

Updates and Revisions to CE Courses 8/6/2009

If you are using continuing education materials received before December 2007, and you are having problems regarding CE test questions or content, contact conted@ncctinc.com.

Course #1220106: On the Job Safety

January 15, 2008

1. The following has been added to the table describing fire types and fire extinguishers for Class D fires:

Flammable metals burn at high temperatures and will react violently with water, air, and/or other chemicals. Sand/metal extinguishers can be purchased to smother Class D fires.

2. Question 17 has been revised as follows:

17. A water fire extinguisher can be used on which one of the following types of fires?
 - a. electrical
 - b. paper
 - c. grease
 - d. flammable metal

Course # 1220206: CDC Hand Hygiene Guideline

April 30, 2009

A word was inadvertently omitted from the definition of *Antiseptic Agent*. The definition should read as follows:

Antiseptic agent. Antimicrobial substances that are applied to the skin to reduce the number of microorganisms on the skin. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol, quaternary ammonium compounds, and triclosan.

April 29, 2008

The text in the following table has been revised. The revision is in the 2nd bullet in the *Alcohol-Based Hand Rub OK* column. The words nonintact skin in the original text has been changed to intact skin.

SOAP AND WATER VERSUS ALCOHOL-BASED HAND RUBS

Washing hands with soap and water is always acceptable. However, use of alcohol-based hand rubs is **not** always acceptable.

Soap and Water Required	Alcohol-Based Hand Rub OK
<ul style="list-style-type: none"> ■ After removing gloves that are visibly contaminated with blood/body fluids. ■ When bare hands are visibly contaminated with blood/body fluids. ■ Before eating. ■ After using a restroom. ■ After exposure to known or suspected <i>Bacillus anthracis</i> (anthrax). 	<ul style="list-style-type: none"> ■ After removing gloves that are not visibly contaminated. ■ After bare hands come in contact with blood/body fluids, mucous membranes, and/or intact skin if hands are not visibly contaminated. ■ Before direct patient contact. ■ After contact with a patient's intact skin.

Course # 1220306: Phlebotomy & Age Related Competencies

February 25, 2008

The table on page 11 (page 209 in the 2008 CE Book Volume 1) has been revised as follows:

STEP	ACTION
1	Cleanse and puncture the infant's heel following approved protocols.
2	Allow a large drop of blood to accumulate.
3	Wipe away the first drop of blood with sterile gauze.
4	Allow a second drop of blood to accumulate, and then apply the drop to only one side of the filter paper circle. The circle should be filled completely when viewed from both sides. NOTE: Only the blood drop should touch the filter paper. Do not allow the filter paper to touch the actual puncture site.
5	Repeat until all circles on the form have been filled.
6	Dry the filter paper collection card following the recommendations from your laboratory. <ul style="list-style-type: none"> ▪ The wet filter paper must not come in contact with any surface until it is completely dry. ▪ The filter paper circles are designed to hold a specific quantity of blood. If the wet filter paper is allowed to come in contact with the other portions of the form or any other surface, blood can be wicked out of the filter paper and can make the test results invalid.
7	Keep the forms away from heat, lamps, direct sunlight, and humidity. Do not refrigerate.
NOTES <ul style="list-style-type: none"> ▪ Allow the circles to fill by natural flow. ▪ Fill each circle with only one drop of blood. If the circle is oversaturated or under saturated, test results may be invalid. ▪ Use of capillary tubes to collect and transfer blood to the filter paper circles is not recommended. Capillary tubes can damage the filter paper and result in an inadequate specimen. Avoid repeated applications of blood to fill any one circle.	

Course # 1220506: Personal Protective Equipment

March 6, 2009

1. The information in the **INTRODUCTION SECTION** on page 3 has been revised as follows:

Per the Centers for Disease Control and Prevention document *Guidance for the Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings* and the Association of Surgical Technologists (AST) position statement

Recommended Standards of Practice for Gowning and Gloving, PPE should be donned and removed as follows.

Don PPE in this order	Remove PPE in this order
1. Gown	1. Gloves
2. Mask	2. Goggles/face shield
3. Goggles/face shield	3. Gown
4. Gloves	4. Mask

2. The following questions have been revised.

1. Based on CDC and AST documents, PPE should be donned in the following order: _____.
 - a. gloves, goggles/face shield, gown, mask
 - b. goggles/face shield, mask, gown, gloves
 - c. gown, mask, goggles/face shield, gloves
 - d. gown, gloves, mask, goggles/face shield

2. Based on CDC and AST documents, PPE should be removed in the following order: _____.
 - a. gloves, goggles/face shield, gown, mask
 - b. gown, gloves, mask, goggles/face shield
 - c. goggles/face shield, gloves, gown, mask
 - d. gloves, gown, goggles/face shield, mask

Course #1220806: Antibiotic Resistance

April 29, 2009

The text on page 3 should read as follows:

- Prevent protein synthesis. Examples:
 - Tetracyclines such as Aureomycin
 - Erythromycin, and aminoglycosides such as Streptomycin

Course #1221606: Prescription Drug Safety

February 25, 2008

The text on page 11 has been revised to read as follows.

- At one time, patients were told to flush unwanted or expired medications down the toilet or throw them in the garbage. However, it is now known that medications have had harmful effects to the waterways, landfills, and marine life. Putting medicines in the garbage can also lead to accidental poisoning of children and animals.

The Environmental Protection Agency encourages states and communities to provide facilities equipped for proper medication disposal. Many pharmacies are now providing highly secure medical disposal units in the customer waiting area. Consumers bring in unwanted/expired/no longer necessary medications in the original containers to drop in the box. The boxes are then transported to a hazardous waste destruction site for environmentally safe disposal. For more information, consumers are encouraged to contact their local or state government or local pharmacy.

Course #1220107: Frequently Asked Questions About Phlebotomy

April 11, 2008

1. The following revision has been made.

QUESTION: *I don't like to wear gloves when drawing blood. What will happen if I don't wear them?*

Answer: Failure to wear gloves during blood collection procedures increases the healthcare worker's risk of exposure to bloodborne pathogens including, but not limited to, the Human Immunodeficiency Virus, Hepatitis B virus, and the Hepatitis C virus. Obviously, examination gloves will not stop a needle from puncturing the skin. However, if an accidental needlestick occurs when wearing gloves, the gloves will greatly reduce the amount of blood entering the skin of the healthcare worker.

Twenty-five years ago, the Occupational Safety and Health Administration (OSHA) released the Occupational Exposure to Bloodborne Pathogens, Final Rule, 29 CFR 1910.1030. This is a United States federal law that states, "Gloves shall be worn... when performing vascular access procedures...." The standard goes on to state gloves must be worn "when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin...." Venipuncture and skin puncture are vascular access procedures.

NOTE: Volunteer blood donation centers are the only instance where some flexibility is permitted regarding the use of gloves and phlebotomy, and even then certain requirements must be fulfilled. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer must (1) periodically reevaluate this policy; (2) make gloves available to all employees who wish to use them for phlebotomy; (3) not discourage the use of gloves for phlebotomy; and (4) require that gloves be used for phlebotomy when the employee has cuts, scratches, or other breaks in the skin; when the employee judges that hand contamination with blood may occur (e.g., performing phlebotomy on an uncooperative source individual); or when the employee is receiving training in phlebotomy.

The Bloodborne Pathogen Rule requires employers to provide gloves in appropriate sizes and accessible locations at no cost to employees. Employers must provide alternatives for those who have allergies to the gloves normally provided. Employers who fail to comply with or enforce the Bloodborne Pathogen Rule are subject to severe monetary fines.

The Bloodborne Pathogen Rule does not state exactly when during the phlebotomy procedure gloves need to be donned. However, the CLSI *Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture*, H3 states that gloves should be put on after site selection and just before site preparation. This allows vein palpation to occur without gloves. (NOTE: Gloves must be worn for the entire phlebotomy procedure when drawing blood from a patient in an isolation room.)

2. Question 4 has been revised as follows:

4. Based upon OSHA's Bloodborne Pathogen Rule which group of individuals below in certain circumstances could be exempt from wearing gloves when performing a venipuncture?
- a. doctors
 - b. phlebotomy instructors
 - c. blood donor phlebotomists
 - d. registered nurses

Course #1220207: West Nile Virus

February 25, 2008

Question 14 has been revised as follows.

14. Supportive treatment for serious WNV infection includes hospitalization, IV fluids, pain relief, respiratory support, and prevention of secondary infections.
- a. True
 - b. False

Course #1220307: Laboratory Specimen Collection for Doctor Office Personnel

February 25, 2008

The following questions have been revised as follows.

1. All of the following statements are true with regard to laboratory test orders EXCEPT which one?
- a. Written authorization should be received before sample collection
 - b. Standing orders must be documented and meet regulations
 - c. Verbal orders are acceptable
 - d. Logbooks should be maintained
20. When anchoring a vein for venipuncture, why is it inadvisable to place one finger above the venipuncture site?
- a. It becomes too easy to contaminate the site
 - b. It can cause hemodilution and lower test results
 - c. It can cause stasis and alter many test results
 - d. It increases the risk of accidental puncture

Course # 1220807: *Fusarium* Keratitis

February 25, 2008

Question 10 has been revised as follows.

10. The keratitis outbreak under investigation by the CDC has been found in 32 United States and territories as well as _____.
 - a. East and West Germany
 - b. Singapore and Hong Kong
 - c. Trinidad and Tobago
 - d. West Africa

Course # 1220807: MRSA Among Tattoo Recipients

February 25, 2008

Question 11 has been revised as follows.

11. In the MMWR report, which of these antimicrobial agents was **not** used in treating the tattoo recipients who had been infected with MRSA?
 - a. Levofloxacin
 - b. Teichoplanin
 - c. Clindamycin
 - d. Vancomycin

Course # 1221507: Human Papillomavirus

January 26, 2009

Question 9 has been revised as follows.

9. Which one of the following is FALSE regarding genital warts?
 - a. Acetic acid may help to identify
 - b. Blood tests needed for diagnosis
 - c. Easily identified by physical appearance
 - d. A biopsy is not always needed for diagnosis

February 23, 2009

1. The following text has been revised:

- The following has been added to end of section **WHAT IS THE IMPORTANCE OF HPV IN THE UNITED STATES?** on page 3.

While HPV infection is the leading cause of cervical cancer, it is not the cause of all cervical cancers. In addition, not everyone infected with HPV will develop cervical cancer.

- The section **HPV RELATED CANCER, WOMEN** on page 6 has been revised as follows.

HPV cervical infection is typically detected with a Pap smear that demonstrates abnormal changes in the cells of the cervix. Cervical cells infected with HPV show characteristic features when stained and observed microscopically.

As the Pap smear is not 100% sensitive or specific for the detection of HPV related cancer, additional tests are required to confirm a HPV infection. For the confirmatory test, cells are scraped from the cervix and undergo an HPV DNA test. This test can confirm the presence of HPV and identify the high risk HPV types associated with the development of cervical cancer.

If an HPV infection persists in cervical cells, the Pap smear abnormalities may become more severe, indicating the presence of either pre-cancer or cancer. Pap smear changes are graded on a specific scale and the higher the grade, the more serious the disease.

2. Question 10 has been revised as follows.

10. HPV cervical infection is typically detected by what technique?
 - a. Biopsy
 - b. Gram stain
 - c. Pap smear
 - d. Surgery

Course # 1221607: FDA Approvals, Recalls, & Safety Alerts--Jan 07 – June 07
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September 3, 2008

The second paragraph in the Introduction section has been revised as follows.

Today, the Food and Drug Administration (FDA) is a scientific, regulatory, and public health agency that oversees drugs; dietary supplements such as infant formula; medical devices; biologics such as vaccines; animal feed and animal drugs; all food products (except for meat and poultry); cosmetics; and radiation-emitting products like cell phones, and microwaves.

September 2, 2008

On page 24, the generic cetirizine hydrochloride brand name is Zyrtec[®], not Zyrtext[®]. This misspelling also occurs in question #33.

Course #1220608: Medical Terminology 3 – Suffixes

February 25, 2008

Question 32 has been revised as follows:

32. Bacterium
- a. Bacteria
 - b. Bacterias
 - c. Bacterices
 - d. Bacteries

Course #1220708: Medical Terminology 4: Prefixes

July 10, 2008

3. Question 37 has been revised as follows:

37. A condition of the urethra
- a. urethritis
 - b. urethrosis
 - c. urolithiasis
 - d. orchitis

February 25, 2008

1. In table 2, the term *neprho* is a typographical error. It is spelled **nepbro**.

2. Question 39 has been revised as follows:

39. Hardening of fatty plaque in the veins
- a. hyperathervenosclerosis
 - b. hardenoplaquitis
 - c. typanometry
 - d. atherosclerosis

January 7, 2008

In Table 1, the term *supination* should read "the process of turning face **up**"

Course #1220808: Medical Terminology-Advanced Review

August 6, 2009

The following has been added to Table 8:

- Presby- = old man/elder, i.e., aging

September 5, 2008

1. The following has been added to Table 9:

- lacrimo = tear

2. Question 32 has been revised as follows:

32. Liquefaction

- a. To make like sand
- b. To make like water
- c. A recording performed using water
- d. A recording done with sound waves

3. Question 79 has been revised as follows:

79. Having aging vision

- a. Optopsy
- b. Autopsy
- c. Presbyopia
- d. Emmetropia

July 10, 2008

1. In Table 6, the term *chirro* is a typographical error. It is spelled **cirro**.

2. Question 68 has been revised as follows:

68. The abnormal condition of being orange-yellow

- a. Xanthosis
- b. Cirrhitis
- c. Cyanosis
- d. Vesicosis

September 3, 2008

In question 92, the spelling is *orchitis* and not orchitis.

February 25, 2008

Question 85 has been revised as follows:

85. After the accident, Shawn had to have a *cheilostomatoplasty*.

- a. Surgical puncture in the vein
- b. Cutting away excessive skin

- c. Surgical repair of the intestines
- d. Surgical repair of the mouth and lip

January 7, 2008

In Table 1, the term *supination* should read "the process of turning face **up**"

Course # 1220908: Tips for Pediatric Phlebotomy and Injections

November 28, 2007

Questions 11 and 12 have been revised as follows:

11. Generally speaking, parents can help during a needlestick procedure by doing all but which one of the following?
 - a. distracting the child
 - b. leaving the room
 - c. praising the child
 - d. restraining the child

12. When a child's anxiety is reduced, all but which one of the following occurs?
 - a. the child cries less
 - b. the child does not need to be restrained
 - c. the child is more cooperative
 - d. the child is open to understanding the procedure

Course #1221008: How Much Do You Know Hepatitis?

December 10, 2007

Question 19 has been revised as follows:

19. Hepatitis A virus and hepatitis E virus have all of the following in common EXCEPT _____.
 - a. Both are common in the United States
 - b. Both are transmitted by fecal-oral route
 - c. Chronic disease is rare or not known to occur
 - d. Methods of preventing transmission are the same

Course #1221108: Common Laboratory Tests & Their Use in Diagnosis and Treatment

February 13, 2008

Question 11 has been revised as follows:

11. Which of these laboratory tests can be used to identify liver disorders?
- alkaline phosphatase (ALP), ammonia, amylase, bilirubin
 - ammonia, bilirubin, c-reactive protein (CRP), gamma glutamyl transferase (GGT)
 - alanine aminotransferase (ALT), ammonia, bilirubin, gamma glutamyl transferase (GGT)
 - gamma glutamyl transferase (GGT), phosphorus, protein, total protein

January 2, 2008

Question 16 has been revised as follows:

16. Which one of the following is NOT a test for syphilis?
- FTA
 - RA
 - RPR
 - VDRL

Course # 1221208: Fires in the Operating Room

February 13, 2008

The text in the 1st paragraph on page 9 (page 263 in 2008 Volume 3 CE Book) has been revised as follows:

To minimize oxidizer risks:

- Minimize the buildup of oxygen and nitrous oxide beneath the drapes.
- If possible, stop supplemental oxygen at least one minute before beginning to use electrosurgery units, electrocautery units, or lasers on the head or neck.
- Be aware of oxygen and oxygen-nitrous oxide enriched atmospheres near the surgical site, especially during head and neck surgery.
- Keep sponges, gauze, pledgets, and their strings moist/wet during the entire surgical procedure to make them ignition resistant in the presence of oxidizers.

Course # 1221308: Common Sports Injuries

December 13, 2007

Question 16 has been revised as follows:

16. When a fractured bone has to be set in surgery, it is called _____.
- cast repositioning
 - closed reduction

- c. open reduction
- d. splint application

Course # 1221408: 2008 Update-CPT and ICD-9-CM Codes

October 8, 2008

The following has been added to the New Diagnosis Codes table on page 37 (page 342 in Continuing Education Book 2008 Volume 3).

NEW DIAGNOSIS CODES	DESCRIPTION
389.18	Sensorineural hearing loss, bilateral

Continue to next page.

Course # 1221508: A Guide to Coding V Codes

August 4, 2008

The following text and table have been added.

ICD-9-CM CODES USED IN TEST QUESTIONS

Code	Description	Code	Description
39.9	<p>OTHER BACTERIAL DISEASES (030-041) <i>Excludes: bacterial venereal diseases (098.0-099.9)</i> <i>bartonellosis (088.0)</i> 039 Actinomycotic infections Includes: actinomycotic mycetoma infection by Actinomycetales, such as species of Actinomyces, Actinomadura, Nocardia, Streptomyces; maduromycosis (actinomycotic); schizomycetoma (actinomycotic) 039.9 Of unspecified site Actinomycosis NOS Maduromycosis NOS Nocardiosis NOS</p>	666.14	<p>COMPLICATIONS OCCURRING MAINLY IN THE COURSE OF LABOR AND DELIVERY (660-669) The following fifth-digit subclassification is for use with categories 660-669 to denote the current episode of care: 0 unspecified as to episode of care or not applicable 1 delivered, with or without mention of antepartum condition 2 delivered, with mention of postpartum complication 3 antepartum condition or complication 4 postpartum condition or complication 666.1 Other immediate postpartum hemorrhage [0,2,4] Atony of uterus with hemorrhage Hemorrhage within the first 24 hours following delivery of placenta Postpartum atony of uterus with hemorrhage Postpartum hemorrhage (atonic) NOS <i>Excludes: atony of uterus without hemorrhage (661.2); postpartum atony of uterus without hemorrhage (669.8)</i></p>
183.0	<p>183 Malignant neoplasm of ovary and other uterine adnexa; Excludes: Douglas' cul-de-sac (158.8) • 183.0 Ovary</p>	733.00	<p>Osteoporosis Use additional code to identify major osseous defect, if applicable (731.3)</p>
585.9	<p>Chronic kidney disease, unspecified Chronic renal disease Chronic renal failure NOS Chronic renal insufficiency</p>	881.00	<p>Open wound of elbow, forearm, and wrist The following fifth-digit subclassification is for use with 881: 0 forearm 1 elbow 2 wrist 881.0 without mention of complication</p>
650	<p>NORMAL DELIVERY, AND OTHER INDICATIONS FOR CARE IN PREGNANCY, LABOR, AND DELIVERY (650-659) The following fifth-digit subclassification is for use with categories 651-659 to denote the current episode of care: 0 unspecified as to episode of care or not applicable 1 delivered, with or without mention of antepartum condition 2 delivered, with mention of postpartum complication 3 antepartum condition or complication 4 postpartum condition or complication 650 Normal delivery Delivery requiring minimal or no assistance, with or without episiotomy, without fetal manipulation [e.g., rotation version] or instrumentation [forceps] of a spontaneous, cephalic, vaginal, full-term, single, live born infant. This code is for use as a single diagnosis code and is not to be used with any other code in the range of 630-676. Use additional code to indicate outcome of delivery (V27.0)</p>		

Course #1220109: Arterial Blood Gases-Diagnostic Use, Interpretation, and Specimen Collection

August 6, 2009

Question 27 has been revised as follows:

27. Which of the following describes a negative Modified Allen test?
- The patient's hand remains blanched at 10 seconds
 - The patient's hand remains blanched at 3 seconds
 - The patient's hand fills with blood at 10 seconds
 - The patient's hand fills with blood immediately

April 30, 2009

The following text has been updated.

Page 11

Needles

22- to 25-gauge hypodermic needles that are $\frac{5}{8}$ to 1½ inches in length are used for arterial puncture. The gauge and length used are determined by the artery location and the amount of blood needed. Generally speaking, a 1" 22-gauge needle is used.

Page 13

6. Remove pressure from the ulnar artery.

Page 14

10.If a local anesthetic is used, fill a 1-cc syringe with attached 25- to 26-

gauge needle with lidocaine. NOTE: Before injecting lidocaine, always check the patient's medical record to assure there are no allergies to lidocaine.

- With the needle at about a 10° angle, enter the skin around the anticipated puncture site. Pull back slightly on the syringe to see if a vein has been punctured.
- If a vein has been punctured, the needle should be removed, and the procedure repeated.
- If a vein has not been punctured, expel the anesthetic into the skin forming a raised wheal. Wait 1-2 minutes for the lidocaine to take effect.
- Alternately, EMLA ® topical anesthetic cream can be applied to the anticipated puncture site one hour prior to specimen collection.

March 17, 2009

Questions 8 and 9 have been revised as follows,

8. Acidosis would be indicated by a/an _____.
- a. pH less than 7.35
 - b. pCO₂ less than 35
 - c. HCO₃⁻ greater than 28
 - d. pH greater than 7.45
9. Alkalosis would be indicated by a/an _____.
- a. HCO₃⁻ less than 21
 - b. pH less than 7.35
 - c. pCO₂ greater than 45
 - d. pH greater than 7.45

Course #1220309: Gaining Rapport with Students on Their First Day of Class

March 19, 2009

1. The first paragraph in the section **LAST STEPS ON THE FIRST DAY OF CLASS** has been revised as follows.

Be sure to review what you have gone over with the students on the first day of class, and advise what will either be due, or what will be discussed during the next class meeting. This should be completed during the last few minutes of class. Following the steps below in order provides an organized method to summarize the day's activities and a preview of the upcoming class.

2. Question 14 should read as follows:

14. In what order should the "Last Steps" be completed to make sure that your students are both prepared and comfortable for the next class meeting?
- a. The order does not really matter as long as all of the information is given
 - b. Mention what will be discussed at the next class meeting, assign reading/questions that must be completed for your next class meeting, review the syllabus and due dates/chapters, recap what has been discussed
 - c. Review the syllabus and due dates/chapters, mention what will be discussed at the next class meeting, recap what has been discussed, assign reading/questions that must be completed for your next class meeting
 - d. Recap what has been discussed, assign reading/questions that must be completed for your next class meeting, mention what will be discussed at the next class meeting, review the syllabus as to when the assignments are due

April 10, 2009

Question 2 has been revised as follows:

2. Which of the following best describes the order in which an instructor should proceed on the first day of class?
 - a. Icebreaker, First Chapter Discussion, Next Meeting Review, Course Review
 - b. Course Overview, Icebreaker, First Chapter Discussion, Next Meeting Review
 - c. Next Meeting Review, First Chapter Discussion, Icebreaker, Course Overview
 - d. First Chapter Discussion, Course Overview, Icebreaker, New Meeting Review

Course #1220409: Introduction to CPT Codes-Medical Billing 101

August 6, 2009

The NCCT Customer Service phone number included in the test instructions is incorrect. The correct phone number is 800-875-4404.

May 11, 2009

Question 15 should read as follows:

15. A two year old in apparent distress was brought to the doctor's office. She had a fall and is not using her arms. After a thorough examination and X-rays of both arms, the physician diagnoses the problem as bilateral nursemaid's elbow (elbow dislocation). The physician snaps the elbows back in place and the patient is sent home. The physician reports an office visit E&M code 99214 and CPT code 24640 (reduction of nursemaid's elbow) for both elbows. Which modifiers are required on the claim?
 - a. 99214-25: E&M on same day as procedure; 24640-50: Bilateral procedure
 - b. 99214-57: Decision for surgery; 24640-P1: A normal healthy patient
 - c. 99214-58: Staged or related procedures; 24640-99: Multiple modifiers
 - d. No modifiers are required on either code

February 12, 2009

Question 17 should read as follows:

17. Which appendix lists codes with the symbol (Ⓞ)?
 - a. Appendix B: Summary of Additions, Deletions, and Revisions
 - b. Appendix C: Clinical Examples
 - c. Appendix D: Summary of CPT Add-on Codes
 - d. Appendix E: Summary of CPT Codes Exempt From Modifier 51

Course #1220509: Introduction to ICD-9 Codes-Medical Billing 102

August 6, 2009

The text on page 11, item #2 has been revised to read as follows:

2. A person with a resolving disease or injury, or a chronic, long-term condition requiring continuous care, encounters the health care system for specific treatment of that disease or injury (e.g. dialysis, chemotherapy, cast change)

Course #1220709: More Frequently Asked Questions about Phlebotomy

March 19, 2009

1. In Frequently Asked Question 6, the second paragraph should read as follows.

The actual procedure starts with the collection of a fasting blood glucose.

- After the results are known and are within a given range, a standard load of glucose solution (e.g., Glucola™) is given. If the fasting blood glucose is abnormal, the doctor must be notified before the glucose solution is given. If the fasting result is too high, the doctor may discontinue the procedure, as it may be dangerous to the patient to ingest the glucose solution.
- The glucose solution should be drunk within five minutes.
- Blood specimens are then drawn at set times for a two to three hour period following the glucose administration. Specimens are generally collected at 30 minutes, 60 minutes, 2 hours, and 3 hours after ingestion of the glucose solution.
- The patient should drink water throughout the procedure.
- If the patient vomits, has a seizure, or faints, the physician must be notified immediately to decide if the procedure may be stopped.
- Ingestion of food or beverages other than water would result in invalid test results and the procedure should be discontinued.

2. In Frequently Asked Question 11, the first sentence of the last paragraph on page 12 (page 200 in 2009 CE Book Volume 4) should read as follows:

Blood culture bottles from other manufacturers have wider openings and are filled with blood by using a special “wide mouth” collection adapter.

3. In Frequently Asked Question 14, the first sentence should read as follows.

Removing more than 10% of an infant’s total blood volume may result in shock and cardiac arrest.

4. In the Frequently Asked Question 33, #3 should read as follows.

3. Place a blood pressure cuff on the arm and inflate the cuff to 40 mm/Hg. Hold this exact pressure for the length of the test.

5. The following test questions have been revised as follows.
1. What color of evacuated tube is collected between a green top and a gray top?
 - a. Gold
 - b. Light blue
 - c. Lavender
 - d. Yellow

 12. Which of the following could result in a glucose tolerance test being stopped?
 - a. The fasting glucose test result is abnormal
 - b. The patient eats breakfast after the 30-minute specimen is collected
 - c. The patient has a seizure
 - d. All of the above

 23. What is the maximum percentage of an infant's total blood volume that can be removed safely?
 - e. 1%
 - f. 5%
 - g. 10%
 - h. 15%

Course #1220609: Current Surgical Topics

August 6, 2009

1. The 3rd paragraph on page 16 (New Laryngeal Surgical Procedure) has been revised to read as follows:

The procedure uses two different lasers: a carbon dioxide (CO₂) laser delivered by a recently developed hollow-core flexible optical fiber and a pulsed-dye laser delivered by standard solid optical fiber (existing technology). Both lasers are guided by a high-resolution endoscope with camera and are entered into the patient via the nose. Jamie Koufman, MD, professor of surgery-otolaryngology at Wake Forest Baptist Medical Center, has performed the procedure and describes the complementary use of the lasers. The CO₂ laser first removes the growth in the larynx and trachea then the pulsed-dye laser is used to treat the base of the growths and help prevent recurrence. Dr. Koufman described the difference between traditional laryngeal surgery and UOLS as "like the difference between a horse-drawn cart and a Cadillac." Other comments state that the medical community has long been waiting for the development of a hollow-core flexible fiber to deliver CO₂ laser energy. This new technology allows the surgery to be performed in a doctor's office.

2. Case 2 on page 22 (Two Patient Burned during Surgery in Minneapolis-St. Paul Area) has been revised to read as follows:

Case 2

A newborn baby was burned when his oxygen hood caught fire during surgery. The baby received second- and third-degree burns on his face and body. A state investigation found no violations that contributed to the fire. The hospital is still investigating the cause of the fire.

3. Question 38 has been revised as follows:

38. Why was it possible for a new laryngeal surgical procedure to be performed in the doctor's office?

- a. A hollow-core flexible optical fiber for CO₂ delivery
- b. A pulsed-dye laser delivered by standard solid optical fiber
- c. A patient with the laryngeal growth in just the right place
- d. It is approved by AMA for reimbursement

4. The NCCT Customer Service phone number included in the test instructions is incorrect. The correct phone number is 800-875-4404.

Course #1220809: An Introduction to Cultural Competency

March 19, 2009

The Table of Contents in the *2009 Continuing Education Book Volume 4* lists this course as 1 CH. It is 2 CH.

Course #1220909: A Review of the CV System and ECG Performance, Troubleshooting, & Interpretation

August 6, 2009

1. Question 23 has been revised to read as follows:

23. The PR interval is the time between _____.

- a. the beginning of the P wave to the end of the R wave
- b. the end of the P wave to the end of the R wave
- c. the beginning of the P wave to the beginning of the QRS complex
- d. the end of the P wave to the end of the Q wave

2. The NCCT Customer Service phone number included in the test instructions is incorrect. The correct phone number is 800-875-4404.

May 15, 2009

The text on page 17 has been revised as follows.

R wave

- Represents early ventricular depolarization
- R waves greater than 25 mm may indicate ventricular hypertrophy
- Tall R waves are also seen in athletes and young thin individuals

Course #1221009: Working Together-Strategies for Superior Internal Customer Service

March 19, 2009

The following questions have been revised as follows.

11. Individuals with a Listener communication style have to be careful that they are **not** _____.
- a. focusing more on relationships than issues
 - b. being too intense
 - c. ignoring their listening skills, which may need improvement
 - d. getting bogged down in endless details
19. Why is it useful to ask clarifying questions?
- a. Allows the dialogue to continue and provides more information
 - b. Promotes workplace friendship
 - c. Provides some customer service
 - d. Makes the conversation short and to the point

Course #1221109: 2009 Update on CPT and ICD-9-CM Codes

January 15, 2009

Question 19 has been revised as follows:

19. Plantar wart
- a. 209.17
 - b. 209.20
 - c. 078.12
 - d. 136.21

Course #1221509: Introduction to Employment Law

August 6, 2009

The NCCT Customer Service phone number included in the test instructions is incorrect. The correct phone number is 800-875-4404.

August 6, 2009

1. A typographical error resulted in two questions on the test having the number of 26. The 2nd #26 is actually #27 with the remaining questions being #28 - #30. This error did not affect test scoring.
2. The NCCT Customer Service phone number included in the test instructions is incorrect. The correct phone number is 800-875-4404.

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