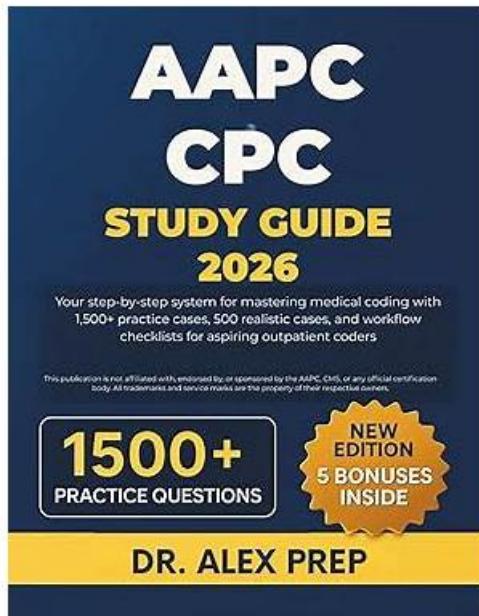


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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q15-Q20):

NEW QUESTION # 15

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

Answer: D

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 # 16

A patient receives a positron emission technology (PET) scan at rest, where a metabolic evaluation study, including ventricular wall motion was performed using PET imaging. A computed tomography (CT) was performed at the same time. What CPT code(s) should the radiologist report?

- A. 0
- B. 78430, 76497-59
- **C. 1**
- D. 78429, 76497-59

Answer: C

Explanation:

PET scans are reported using CPT codes 78429-78434. The documentation specifies that a metabolic study was performed versus a perfusion study, thus eliminating answers B and D. A CT scan is included in the description of CPT 78429, thus making it unable to be separately reportable.

NEW QUESTION # 17

An obstetrical patient carrying twins is seen. The physician performs a fetal non stress test on each fetus. How should the CPT code(s) be reported?

- A. 59025-76
- B. 59025-22
- **C. 59025, 59025-59**
- D. 0

Answer: C

Explanation:

Modifier 76 is used to identify a repeated procedure, but the test was performed on a separate fetus. Modifier 22 indicates increased procedural services; however, the services were not increased. Rather, a separate, identifiable test was rendered, and the

modifier 59 would therefore apply to the second fetal nonstress test.

NEW QUESTION # 18

Modifier 50 is not an appropriate modifier to append on CPT code 52000.

- A. True
- B. False

Answer: A

Explanation:

The statement is true. In general, modifier 50 is not appended on cystourethroscopies because human anatomy has only one bladder. However, if the descriptor includes "with ureteral catheterization," the procedure can be performed twice and billed once with modifier 50 because there are two ureters. CPT 52000 does not include this descriptor.

NEW QUESTION # 19

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

Answer: A

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 # 20

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