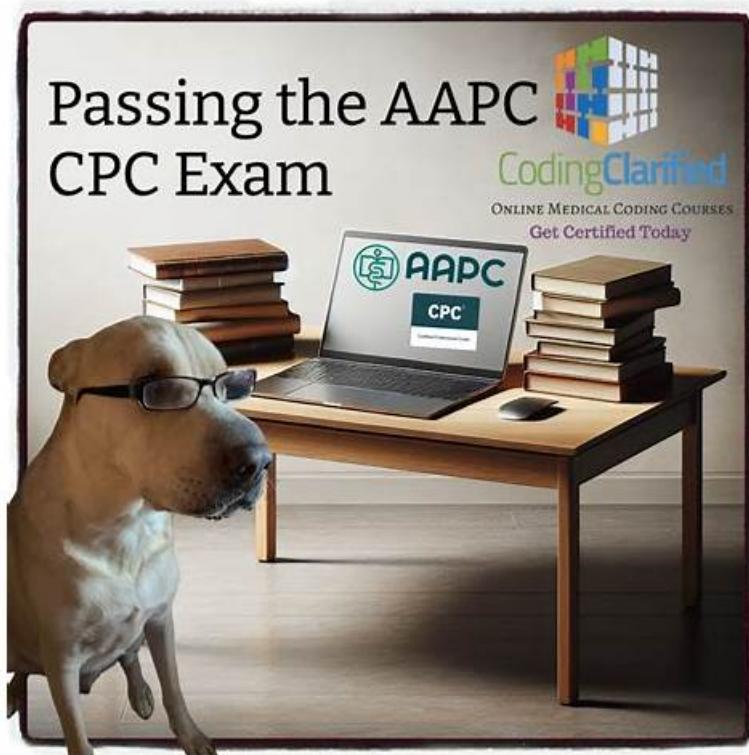


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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q94-Q99):

NEW QUESTION # 94

During surgery to remove a malignant melanoma from the intestinal tract, one frozen section is sent for pathological consultation to confirm an adequate excision of the margins. A second specimen is also sent, which requires frozen sections on two tissue blocks. What CPT code(s) should the pathologist report?

- A. 88329, 88331, 88332, 88332
- B. 88331, 88332
- C. 88331, 88332, 88332
- D. 88331, 88331, 88332

Answer: D

Explanation:

CPT code 88331 is used to report only a single specimen. In this scenario, there are two separate specimens being sent to the pathologist. The first specimen, with one frozen section, is reported with CPT code 88331. The second specimen has two tissue blocks with frozen sections, thus represented by coding 88331 for the first tissue block, followed by 88332 for the additional tissue block. CPT code 88329 is inclusive to 88331 and should not be reported separately.

NEW QUESTION # 95

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

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

Answer: D

Explanation:

If a physician were to only review the most recent X-ray, the physician is only meeting one of the two categories in the amount and/or complexity of data reviewed and analyzed. Meeting only one of the 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 # 96

A surgeon performs a posterior fusion on the L2-L5 of the spine due to degenerative disc disease. CPT and ICD-IOCM code(s) should be reported?

- A. 22533, M51.37
- B. 22612, 22614x2, MSI.36
- C. 22612, 22614x3, M51.36
- D. 22800, M51.37

Answer: B

Explanation:

The code for a joint fusion using a posterior approach is 22612. In this scenario, there are three fusion levels: L2-L3, L3-L4, and L4-L5. Following the primary code, 22614 would be billed twice and with no modifier because it is an add-on code. ICD-IO-CM code M51.37 is for degenerative discs in the lumbosacral region; however, L2-L5 is considered the lumbar region.

NEW QUESTION # 97

A patient with right knee pain is seen in a physician's office for an x-ray. Anteroposterior and lateral views of the right knee were obtained by the technician, and images confirm right knee pain secondary to degenerative osteoarthritis. Which CPT and ICD-IO-CM code(s) should be reported?

- A. 73560-TC-RT, MI 7.11
- B. 73560-TC-RT, MI 7.11, M25.561
- C. 73560-RT, MI 7.11
- D. 73560-26-RT, MI 7.11, M25.561

Answer: C

Explanation:

The CPT crosswalk for x-ray of knee directs the coder to 73560-73580. Because two views were obtained, the correct code would be 73560 (radiologic examination, knee; I or 2 views).

Modifier TC and modifier 26 indicate only technical and professional components; however, because the x-ray was performed in a physician's office, 73560 would be reported without either because the practice provided both components. In terms of diagnosis, the knee pain would not be reported because it is a symptom of a definitive diagnosis.

NEW QUESTION # 98

A patient presents to urgent care with complaints of a sore throat, a temperature of 100.2, and pain while urinating. The provider examines the patient and collects a throat swab and urine sample. The following codes are then entered on the patient's claim: R30.9, R07.O, R50.9, N39.O, J03.8, and B95.3. What code(s) should be removed?

- A. R30.9, 102.9 and R50.9
- B. 395.3
- C. N39.O, 103.00
- D. R30.9, J02.9

Answer: A

Explanation:

Pain while urinating 830.9) is a symptom of a urinary tract infection (N39.O), and a sore throat (R07.0) and fever 850.9) are symptoms of acute tonsillitis caused by Streptococcus (103.00).

Neither of these three codes should be reported because ICD-10-CM guidelines stipulate that when a definitive diagnosis is present, signs and/or symptoms should not be additionally listed on the claim.

NEW QUESTION # 99

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