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Appendix D text AC200610: Basic CPT and HCPCS Coding Page 4
of 26 Exercise 2.8 Coding References 1. When a biopsy of a
lesion is obtained and the remaining portion of the same lesion
is then excised/fulgurated, only the code for the
excision/fulguration should be used.

Answers to Chapter Review Exercises, Appendix D

Healthcare Common Procedure Coding System (HCPCS) True or
false? Evaluation and management codes are generally assigned
on the basis of documentation of history, physical examination,
and medical decision making.

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Procedure code 82951 is linked with diagnosis code #3 (790.29).
Note: Depending on the carrier, you may link more than one
reference number in block 24E, whereas some payers require
just one.

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the Current Procedural Terminology code: LSG (43,775).

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The Efran-Niyayesh Hospital. Subjects were categorized into two

Approval for the use of the data in this study was obtained from
groups, those who experienced postoperative gastrointestinal
leakage (Cases) and those without any types of leakage,
whether

Editor's note: This article has been retracted.

The course will focus on basic diagnosis coding skill and
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and Healthcare Common Procedure Coding System (HCPCS).

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