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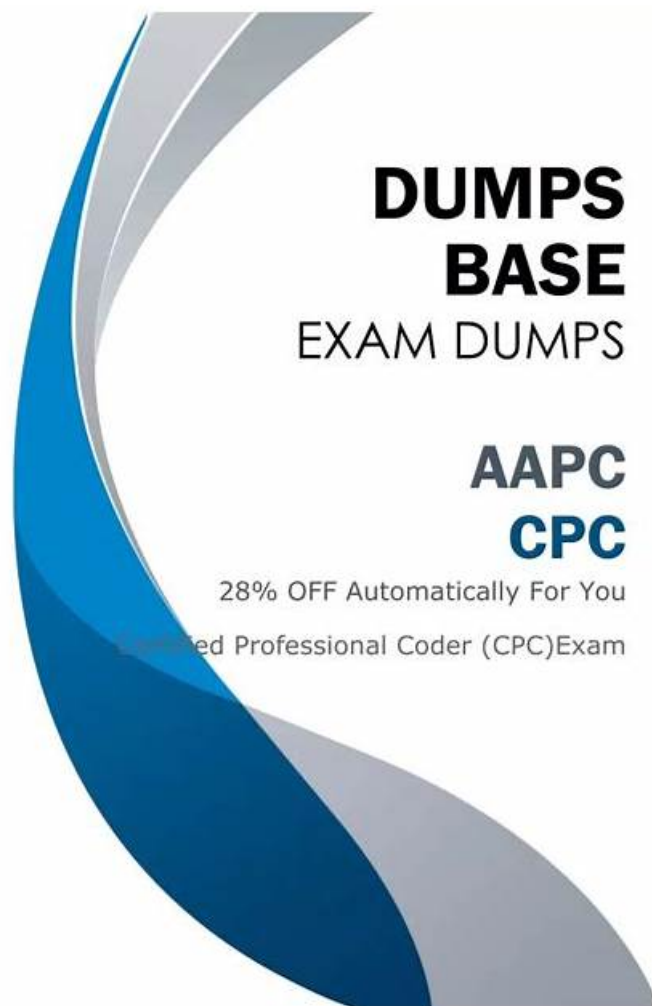
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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q117-Q122):

NEW QUESTION # 117
A primary care physician is requesting a second opinion to determine which strain of Ebolavirus the patient has. The specimen is sent to a pathologist, who carefully examines it.
A written report is sent promptly back to the primary care physician, confirming Zaire Ebolavirus and recommending immediate isolation and emergency care. What code should be reported by the pathologist?

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

Answer: C

Explanation:
A clinical pathology consultation was rendered at the request of the primary care physician.
The consultation is considered high based on the level of medical decision making. The CDC describes Ebola disease as a "rare and often deadly illness." Therefore, the number and complexity of problems addressed is high, as is the management of the disease due to the decision to escalate this case to hospital level care. E/M codes can be billed only when a patient themself is evaluated by the provider. In this case, the pathologist only evaluated a specimen.

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

Answer: A

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 t'.vo body regions with CPT 98940, and a physical therapist would report CPT 97140.

NEW QUESTION # 119
Code the following note:
A 43 -year-old new female patient with a history of type I diabetes was referred to my office by Dr. White, her primary care

physician. Patient complains of blurred vision that began 2 weeks ago, however, reports compliance to a strict, healthy diet and to prescribed 10 mg of dexamethasone every day for 1 month. Given that the only change appears to be the dexamethasone, I suspect the blurred vision is an adverse reaction and will decrease the dosage to 5 mg per day. Patient will follow up with me in 1 week if symptoms persist.

Total time spent on todays encounter is 30 minutes.

- A. 99203, H53.8, ElO.69
- B. 99244, H53.8, T38.OX5A, ElO.9
- C. 99204, HS3.8, ElO.9
- D. 99243, H53.8 ElO.39

Answer: C

Explanation:

When choosing between an outpatient evaluation and management code or a consultation service code, bear in mind the following four elements: request, reason, report, and intent. Although the first three elements are documented and support a consultation service, the endocrinologist is assuming immediate care of the patienYs condition. In this case, the visit is not a consultation but a new transfer of care, which is encompassed by CPT codes 99202-99205. For this visit, coding based on medical decision-making as opposed to the total time spent on the encounter that day would be more advantageous. This is because coding based on time would lead a coder to report CPT code

99203 or a low level of medical decision making, whereas the medical decision-making is actually moderate, represented by CPT code 99204.

The documentation reflects that the blurry vision is most likely due to the dexamethasone:

therefore, a causal relationship is not assumed betvveen the two conditions and should not be coded as such. Because an adverse reaction is suspected and not confirmed, it should not be coded. This general rule does not apply to inpatient encounters.

NEW QUESTION # 120
When it comes to documentation, which of the following is NOT an example of a moderate level of service?

- A. A physician reviews the most recent X-Ray
- B. A nurse practitioner reviews CBC, CMP, and tumor markers
- C. A physician changes the frequency of chemotherapy
- D. Anew patient presents with lymphoma while undergoing treatment for melanoma

Answer: A

Explanation:

If a physician were to only review the most recent X-ray, the physician is only meeting one of the nvo categories in the amount and/or complexity of data reviewed and analyzed. Meeting only one ofthe categories contributes to a low level of medical decision-making. On the other hand, altering a drug management program, reviewing several unique tests, and/or addressing an exacerbation of a chronic illness, all contribute to a moderate level of medical decision-making.

NEW QUESTION # 121
A patient is admitted for chemical burns caused by a leaky car battery. The physician diagnoses the patient with second- and third-degree burns on the right hand and second- degree burns on the left hand. The physician follows up with the patient 3 days later and performs a detailed examination. His findings include an infection that has developed on the right hand as a result of the burn. The patient is started on antibiotics. Code this encounter.

- A. 99232, L08.9, T23.201S, T23.361S, T23.301S, T23.202A T54.2X4A
- B. 99231, L08.9, T23.701S, T23.662A T54.2XIS
- C. 99232, T23.701A, T23.662A T54.2XIA, L08.9
- D. 99231, T23.201A, T23.361A T23.301A, T23.202A T54.2X4A L08.9

Answer: C

Explanation:

The physician's level of medical decision-making was moderate in complexity due to the acute, complicated injury/ illness, the minimal amount and complexity of data reviewed, and the issuance of a prescription drug. Because the patient has already been receiving care in a hospital setting for 3 days, the visit would be considered subsequent hospital care, making the level of inpatient

service a 99232 and eliminating answers B and D. A burn caused by a chemical would be considered a corrosion because it is not caused by heat, electricity, and/or radiation, thus eliminating the remaining choice of A. Additionally, when multiple burns on the same anatomic location and laterality are being treated, identify and code only the highest degree of burn recorded in the diagnosis. In this case, only the third-degree burns on the right hand and the second-degree burns on the left hand would be reported. Although the skin infection is a sequela, the seventh character in the corrosion code would remain "A" and sequenced first to indicate that the patient is still receiving active treatment for the reason of admission.

NEW QUESTION # 122

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