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AAPC CPC Certification Practice Test 2024 with Answers

A Medicare patient is receiving chemotherapy at her oncologists office. While the patient is receiving chemotherapy, the oncologist calls in a prescription for pain medication to a pharmacy in the same building . The pharmacy delivers the medication to the patient in the oncologists office for the patient to take home. What part of Medicare should be billed for the pain medication by the pharmacy?

- A. Part A
- B. Part B
- C. Part C
- D. Part D - **Answer>>** Part D

What is medical coding? - **Answer>>** Translating medical documentation into codes.

Which one is NOT a covered entity of HIPPA?

- A. Medicare
- B. Workers Compensation
- C. Dentists
- D. Pharmacies - **Answer>>** B. Workers Compensation

Which one falls under a commercial payer?

- A. Medicare
- B. Medicaid
- C. Blue Cross Blue Shield

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q71-Q76):

NEW QUESTION # 71

A 72-year-old patient is admitted due to atrial fibrillation. A comprehensive electrophysiology study is completed with fluoroscopic guidance, followed by a cardiac catheter ablation during the same procedure. The procedure took 22 minutes, and the patient was moderately sedated. Which CPT codes should the cardiologist report?

- A. 93656, 77001, 99152, 99153
- B. 93650, 93619-26-59, 99152
- C. 93650, 93619-26-59, 77001, 99152, 99153
- **D. 93656, 99152**

Answer: D

Explanation:

It is common practice to perform both an electrophysiology (EP) study and a cardiac ablation procedure in the same session. These procedures have been bundled in the CPC manual, and the coding of such is dependent on the type of arrhythmia being treated. The EP study and cardiac ablation are not to be reported separately. In this scenario, the patient has atrial fibrillation, which is reported with CPT 93656. When fluoroscopy is used for guidance rather than for diagnostic imaging, it is usually not reported separately from the primary procedure. Moderate sedation can be reported when used, and selection is based on time. CPT 99152 and 99153 are counted in 15-minute intervals. When the procedure does not fall on a 15-minute interval, it must at least meet the halfway point of the time stated to be reported.

NEW QUESTION # 72

A new, 29-year-old female patient is seen for a preventative visit and receives counseling that totals 30 minutes about contraceptive management. How would the provider code the CPT code(s) for this visit?

- A. 99385, 99203-25
- B. 99385, 99402-25
- C. 99385, 99417, 99417
- **D. 0**

Answer: D

Explanation:

If 99402 is part of a more complex service, it would not be separately identifiable, thus eliminating answer A. Because 99385 includes counseling/anticipatory guidance/risk factor reduction interventions, the additional 30 minutes that the provider spent discussing contraceptives would not be considered a significant, separately identifiable E/M service, eliminating answer B. Last, because time is not a factor when selecting a preventative service, 99417 reflected in answer C, indicating a prolonged outpatient E/M service totaling 30 minutes would not apply.

NEW QUESTION # 73

A 74-year-old patient presents with a fever. She is admitted into observational care after her labs confirm a diagnosis of pneumonia. She has a medical history of being HIV positive. How should this be reported?

- A. 99223, 118.9, B20
- B. 99236, 118.9, B20
- **C. 99222, B20, 118.9**
- D. 99235, B20, 118.9

Answer: C

Explanation:

Hospital inpatient and observation care services (99221-99236) are selected based on the level of medical decision-making. In this scenario, reporting a code from the initial hospital inpatient and observation care services would be most appropriate (99221-

99223), as the documentation indicates the patient is being admitted. When leveling this service, consider that the patient has an acute illness with systemic symptoms (pneumonia) and a stable, chronic illness (HIV). Labs were reviewed to confirm the diagnosis, and a decision was made to admit the patient into observation. Therefore, the final level of medical decision-making is moderate, making the E/M code 99222. Even though pneumonia is the reason for admission, ICD-IO-CM guidelines stipulate that a confirmed HIV diagnosis takes precedence in sequencing when the reason for admission is HIV related.

NEW QUESTION # 74

What is the difference between presumptive and definitive testing?

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

Answer: D

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 # 75

Which healthcare professional may NOT report medical nutrition therapy?

- A. Nutritionist
- B. Registered nurse
- **C. Endocrinologist**
- D. Dietician

Answer: C

Explanation:

Medical nutrition therapy describes nutritional assessments and interventions in a face-to-face or group patient setting and is reported with CPT codes 97802-97804. These codes are used by nonphysician healthcare professionals only. When a physician provides nutritional advice, a preventative service or evaluation and management code should be reported.

NEW QUESTION # 76

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