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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q65-Q70):

NEW QUESTION # 65

A patient with a stab wound to the chest was taken to the operating room and put under general anesthesia for a thoracotomy. The anesthesiologist should report CPT 00520 with the total number of time units spent providing face-to-face care with the patient.

- A. False
- B. True

Answer: A

Explanation:

The statement is false. CPT 00520 is anesthesia services for closed-chest procedures.

However, a thoracotomy is an open procedure involving a surgical incision to the chest wall. The correct CPT code that should be reported is 00540 (anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum).

NEW QUESTION # 66

Which term describes a migraine that is unmanageable with treatment?

- A. Intractable migraine
- B. Classical migraine
- C. A migraine with aura
- D. Status migrainosus

Answer: A

Explanation:

An intractable migraine is one that is continuous and obstinate to conventional treatment. If a migraine is preceded by symptoms of vision disturbances and/or transient muscle weakness, those symptoms are collectively known as aura. A migraine with aura is also called a classical migraine. Status migrainosus describes a severe, debilitating migraine that lasts longer than 72 hours and usually results in hospitalization.

NEW QUESTION # 67

A physician provides a GPO 39-weeks twin gestational patient with antepartum care, delivery, and postpartum care. Baby A was delivered vaginally without complications, and Baby B was delivered by Cesarean due to fetal tachycardia. Assign the correct ICD-10-CM and CPT codes.

- A. 59510, 076, Z3A39, Z37.0 and 59409-51, Z3A39, Z37.0
- B. 59409, Z3A.39, Z37.0 and 59510-51, 076, Z3A39, Z37.0
- C. 59410, Z37.2 and 59510-51, 076, Z37.2
- D. 59400, Z37.0 and 59510-51, 036.8332, Z37.0

Answer: A

Explanation:

The Cesarean delivery (59510) would be sequenced first because this code has the highest RVU and would include the antepartum and postpartum care. The vaginal delivery by itself (59409), without antepartum and postpartum care, would be reported secondary because the charges for the antepartum and postpartum care of the mother have already been included in the Cesarean delivery code.

NEW QUESTION # 68

A sternal closure using sutures is considered inclusive to CPT 33255 and should not be reported separately.

- A. True
- B. False

Answer: A

Explanation:

The statement is true. Regardless of how a sternal closure is performed, it would be considered integral to this, and any other open cardiac procedure, when a sternal approach is used as the method of exposure. If a sternal closure were performed as the only procedure to repair an injury, the closure would then be reported.

NEW QUESTION # 69

CPT code 11102 is a column 2 code that has an NCCI edit of 1 when paired with CPT code 11402. How would this be interpreted?

- **A. The two codes can be billed together with an appropriate modifier.**
- B. The two codes are inclusive of each other and can never be billed together.
- C. The two codes are exclusive of each other and can never be billed together.
- D. If being billed together, only report one unit of each.

Answer: A

Explanation:

NCCI stands for National Correct Coding Initiative and was created by CMS to prevent unbundling and prevent incorrect payments. Column one represents a correct code when listed next to column two. There are three edits listed with the combination of the two columns: 0, 1, and

9. Edit 0 means that the two codes should never, under any circumstance, be reported together. Edit

1 means that the procedures may be coded together with the use of a modifier. Edit 9 means that the edit does not apply.

NEW QUESTION # 70

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