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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q47-Q52):

NEW QUESTION # 47

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. True
- B. False

Answer: B

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 # 48

If a cardiologist bills an electrocardiogram (93010) in the emergency department and then follows up with the patient a week later for arteriosclerosis, he should bill an established patient E/M.

- A. True
- B. False

Answer: B

Explanation:

The statement is false. According to CPT, a new patient is one who has "not received professional services from the physician." In lieu of this, because the cardiologist only interpreted an electrocardiogram and did not actually provide care to the patient, a new patient E/M service should be billed.

NEW QUESTION # 49

A provider documents that he spent 20 minutes with a patient. Based on this, an E/M can be chosen solely based on time.

- A. True
- B. False

Answer: A

Explanation:

The statement is true. According to AMA time documented is considered the minimum time the physician or other qualified health care professional spent on face-to-face and non-face-to-face services. This includes time spent reviewing the patient's medical record, consulting other healthcare professionals, or ordering prescriptions, tests, and/or other services.

NEW QUESTION # 50

What is the difference between presumptive and definitive testing?

- A. Presumptive testing requires additional observation time; definitive testing requires a blood draw.
- B. Presumptive testing confirms the presence of a drug class; definitive testing identifies the quantity or presence of a drug.
- C. Presumptive testing is based on exhibited signs and/or symptoms; definitive testing is based on lab results.
- D. Presumptive testing assumes a diagnosis; definitive testing confirms a diagnosis.

Answer: B

Explanation:

A presumptive test reports whether the patient is positive or negative for a specific drug. A definitive test would analyze which specific agent and/or how much of that agent is in the patient's system.

NEW QUESTION # 51

A patient develops an infection within the global period of a knee replacement. It is determined that the infection originated from the incision site and needs to be surgically removed. Which modifier should be appended to the secondary surgery?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: B

Explanation:

Modifier 78 represents an additional, unplanned surgery during the global period for a complication arising for the initial procedure. In this case, the complication would be the infection.

Modifier 58 is generally used when a secondary procedure is planned prior to or during the time of the initial procedure. Modifier 79 is used to indicate two unrelated procedures. Modifier 25 is for use on E/M codes only.

NEW QUESTION # 52

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