

## HCPCS

*Postmarked no later than May 15, 2020*

1. A code for rapid desensitization may be assigned to determine if a patient can tolerate a specific chemotherapy drug in the absence of a previous drug reaction.  
a. True      b. False
2. What is the correct code assignment for an intrathecal injection with fluoroscopic guidance of Spinraza?  
a. 96450, 77003, J2326      b. 62322, J2326      c. 62323, J2326      d. None of the above
3. CPT code 29999 is the only code assigned when multiple arthroscopic hip procedures are performed that do not have a specific CPT code?  
a. True      b. False
4. The Central Office for HCPCS does not answer coding questions pertaining physician services.  
a. True      b. False
5. When multiple hernias are repaired through the same incision, each hernia repair may be reported separately.  
a. True      b. False
6. The following HCPCS Level II codes are included in the facility/based coding questions answered by the Central Office for HCPCS:  
a. C-codes      b. J-codes      c. G-codes      d. all of the above
7. The Medicare Inpatient Only (IPO) List is available on the CMS website as:  
a. Addendum A      b. Addendum C      c. Addendum E      d. Addendum L
8. Types of light that may be utilized with light activated drugs in photodynamic therapy include:  
a. laser      b. LED      c. intense pulsed light devices      d. all of the above
9. When a procedure is removed from the Medicare Inpatient Only (IPO) List, it means that Medicare will only pay for the procedure when performed in an outpatient setting.  
a. True      b. False
10. There are different CPT codes to capture whether or not a hip joint prosthesis is cemented or uncemented.  
a. True      b. False

Name: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

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This is to certify that the person named above has earned one hour of continuing education credit by completing this test with a grade of 70% or better.

By: \_\_\_\_\_ On: \_\_\_\_\_

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### Instructions

Registered Health Information Technicians, Registered Health Information Administrators, Certified Coding Specialists and Certified Coding Specialists — Physician-based may earn one hour of continuing education credit toward AHIMA's continuing education requirement by completing this test with a minimum score of 70%. This test is available to both personal subscribers and employees of institutions that subscribe to *Coding Clinic for HCPCS*. Complete the quiz; fill in information on both sides, and type or print clearly your name and mailing address in the space provided. Fold the insert on the dotted lines on this page, and mail to the following address:

**Central Office on HCPCS**  
**Attention: Continuing Education**  
**American Hospital Association**  
**P.O. Box 92247**  
**Chicago, IL 60675-2247**

FOLD #1

FOLD #1

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FOLD #2

Enclose check or money order for \$25.00 (handling fee). Make check payable to the American Hospital Association. Do not send cash. The quiz will not be graded and the \$25.00 fee will be forfeited if the quiz is not postmarked on or before the date indicated on each test.

No credit will be given if the score is less than 70%, the test is incomplete, postmarked after the designated date, or submitted without the \$25.00 handling fee.

Forms may be photocopied for use by directors of medical records or coding supervisors for assessment of coding staff's understanding of topics presented in *Coding Clinic for HCPCS*.

*Note:* The Central Office on HCPCS will not retain records of achievement. The practitioner is responsible for retaining the verification form returned by AHA and report the credit on AHIMA's official continuing education reporting form.

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