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AAPC Certified Urology Coder

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Question: 1

In an academic urology clinic, a resident performs cystoscopy under the supervision of the teaching urologist. The note documents the resident's procedure details, but the teaching physician attestation only states, "Agree with resident note." Payer rules require documentation of teaching physician presence for the key portions of the procedure.
Which action best supports compliant billing?

A. Bill only an E/M code because procedures performed by residents are never reportable
B. Ensure the record documents the teaching physician's required presence and participation before billing under teaching physician rules
C. Bill the procedure because a teaching physician signature always proves required presence
D. Add modifier 25 to show the teaching physician agreed with the resident note

Answer: B

Question: 2

During cystoscopy, a urologist performs a left retrograde pyelogram. The operative report documents catheter placement into the left ureter, contrast injection, fluoroscopic imaging, interpretation of narrowing at the ureteropelvic junction, and images saved. No ureteroscopy, stent placement, or stone extraction is performed.
Which coding concept is most important?

A. Report the retrograde pyelogram and related imaging interpretation only when documentation supports the required components
B. Report ureteroscopy because contrast entered the ureter and renal pelvis
C. Report ureteral stent placement because narrowing was identified
D. Report stone extraction because ureteropelvic junction narrowing implies stone obstruction

Answer: A

Question: 3

A urology practice owns the ultrasound equipment and employs the sonographer. The urologist personally interprets a renal ultrasound and signs the report. For a different patient, the urologist interprets an ultrasound performed at an outside imaging center that bills the technical component. The payer requires component modifier reporting when only part of the service is billed.
Which coding concept is most important?

A. Do not bill any ultrasound service unless the urologist personally scanned the patient
B. Always append TC because the urologist signed the interpretation report
C. Use global or component reporting based on who performed and billed the technical and professional portions
D. Always append modifier 26 because every ultrasound interpretation is separately billed

Answer: C

Question: 4

A renal ultrasound report identifies a simple right renal cyst, and the urologist documents “simple acquired renal cyst, right kidney.” No polycystic kidney disease, malignancy, congenital cystic disease, or hydronephrosis is documented.
Which ICD-10-CM coding approach is most appropriate?

A. Report hydronephrosis because cysts obstruct the collecting system by definition
B. Report acquired renal cyst based on the provider’s documented diagnosis
C. Report malignant neoplasm of kidney because cysts can mimic tumors
D. Report polycystic kidney disease because any renal cyst is hereditary

Answer: B

Question: 5

A patient with suspected upper tract urothelial carcinoma undergoes cystoscopy with right retrograde pyelogram and right renal pelvis washing for cytology. The note documents catheter placement into the right ureter, saline washing of the renal pelvis, specimen collection for cytology, and contrast imaging. The urologist does not perform ureteroscopy or biopsy.
Which coding concept is most important?

A. Report ureteroscopy because a catheter was passed into the ureter
B. Report renal biopsy because cytology was ordered from the collected specimen
C. Report bladder tumor resection because upper tract cancer was suspected
D. Select codes that reflect the documented retrograde study and renal pelvis washing or specimen collection when supported/

Answer: D

Question: 6

A patient previously underwent circumcision and now has symptomatic redundant foreskin with adhesions. The urologist performs circumcision revision, excising redundant foreskin and releasing adhesions with layered closure. No penile lesion biopsy, meatotomy, or hypospadias repair is documented.
Which CPT® coding approach is most appropriate?

A. Report circumcision revision or circumcision service matching the documented excision and repair
B. Report hypospadias repair because penile skin was surgically revised
C. Report penile biopsy because foreskin tissue was removed and submitted
D. Report meatotomy because adhesions near the glans affect the urinary opening

Answer: A

Question: 7

A child with symptomatic meatal stenosis undergoes meatotomy. The operative report documents incision of the narrowed urethral meatus, calibration of the opening, and hemostasis. No circumcision, hypospadias repair, cystoscopy, or urethral dilation beyond the meatus is documented.
Which CPT® coding approach is most appropriate?

A. Report circumcision because meatal stenosis occurs near the foreskin
B. Report cystourethroscopy with dilation because the urinary stream was obstructed
C. Report hypospadias repair because the urethral opening was abnormal
D. Report meatotomy because the narrowed urethral meatus was incised

Answer: D

Question: 8

A new patient is evaluated for a large symptomatic hydrocele. The urologist performs a medically necessary evaluation, reviews ultrasound findings, discusses conservative management versus hydrocelectomy, and documents the decision to proceed with surgery that has a 90-day global surgical period. The surgery is scheduled for the following week.
Which modifier concept is most relevant if the E/M service is reported with the surgical decision?

A. Modifier 79 for unrelated postoperative procedure
B. Modifier 57 for decision for major surgery
C. Modifier 25 for minor procedure performed on the same date
D. Modifier 24 for unrelated postoperative E/M service

Answer: B

Question: 9

An established patient returns for evaluation of new painless gross hematuria. During the visit, the urologist reviews medication history, smoking history, urinalysis results, and renal ultrasound findings, then performs a same-day cystoscopy because of the concerning presentation. The E/M documentation is separately identifiable from the routine pre-procedure assessment.
Which modifier is most appropriate for the E/M service?

A. Modifier 78
B. Modifier 58
C. Modifier 24
D. Modifier 25

Answer: D

Question: 10

In a urology clinic, a nurse practitioner evaluates an established patient with recurrent nephrolithiasis, reviews dietary counseling, orders a 24-hour urine study, and documents the plan. The physician later enters the room, briefly confirms the plan, and signs the note without documenting independent MDM or total time. The practice wants to bill under the physician's name.
Which compliance principle is most important?

A. The visit must be billed as high-level E/M because both clinicians were involved
B. The physician may bill every nurse practitioner service simply by signing the note
C. The billing provider must meet applicable incident-to or payer supervision and documentation requirements
D. The nurse practitioner's work cannot be billed because physicians supervise the clinic

Answer: C

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