

2021 CPC Chapter 10: Cardiovascular System

MULTIPLE CHOICE

1. How many layers of tissue does an artery have?
 - a. One
 - b. Two
 - c. Three
 - d. Four
2. The conduction system contains pacemaker cells, nodes, the ____ and the _____.
 - a. Bundle of His and electrical system
 - b. Purkinje fibers and bundle of His
 - c. Heart valves and purkinje fibers
 - d. Electrical system and bundle of His
3. What part of the cardiovascular system is responsible for the one-way flow of blood through the chambers of the heart?
 - a. Septum
 - b. Heart valves
 - c. Bundle of His
 - d. Atria
4. Which main coronary artery bifurcates into two smaller ones?
 - a. Right
 - b. Left
 - c. Inverted
 - d. Superficial
5. What is the term for the divider between the heart chamber walls?
 - a. SA node
 - b. Bundle branch
 - c. Septum
 - d. Mitral
6. A patient suffering from an abdominal aortic aneurysm involving a renal artery undergoes endovascular repair deploying a fenestrated visceral autograft using two visceral artery endoprotheses. Radiological supervision and interpretation were performed. Select the CPT® code for this procedure.
 - a. 34841
 - b. 34842
 - c. 34701
 - d. 34703
7. A physician places a centrally inserted, tunneled central venous access device with a subcutaneous pump in a 7-year-old patient.
 - a. 36561
 - b. 36563
 - c. 36560
 - d. 36558
8. Patient presents to her physician 10 weeks following a true posterior wall myocardial infarction. The patient is still symptomatic and is diagnosed with ischemic heart disease. What is (are) the correct ICD-10-CM code(s) for this condition?
 - a. Z51.89, I25.9
 - b. I22.8
 - c. I21.29
 - d. I25.2
9. ____ is a term standing for enlargement of the heart.
 - a. Cardiorenal
 - b. Angiomegaly
 - c. Cardiomegaly
 - d. Valvuloplasty
10. Repair of coronary vessel is called:
 - a. Endarterectomy
 - b. Angioplasty
 - c. Aortic
 - d. Endovascular
11. A physician performs a four-vessel autogenous (one venous, three arterial) coronary bypass on a patient who had a previous CABG two years ago, utilizing the saphenous vein, radial artery and the left and right internal mammary arteries. Select the CPT® codes for this procedure.

- a. 33535, 33510-51, 33530, 35600
 - b. 33534, 33518, 33530
 - c. 33533, 33519, 33530, 35600
 - d. 33535, 33517, 33530, 35600
12. A patient in the ED was found to have a ruptured abdominal aortic aneurysm. He was taken to emergency surgery; a physician performed a direct repair. The physician documented that the aneurysm involved the common iliac. Select the proper CPT® code for this procedure.
- a. 34704
 - b. 35092
 - c. 35103
 - d. 35102
13. A patient presents to the hospital for a cardiovascular SPECT study. A single study is performed under stress, but without quantification, with a wall motion study, and ejection fraction. Select the CPT® code(s) for this procedure.
- a. 78451, 78472
 - b. 78453, 78472
 - c. 78453
 - d. 78451
14. Intracoronary stents are placed percutaneously in the right coronary and left anterior descending arteries for a patient with stenosis. Percutaneous transluminal balloon angioplasty is performed on the left circumflex coronary artery. Choose the correct CPT® codes for this procedure.
- a. 92928-RC, 92928-LD, 92920-LC
 - b. 92928-RC, 92929-LD, 92920-LC
 - c. 92933-RC, 92934-LD, 92934-LC
 - d. 92928-RC, 92920-LD, 92920-LC
15. Select the ICD-10-CM diagnosis codes used for pseudoaneurysm, cardiac tamponade and left ventricular failure.
- a. I72.9, I31.4, I50.1
 - b. I25.3, I31.9, I50.9
 - c. I34.8, I31.9, I50.9
 - d. I71.9, I31.9, I50.9
16. Physician changes the old battery to a new one on a patient's dual chamber permanent pacemaker. What CPT® code(s) is/are reported?
- a. 33212
 - b. 33229
 - c. 33213, 33233-51
 - d. 33228
17. Physician replaces a single chamber permanent pacemaker with a dual chamber permanent pacemaker. What CPT® code(s) is/are reported?
- a. 33213, 33233-51
 - b. 33213, 33233-51, 33235-51
 - c. 33214
 - d. 33212, 33233-51
18. Patient is seen in his physician's office and diagnosed with benign hypertension and stage 3 chronic kidney disease.
- a. I12.9, N18.30
 - b. I10, N18.30
 - c. I13.10, N18.6
 - d. I10, N18.9
19. In the cath lab a physician places a catheter in the aortic arch from a right femoral artery puncture to perform an angiography. Fluoroscopic imaging is performed by the physician. What CPT® code(s) is/are reported?
- a. 36215, 75605-26
 - b. 36200, 75605-26
 - c. 36221
 - d. 36222
20. In the cath lab, from a right femoral artery access, the following procedures are performed: Catheter placed in the left renal, accessory renal superior to the left renal and one main right renal artery. Radiologic supervision and imaging are performed in all locations. What CPT® code(s) is/are reported?
- a. 36252, 36251
 - b. 36245-LT, 36245-59-LT, 36245-59-RT, 75774-26
 - c. 36245, 36245-59, 36245-59, 36252-26
 - d. 36252

21. Patient is diagnosed with acute systolic heart failure due to hypertension with CKD stage 4. What ICD-10-CM codes are reported?
 - a. I13.0, I50.21, N18.4
 - b. I11.0, I12.9, I50.21, N18.4,
 - c. I10, I12.9, I50.21, N18.4
 - d. I13.0, I50.21, N19
22. A patient presents for epicardial lead placement via median sternotomy to the right atrium and right ventricle. A dual pacemaker generator is then inserted subcutaneously. The patient has bundle branch block and sinoatrial node dysfunction. What CPT® and ICD-10-CM codes are reported?
 - a. 33214, I45.2, I49.8
 - b. 33203, 33213-51, I45.10, I49.5
 - c. 33202, 33213-51, I45.4, I49.5
 - d. 33208, 33213-51, I45.4, I49.5
23. A physician states he performed a comprehensive EP study with induction of arrhythmia in the hospital. The report shows bundle of His recording, pacing and recording of the right atrium, and induction of arrhythmia by electrical pacing. What CPT® coding is reported?
 - a. 93600-26, 93602-26, 93610-26, 93618-26
 - b. 93620-26
 - c. 93620-26, 93621-26
 - d. 93619-26
24. Due to infections from hemodialysis, the physician replaces a dual chamber implantable defibrillator system with a multi-lead system with an epicardial lead and transvenous dual chamber lead defibrillator system. The original dual leads are extracted transvenously. The generator pocket is relocated. What CPT® codes are reported?
 - a. 33244, 33220-51, 33264-51, 33223-59
 - b. 33243, 33202-51, 33263-51, 33223-59
 - c. 33241, 32330-51, 33263-51, 33223-59
 - d. 33244, 33202-51, 33264-51, 33223-59
25. A physician supervises a patient during a cardiac stress test performed at the hospital and writes the interpretation and report. What CPT® coding is reported for the physician NOT employed by the hospital?
 - a. 93015
 - b. 93016-26
 - c. 93016, 93018
 - d. 93016, 93017
26. Aortography and bilateral extremity angiography were performed. The physician placed the catheter in the aorta at the level of the renal arteries and injected contrast for the aortography and repositioned the catheter just above the bifurcation for angiography of the lower extremities. Which CPT® codes are reported?
 - a. 36200, 75630-26
 - b. 36200, 75625-26, 75716-26
 - c. 36200, 75625-26, 75710-50-26
 - d. 36200, 75716-26
27. Procedure: Right femoral angiography, percutaneous transluminal tibioperoneal angioplasty and stenting.

Description of Procedure: The patient was premedicated and brought to the cardiovascular laboratory. The right inguinal region is prepped and draped in the usual sterile fashion. Local cutaneous anesthesia was obtained with 1% Lidocaine. A 6 French sheath was inserted antegrade into the right femoral artery. It was kinked and was replaced with a 6 French Arrow sheath.

Findings: Selective injections into the right femoral artery revealed diffuse irregularities of the superficial femoral artery with a 95 percent mid to distal stenosis and a 60 percent distal stenosis. The distal popliteal artery had an eccentric 60 percent stenosis. The tibial peroneal trunk was diffusely diseased with sequential 95 percent stenosis present. The anterior tibial and posterior tibial arteries are both occluded. We gave intravenous heparin 2,500 units. The distal vessel was wired with a V18 wire. We then dilated both superficial femoral artery lesions with a 5 x 4 Diamond balloon and achieved good angiographic result. We then elected to approach the tibial peroneal trunk that was a high-grade stenosis leading into the only remaining circulation. This was dilated with a 3 x 4 Diamond balloon. This had satisfactory results, but we elected to stent this for a better long-term patency. We exchanged out the V18 wire for a coronary extra support wire and deployed a 3.5 x 40 mm GR2 coronary stent. This was then post-dilated to high pressures with a 3.5 x 40 mm NC Bandit balloon. We then performed inflations in the popliteal artery with a 4 x 2 Symmetry balloon, also achieving a satisfactory angiographic result. The balloon catheter was then withdrawn. The final angiographic result was excellent, with wide patency from the superficial femoral artery into the peroneal down to the ankle. Following the procedure, an ACT was obtained. The sheath was removed. A strong popliteal pulse was obtained. The patient was transported in stable condition to the recovery unit.

Impression:

1. Successful percutaneous transluminal angioplasty of sequential 95 and 60 percent mid and distal superficial femoral artery lesions.
2. Successful percutaneous transluminal angioplasty of a 60 percent popliteal lesion.
3. Successful percutaneous transluminal angioplasty of diffuse 95 percent tibial peroneal trunk stenosis with stenting producing a residual stenosis to 0 percent.

Which angioplasty codes are correct to report?

- | | |
|--------------------|---------------------------|
| a. 37221, 37230-51 | c. 37236, 37224-51, 37230 |
| b. 37230, 37224-51 | d. 37230, 37232-51 |
28. An arterial catheterization is performed by cutdown for transfusion. What CPT® code is reported?
- | | |
|----------|----------|
| a. 36600 | c. 36625 |
| b. 36620 | d. 36640 |
29. A PICC with a port is placed under fluoroscopic guidance for a 45-year-old patient for chemotherapy infusion by a physician. The procedure was performed in the hospital. Report the codes for the physician.
- | | |
|--------------------|--------------------|
| a. 36568 | c. 36570, 77001-26 |
| b. 36571, 77001-26 | d. 36571 |
30. A patient presents to the outpatient surgery department for revision to his autogenous radiocephalic fistula so he can continue his hemodialysis. What is the correct CPT® code?
- | | |
|----------|----------|
| a. 36825 | c. 36831 |
| b. 36832 | d. 36904 |



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