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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q116-Q121):

NEW QUESTION # 116

Under the oversight of the pediatrician, a nurse reviews the vaccine and allergr history of a 13-year-old established patient just prior to administering a live varicella virus vaccine subcutaneously. What procedure code(s) should be reported?

- A. 99211-25, 90716, 90471
- B. 99211-25, 90716, 90460
- C. 90716, 90460
- D. 90716, 90471

Answer: D

Explanation:

Although CPT 99211 can be reported for limited assessments performed by nonphysician staff members, the vaccine and allergy history intake is considered vaccine related and not separately reportable. CPT 90460 is reported when a physician provides counseling about the benefits and risks associated with the vaccine and signs and symptoms that would indicate an adverse reaction. Because the physician did not document seeing the patient at this encounter, report CPT 90471 for the administration of the immunization.

NEW QUESTION # 117

If in the assessment, the provider reports diabetes and dermatitis due to oils, which diagnosis code(s) should be reported?

- A. E11.69, L24.1
- **B. E11.9, L24.1**
- C. E11.620
- D. None of the above-query the provider to clarify which type of diabetes the patient has

Answer: B

Explanation:

When the documentation does not specify which type of diabetes is present, always default to type II. Although there is a causal relationship assumed between diabetes and dermatitis, the documentation reflects that the dermatitis is due to oils, not diabetes. Because the manifestation of dermatitis is not associated with the diabetes, the correct code would be E11.9: diabetes type II without complications.

NEW QUESTION # 118

A 34-year-old established male patient presents for treatment to his lower back. He reports exacerbated symptoms due to lifting heavy materials at work. The osteopath performs a problem-focused history and exam followed by manipulative treatment to the lumbar and sacral region of the spine. What procedure(s) should the osteopath report?

- A. 0
- B. 1
- **C. 99212-25, 98925**
- D. 99212-25, 97140x2

Answer: C

Explanation:

Osteopathic manipulation services do not include evaluation and management services.

Although the patient's treatment has already been established, the osteopathic physician has enough supporting documentation to report a separate evaluation and management code.

Manipulation services rendered by an osteopathic physician are reported with CPT codes 98925-

98929. A chiropractor would report manipulative treatment to the body regions with CPT 98940, and a physical therapist would report CPT 97140.

NEW QUESTION # 119

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

Answer: C

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 # 120

Code the following physician's note:

A 14-year-old established patient is seen with mother to evaluate five 2 cm superficial lacerations to the left wrist. Patient admits to suicidal thoughts.

Lacerations were treated with Steri-Strips. Patient and mother counseled on suicide prevention and told to follow up with psych.

- A. 99213, S61.512A, R45.8S1
- B. 99214, S61.512A, T14.91XA
- C. 12004, S61.512A, T14.91XA
- D. 12004, S61.512A, R45.851

Answer: A

Explanation:

When the injury is treated with Steri-Strips or bandages, it should be reported with an E/M code and not a procedure code. Within the medical decision making, the number and complexity of problems addressed is low, the amount of data reviewed or analyzed is straightforward, and the risk of complications and/or morbidity or mortality of patient management from the injuries is low.

Therefore, the E/M is a 99213 because the medical decision-making is low. A suicide attempt would not be coded because the documentation is not specific as to whether the lacerations were an attempt at suicide.

NEW QUESTION # 121

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