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Question: 1

A clinic report documents: “The orthopaedic physician performed and documented a complete diagnostic ultrasound examination of the right shoulder, including evaluation of the biceps tendon, rotator cuff tendons, subacromial-subdeltoid bursa, acromioclavicular joint, and posterior glenohumeral joint. Images were saved, and a written interpretation was signed.” Which coding concept is most appropriate?

A. Diagnostic musculoskeletal ultrasound may be supported when required elements, saved images, and report are documented
B. Professional radiology interpretation is unsupported because orthopaedic physicians cannot interpret ultrasound
C. Ultrasound-guided injection should be reported because a shoulder ultrasound was performed
D. Shoulder arthroscopy should be reported because the rotator cuff was evaluated

Answer: A

Question: 2

A patient is seen for a new right wrist injury. The orthopaedic physician reviews radiographs, diagnoses a nondisplaced distal radius fracture, discusses operative and nonoperative options, and documents that the patient chooses splinting only and will return to the referring urgent care center for follow-up. The physician does not assume ongoing fracture management. Which coding approach is most appropriate?

A. Report no service because the patient will follow up with another provider
B. Report global fracture care because the orthopaedic physician discussed treatment choices
C. Report an E/M service because definitive fracture-care responsibility was not assumed
D. Report open distal radius fracture treatment because operative options were discussed

Answer: C

Question: 3

A procedure note documents: “A corticosteroid injection was administered into the right pes anserine bursa using palpation guidance. No ultrasound guidance was used, and no knee joint aspiration or injection was performed.” Which coding concept is most appropriate?

A. Major knee joint injection coding is supported because the bursa is near the knee
B. Bursa injection coding is supported by the documented pes anserine bursa target

C. Ultrasound-guided injection coding is supported because the target was anatomically specific
D. Tendon repair coding is supported because the pes anserine tendons attach near the bursa

Answer: B

Question: 4

A spine clinic note documents: “Adult idiopathic scoliosis of the thoracolumbar region with chronic back pain. No acute injury. Surgical options were reviewed, but the patient will continue observation.” Which diagnosis coding approach is most appropriate?

A. Code an acute vertebral fracture because spine surgery was discussed during the visit
B. Code traumatic scoliosis because the patient has chronic back pain with deformity
C. Code screening for musculoskeletal disease because no procedure was performed
D. Code the documented scoliosis with site specificity rather than defaulting to back pain alone

Answer: D

Question: 5

An operative note states: “Open repair of the left quadriceps tendon rupture was performed. The tendon was reattached to the superior pole of the patella using transosseous tunnels and heavy sutures. No patellar fracture was present.” Which coding concept is most directly supported?

A. Open treatment of patellar fracture is supported because tunnels were drilled in the patella
B. Total knee arthroplasty is supported because the extensor mechanism was reconstructed
C. Open repair of the quadriceps tendon is supported by tendon reattachment to the patella
D. Knee arthroscopy is supported because the repair involved the knee region

Answer: C

Question: 6

An operative report states: “Open repair of chronic right scapholunate ligament tear was performed. The scapholunate interval was reduced, the ligament was repaired, and temporary K-wire fixation was placed across the carpal bones. No distal radius fracture was present.” Which coding concept is best supported?

A. Carpal tunnel release is supported because the procedure was performed in the carpal region
B. Distal radius fracture fixation is supported because K-wires were placed near the wrist
C. Wrist ganglion excision is supported because the scapholunate interval was exposed
D. Wrist ligament repair or reconstruction is supported by scapholunate repair and stabilization

Answer: D

Question: 7

An orthopaedic surgeon performs an unrelated left trigger finger release during the global surgical period of a prior right ankle fracture fixation. The operative report clearly documents that the hand condition is unrelated to the ankle injury and surgery. Which modifier is most appropriate for the trigger finger procedure?

A. Modifier 79
B. Modifier 58
C. Modifier 76
D. Modifier 78

Answer: A

Question: 8

In an ambulatory surgery center, an orthopaedic surgeon starts a planned left wrist arthroscopy. After anesthesia induction and portal placement, the procedure is discontinued because of an equipment failure that prevents safe visualization. The surgeon documents the discontinuation and no definitive intra-articular treatment is performed. Which modifier concept is most relevant for the facility claim when payer policy permits discontinued-procedure reporting?

A. Modifier 57 is required because anesthesia was started before the procedure stopped
B. Modifier 50 is required because wrist arthroscopy can be performed on either side
C. Modifier 73 or 74 may be relevant depending on when the facility procedure was discontinued
D. Modifier 80 is required because the facility supported the surgeon during the case

Answer: C

Question: 9

An operative report documents: “Right carpal tunnel release was performed through an open palmar incision. The transverse carpal ligament was divided under direct visualization. The median nerve was inspected and decompressed. The wound was irrigated and closed.” Which CPT® code best reports the procedure?

A. 64721
B. 64718
C. 25020

D. 20526

Answer: A

Question: 10

A claim includes a high-cost HCPCS Level II supply code for a knee orthosis. The record documents only "brace given" with no brace type, side, fitting, adjustment, diagnosis, or medical necessity statement. Which audit response is most appropriate?

A. The supply code should be replaced with an E/M code because supplies cannot be reported separately
B. The supply code is not adequately supported because the documentation lacks required device details
C. The supply code is supported because any brace dispensed in an orthopaedic clinic is billable
D. The supply code should be reported with modifier 59 to show it is separate from the office visit

Answer: B

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