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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q33-Q38):

NEW QUESTION # 33

Health behavior assessment and intervention codes capture services related to mental health.

- A. True
- B. False

Answer: B

Explanation:

The statement is false. Health behavior assessment and intervention codes capture services related to a patient's physical health and can be used only when the patient has a physical health diagnosis as the primary reason for treatment-not a mental disorder. Although assessing factors related to the patient's mental state, it is done to promote functional improvement and lessen any obstacles to a patient's recovery.

NEW QUESTION # 34

A female patient with type II diabetes, asthma, and hypertension is admitted with complaints of chest pain. Testing rules out heart attack and other underlying conditions as the cause. Which diagnosis codes should be listed on the discharge note?

- A. Z03.89
- **B. R07.9, E11.9, J45.909, 110**
- C. Z03.89
- D. R07.9

Answer: B

Explanation:

The primary diagnosis on an inpatient record would be the primary reason the patient was admitted. In this case, because a definitive diagnosis could not be confirmed, the symptom of chest pain would be selected instead. The previously confirmed chronic conditions would also be coded because they affect the management of inpatient care. Diabetes would be coded to an unspecified code because the term "with" implies a causal relationship between the conditions that is not implicitly documented. Per ICD-IO-CM guidelines, a rule-out code is not assigned when "any signs or symptoms related to the suspected condition are present."

NEW QUESTION # 35

What would NOT be included in a global obstetrical package?

- A. A patient with anemia comes in to check hemoglobin levels.
- B. Sutures are removed from a first-degree perineal laceration during the delivery.
- **C. A patient complains of flu-like symptoms and is prescribed an antibiotic.**
- D. Contraception following delivery is discussed at length.

Answer: C

Explanation:

The treatment of flu-like symptoms is considered a non-obstetric service, and a separate E/M can be billed for reimbursement. All other answer choices would be included in the global obstetrical package as routine care.

NEW QUESTION # 36

The CPT code 76805 requires that multiple elements of the exam be documented, such as the evaluation of the amniotic fluid, umbilical cord insertion site, and placental location. If the provider documents most elements, he/she can bill the CPT code 76805.

- A. True
- **B. False**

Answer: B

Explanation:

The statement is false. Per ICD-IO-CM, "Results must be documented in the report for each of the elements described in the code description." If the provider does not document a given element, they must include a reason for non-visualization for the CPT to be reported.

NEW QUESTION # 37

A patient with preexisting hypertension presents to the office at 23-weeks' gestation for prenatal care. Her blood pressure is slightly elevated, and a transabdominal ultrasound shows the fetus is small for dates. The provider advises rest and to follow up as normal. How would the provider code the visit if the patient has an insurance that accepts the global obstetrical package?

- A. 99213-25, 76815, 010.012, 036.5920, Z3A. 23
- B. 99213-25, 76816, 010.012, Z3A. 23
- **C. 0502F, 76816, 010.012, Z3A. 23**
- D. 0502F, 76815, 010.012, 036.5920, Z3A 23

Answer: C

Explanation:

The global obstetrical package includes routine prenatal care visits and blood pressure checks, so a placeholder code (0500F-0503F) is used to report that a visit occurred instead of an E/M code. CPT 76816 is reported when biometric measurements are taken of the fetus, whereas CPT 76815 is limited to one element of the fetus, such as the position or heartbeat. Per ICD-IO-CM, codes beginning with 035- and 036- are reported only "when the fetal condition is actually responsible for modifying the management of the mother."

NEW QUESTION # 38

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