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QUESTIONS AND CORRECT DETAILED ANSWERS  
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## VERSION 1

The minimum necessary rule is based on sound current practice that protected health information should NOT be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. What does this mean?

- a. Staff members are allowed to access any medical record without restriction
- b. Providers should develop safeguards to prevent unauthorized access to protected health information.
- c. Practices should only provide minimum necessary information to patients.
- d. All of the above

- ANSWER >> b. Providers should develop safeguards to prevent unauthorized access to protected health information.

EHR stands for:

- a. Electronic health record
- b. Extended health record
- c. Electronic health response
- d. Established health record

- ANSWER >> a. Electronic health record

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### Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q150-Q155):

#### NEW QUESTION # 150

Code the following surgical note:

Patient is seen for an epidural injection into the following three levels: L3-L4, L4-L5 and L5-S1.

A 22 -gauge spinal needle is inserted into the zygapophyseal joint using fluoroscopic guidance. After confirming the needles placement at L3-L4 on the left side, 0.5 cc of a local anesthetic is injected into the joint. The whole process is repeated on the left side at the other two levels. The procedure was completed without any complications.

- A. 0216T-LT, 0217T-LT, 0218T-LT
- B. 64493-LT, 64494-LT, 64495-LT
- C. 64493-LT, 64494-59-LT, 64495-59u
- D. 0

**Answer: B**

Explanation:

64493 is used for the initial injection of an anesthetic, followed by 64494 and 64495 as add-on codes for the other Two levels.

Because there are two sides of a facet joint, modifier LT would be amended to show the carrier that the procedure occurred on the left side of the spine.

In answer B, CPT codes 0216T-0218T exclude fluoroscopic guidance and refer the biller to codes

64490-64495. In general, modifier 59 would not be used on add-on codes, so answer C can be eliminated. Answer D describes an injection in the interlaminar epidural or subarachnoid space and is not the correct procedure code for this circumstance.

#### NEW QUESTION # 151

A 45-year-old female patient with urinary incontinence is treated by means of a Burch procedure. The patient is morbidly obese. What CPT and ICD-IO-CM codes should be reported by the surgeon?

- A. 51841, R32, E66.8
- B. 51840, R32
- C. 51840, R32, E66.8
- D. 51841, R32

**Answer: A**

Explanation:

When choosing between CPT 51840 and 51841, consider that obesity reduces the operative field, increases surgical time, and poses difficulties in surgical technique. It is therefore considered one of several complicating factors to this surgery because it has an abdominal approach.

Additionally, although the obesity is not the reason for the surgical encounter, it nevertheless should be coded due to the impact it has on the procedure.

#### NEW QUESTION # 152

A diaphragm resection and repair are done using a biologic mesh to reduce the formation of adhesions. Which procedure code should be reported?

- A. 0
- B. 1

- C. 2
- D. 3

**Answer: C**

Explanation:

A diaphragm resection is reported with CPT codes 39560-39561. The use of a biologic mesh makes the repair complex, whereas a simple repair would implement only internal sutures.

#### NEW QUESTION # 153

When it comes to documentation, which of the following is NOT an example of a moderate level of service?

- A. A physician changes the frequency of chemotherapy
- B. A physician reviews the most recent X-Ray
- C. A nurse practitioner reviews CBC, CMP, and tumor markers
- D. A new patient presents with lymphoma while undergoing treatment for melanoma

**Answer: B**

Explanation:

If a physician were to only review the most recent X-ray, the physician is only meeting one of the two categories in the amount and/or complexity of data reviewed and analyzed. Meeting only one of the categories contributes to a low level of medical decision-making. On the other hand, altering a drug management program, reviewing several unique tests, and/or addressing an exacerbation of a chronic illness, all contribute to a moderate level of medical decision-making.

#### NEW QUESTION # 154

Dr. Black orders a hepatitis panel for a patient who has recently returned from traveling abroad and is now experiencing lower abdominal pain. The laboratory completed a hepatitis A antibody test, hepatitis B core antibody test, and a hepatitis C antibody test. Select the CPT and the ICD-10-CM codes that the laboratory will report.

- A. 86709, 86705, 86803, R01.31, R01.32
- B. 86709, 86705, 86803, R01.30
- C. 80074-52, R01.30
- D. 80074, R01.30

**Answer: B**

Explanation:

The hepatitis B surface antigen test was not performed, so the actual panel code in answer A was not completed, leaving each test to be reported separately. It would not be appropriate to add modifier 52 to 80074 in answer B. Because the provider did not specify which side the lower abdominal pain was on, it would be reported as unspecified with R01.30, eliminating answer C.

#### NEW QUESTION # 155

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