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Question: 1

A claim draft includes EGD with pneumatic dilation for achalasia. The procedure note states: "EGD performed for dysphagia. Achalasia suspected. Dilation deferred pending manometry."
Which action is most appropriate before submission?

- A. Remove the unsupported pneumatic dilation code before billing
- B. Bill stent placement because dilation was deferred
- C. Bill dilation because achalasia was suspected clinically
- D. Bill biopsy because dysphagia requires tissue sampling

Answer: A

Question: 2

A gastric emptying study report documents ingestion of a radiolabeled meal, serial imaging over time, percentage retained at each interval, physician interpretation, and signed report.
Which coding principle is most appropriate?

- A. Report E/M only because results guide medication management
- B. Report abdominal ultrasound because gastric contents were assessed
- C. Report gastric emptying study when serial imaging supports it
- D. Report EGD because early satiety is an upper GI symptom

Answer: C

Question: 3

A GI practice audits colonoscopy claims and finds repeated reporting of biopsy and snare polypectomy for the same single polyp when the note states: "Polyp biopsied and then completely removed by snare."
Which compliance concern is most likely?

- A. Potential undercoding because two techniques were used on one polyp
- B. Potential screening error because pathology was sent after removal
- C. Potential diagnosis error because polyps require cancer coding always
- D. Potential unbundling when biopsy is part of the same lesion removal

Answer: D

Question: 4

A patient is seen after emergency department treatment for acute diverticulitis. The gastroenterologist reviews CT results, reconciles antibiotics, plans interval colonoscopy, and documents moderate MDM. Which service selection principle is most appropriate?

- A. Select colonoscopy because interval evaluation was planned
- B. Select the office E/M level using documented MDM or time
- C. Select no service because diverticulitis was treated elsewhere
- D. Select preventive service because follow-up prevents recurrence

Answer: B

Question: 5

A report documents colon transit study for severe constipation. The record includes marker ingestion, timed abdominal radiographs, retained marker count, interpretation, and signed report. Which coding principle is most appropriate?

- A. Report colon transit testing when serial imaging supports it
- B. Report colonoscopy because constipation involves the colon
- C. Report anorectal manometry because constipation is functional
- D. Report E/M only because results guide laxative therapy

Answer: A

Question: 6

An EGD report documents: "Multiple gastric angioectasias without active bleeding were ablated using argon plasma coagulation. No biopsy, dilation, or stent placement performed." Which CPT® coding approach is most appropriate?

- A. Report diagnostic EGD because no active bleeding was present
- B. Report EGD with ablation of gastric lesions as documented
- C. Report EGD with control of bleeding because lesions may bleed
- D. Report EGD with biopsy because vascular lesions were identified

Answer: B

Question: 7

An ERCP report documents: "Pancreatic duct stent placed for pancreatic duct leak. Biliary tree not cannulated. No stone extraction, brushings, or sphincterotomy performed."

Which coding principle is most appropriate?

- A. Report diagnostic EGD because the bile duct was not cannulated
- B. Report stone extraction because duct leaks often follow obstruction
- C. Report biliary stent placement because ERCP usually evaluates bile ducts
- D. Report ERCP with pancreatic duct stent placement as documented

Answer: D

Question: 8

During colonoscopy, the physician performs cold forceps biopsy of a lesion in the ascending colon and argon plasma coagulation of a separate bleeding angioectasia in the sigmoid colon.

Which modifier concept is most appropriate if payer edits require distinction?

- A. Use a distinct procedural service modifier when separate sites support it
- B. Use modifier 33 because bleeding treatment prevents future complications
- C. Use modifier 25 because two clinical decisions occurred during the scope
- D. Use modifier 52 because biopsy is less extensive than coagulation therapy

Answer: A

Question: 9

A gastroenterology assessment documents: "Acute diverticulitis of sigmoid colon with contained perforation. No abscess. No generalized peritonitis." The patient is treated with antibiotics and close follow-up.

Which diagnosis coding approach is most appropriate?

- A. Assign peritonitis because any perforation confirms generalized infection
- B. Assign diverticulosis because treatment was outpatient antibiotics only
- C. Assign diverticulitis of large intestine with perforation as documented
- D. Assign abdominal pain because perforation was contained locally

Answer: C

Question: 10

A 52-year-old patient presents for an average-risk screening colonoscopy. During the procedure, the physician reaches the cecum and removes a 5 mm descending colon polyp by cold snare. The report states: "Screening colonoscopy with snare polypectomy."

Which coding principle is most appropriate?

- A. Code biopsy colonoscopy because cold snare is treated as biopsy removal
- B. Code the snare polypectomy service with applicable screening guidance
- C. Code only the screening colonoscopy because that was the indication
- D. Code diagnostic colonoscopy because all polyps make it diagnostic only

Answer: B

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