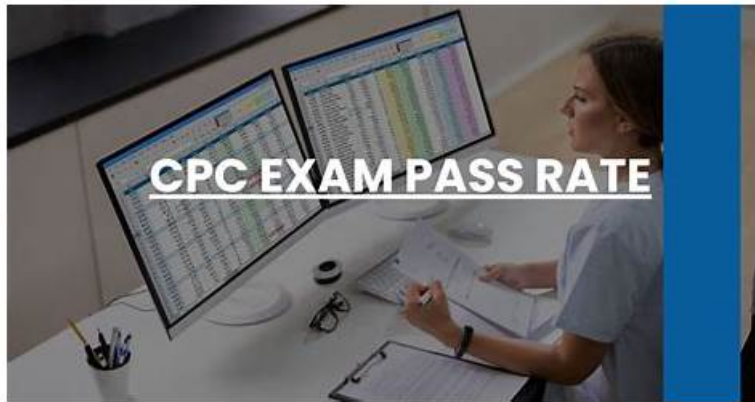


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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q348-Q353):

NEW QUESTION # 348

Two weeks after removal of a 4 cm subcutaneous lipoma, the patient presents with extensive internal wound dehiscence requiring multi-layer closure in the OR.

What CPT coding is reported by the surgeon?

- A. 13160-58
- **B. 13160-78**
- C. 13101-78
- D. 13101-58

Answer: B

Explanation:

Repair of wound dehiscence → CPT 13160 (complex repair, secondary closure) Occurs during global period and is unplanned →

Modifier -78 Modifier -58 is for staged or planned procedures.

NEW QUESTION # 349

A comatose patient is seen in the ER. The patient has a history of depression. Drug testing confirm she overdosed on tricyclic antidepressant drugs doxepin, amoxapine, and clomipramine.

What CPT code is reported?

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

Answer: D

Explanation:

For a comatose patient who has overdosed on tricyclic antidepressant drugs (doxepin, amoxapine, and clomipramine), the correct CPT code is 80366. This code covers drug testing for tricyclic antidepressants, which includes the specific drugs mentioned in the scenario.

Reference:

AMA's CPT Professional Edition (current year)

NEW QUESTION # 350

A cardiologist performs remote monitoring for a 30-day period via a previously implanted hemodynamic pulmonary artery pressure monitor for a patient with congestive heart failure with resulting pulmonary edema.

The first month of monitoring includes weekly downloads, interpretations, trend analysis, and subsequent reports.

What CPT code is reported?

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

Answer: A

Explanation:

1. Procedure and CPT Code Selection:

The cardiologist provided remote monitoring over a 30-day period for a hemodynamic pulmonary artery pressure monitor implanted in a patient with congestive heart failure.

CPT Code 93264 is appropriate for remote monitoring of a hemodynamic system for up to 30 days. This code includes services such as weekly data transmissions, interpretation, trend analysis, and reporting- exactly as described in this case.

2. Rationale for Excluding Other Options:

Code 93286 is for in-person interrogation and programming of pacemakers or defibrillators, not for remote monitoring of a hemodynamic monitor, making it incorrect.

Code 93288 is for interrogation device evaluation (remote), specifically for pacemakers or defibrillators, and does not apply to a pulmonary artery pressure monitor.

Code 93279 is for in-person programming of certain cardiac devices, which does not match the remote monitoring described in this scenario.

3. AAPC and CPT Coding Guidelines:

AAPC and CPT guidelines specify that 93264 is the correct code when reporting remote hemodynamic monitoring for a pulmonary artery pressure device over a period of up to 30 days, including data review and interpretation.

Therefore, the correct answer is B. 93264.

NEW QUESTION # 351

(What ICD-10-CM coding is reported for Type 1 diabetes with diabetic chronic kidney disease?)

- A. E10.22, N18.1
- **B. E10.22, N18.9**

- C. E11.21
- D. E10.21

Answer: B

Explanation:

For diabetes coding, you must first select the diabetes category that matches the type: Type 1 diabetes E10.- (not E11, which is Type 2). "Diabetic chronic kidney disease" maps to E10.22 (Type 1 diabetes mellitus with diabetic chronic kidney disease). ICD-10-CM guidelines then require an additional code to identify the stage of CKD from N18.-. Because the question does not specify the CKD stage, you assign N18.9 (chronic kidney disease, unspecified). That makes E10.22, N18.9 correct (Option B). Option D would only be correct if the stage were specifically documented as CKD stage 1 (N18.1). Option C (E10.21) is diabetes with diabetic nephropathy, which is not the same as "diabetic CKD" in this question. CPC exam tip: E10.22 always needs an N18.- stage code when stage is known; if not known, use N18.9.

NEW QUESTION # 352

A 57-year-old woman with a physical status of 3 received general endotracheal anesthesia for a panniculectomy. The anesthesiologist personally performed the entire anesthesia service.

What CPT@ coding is reported for the anesthesia?

- A. 00802-AA-P3
- B. 00802, 99140-AA-P3
- **C. 00800-AA-P3**
- D. 00800-P3, 99140-P3

Answer: C

Explanation:

To code for anesthesia services, we select the correct CPT anesthesia code based on the procedure, modifiers, and physical status of the patient:

00800 represents "Anesthesia for procedures on the lower abdomen not otherwise specified," which includes procedures like a panniculectomy. The code 00802 is not appropriate here because it is used for lower abdominal procedures involving "major lower abdominal vessels," which does not apply to a panniculectomy.

AA Modifier indicates that the anesthesia services were personally performed by the anesthesiologist, as stated in the scenario.

P3 Modifier reflects a physical status of 3, which indicates a patient with a "severe systemic disease," matching the patient's documented condition.

The emergency modifier 99140 is not appropriate here, as there is no indication that the procedure was performed under emergency conditions.

Thus, the correct answer is 00800-AA-P3.

NEW QUESTION # 353

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