see this type of indication in the ICD-9 code book you must be certain at least one of these terms appears in the progress notes. **TRUE or FALSE**

- 4 What are the diagnosis codes for the following conditions -  
**Decubitus ulcer of the ankle:** \_\_\_\_\_  
**Decubitus ulcer of the heel:** \_\_\_\_\_  
**Ulcer of ankle:** \_\_\_\_\_  
**Ulcer of heel:** \_\_\_\_\_
5. Look up the ICD-9 code for "difficulty in walking." **What is the 5th digit for ankle and foot?**  
\_\_\_\_\_
- 6 If a patient had a splinter imbedded in their foot, presenting an open wound which had become infected, what code would you use for the diagnosis? \_\_\_\_\_
7. What is the **fifth digit** used to indicate -  
Ganglion and cyst of synovium, tendon, and bursa of joint == **727.4** \_\_\_\_\_  
of tendon sheath = **727.4** \_\_\_\_\_
8. Evaluation and Management codes have seven components, three of these components are considered "key components" and must be included in the new patient's progress notes. **What are the three "key components?"**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



9. Codes considered "SURGICAL" comprise the largest section of the CPT book. They start with \_\_\_\_\_ and end with \_\_\_\_\_.

10. What marking is used to group similar procedures including indenting the entries that follow?  
\_\_\_\_\_

11. What does a bullet ( • ) indicate in the CPT book?  
\_\_\_\_\_

12. Destruction of lesion codes have been broken down to give better definition to their type.

**17000, 17003 and 17004 cover \_\_\_\_\_ lesions**

**17110 and 17111 cover \_\_\_\_\_ lesions**

13. Toe indicators are used on many claims. What are the indicators for both right and left hallux toes?

**RIGHT HALLUX \_\_\_\_\_ LEFT HALLUX \_\_\_\_\_**

14. What CPT modifiers are used for *E/M* codes ONLY?  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

15. If your doctor performs ONLY the surgical portion of a procedure, what modifier should you use on the claim to indicate this fact? \_\_\_\_\_

**BONUS QUESTION** (worth 2 extra CME credits if answered correctly):

Physicians have been required by law to submit diagnosis codes for Medicare reimbursement since the passage of the Medicare Catastrophic Coverage Act of 1988. This act required physician offices to include the appropriate diagnosis codes when billing for services provided to Medicare beneficiaries on or after \_\_\_\_\_.

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