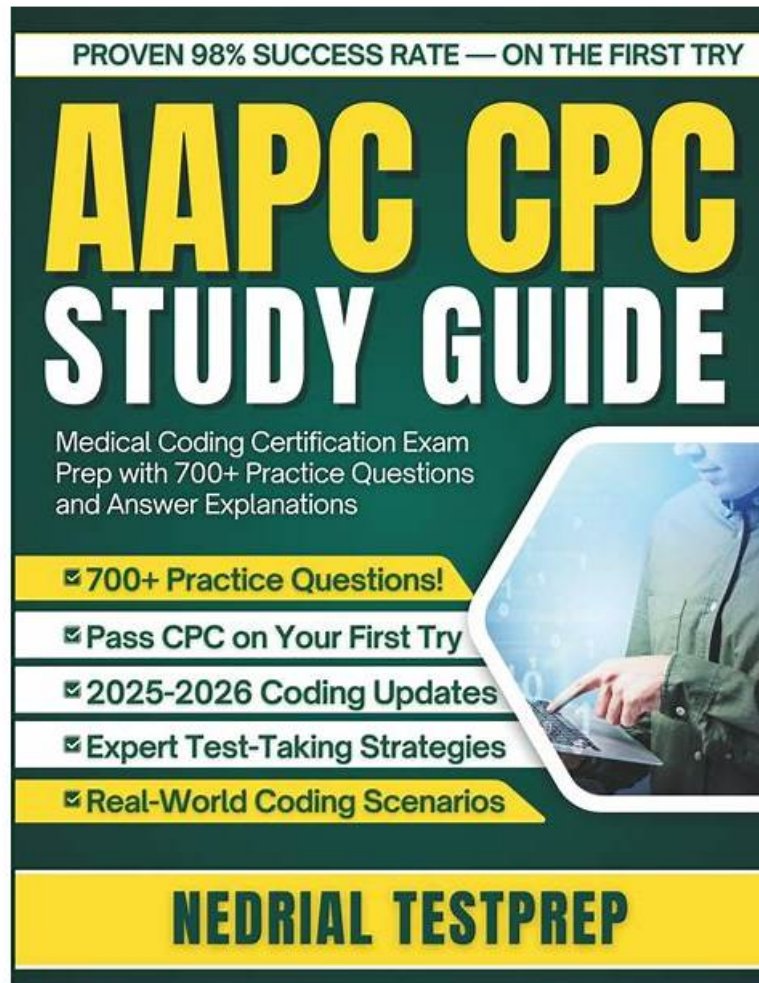


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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q305-Q310):

NEW QUESTION # 305

Preoperative diagnosis: Right thigh benign congenital hairy nevus. *1

Postoperative diagnosis: Right thigh benign congenital hairy 0 nevus.

Operation performed: Excision of right thigh benign congenital >1 nevus, excision size with margins 4.5 cm and closure size 5 cm.

Anesthesia: General.0

Intraoperative antibiotics: Ancef.0

Indications: The patient is a 5-year-old girl who presented with her parents for evaluation of her right thigh congenital nevus. It has been followed by pediatrics and thought to have changed over the past year. Family requested excision. They understood the risks involved, which included but were not limited to risks of general anesthesia, infection, bleeding, wound dehiscence, and poor scar formation. They understood the scar would likely widen as the child grows because of the location of it and because of the age of the patient. They consented to proceed.

Description of procedure: The patient was seen preoperatively in > I the holding area, identified, and then brought to the operating room. Once adequate general anesthesia had been induced, the patient's right thigh was prepped and draped in standard surgical fashion. An elliptical excision measuring 6 x 1.8 cm had been marked. This was injected with Lidocaine with epinephrine, total of 6 cc of 1% with 1:100,000. After an adequate amount of time, a #15 blade was used to sharply excise this full thickness.

This was passed to pathology for review. The wound required # limited undermining in the deep subcutaneous plane on both sides for approximately 1.5 cm in order to allow mobilization of the skin for closure. The skin was then closed in a layered fashion using 3-0 Vicryl on the dermis and then 4-0 Monocryl running subcuticular in the skin, the wound was cleaned and dressed with Dermabond and Steri-Strips.

The patient was then cleaned and turned over to anesthesia for S extubation.

She was extubated successfully in the operating room and taken S to the recovery room in stable condition.

There were no complications.

What E/M code is reported for this encounter?

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

Answer: C

Explanation:

Established patient with moderate MDM

99214 aligns with CPC exam standards

NEW QUESTION # 306

A surgeon removes the right and left fallopian tubes and the left ovary via an abdominal incision. How is this reported?

- A. 0
- **B. 1**
- C. 58700-50
- D. 58720-50

Answer: B

NEW QUESTION # 307

A patient undergoes MRI-guided needle liver biopsy with two core samples taken.

What CPT codes are reported?

- A. 47000, 47001, 77021
- **B. 47001, 77012**

- C. 47000, 77021
- D. 47000, 77002

Answer: C

Explanation:

47000 = Percutaneous liver biopsy

77021 = MRI guidance for needle placement

Multiple cores are included in the biopsy code

NEW QUESTION # 308

A 60-year-old male has three-vessel disease and supraventricular tachycardia which has been refractory to other management. He previously had pacemaker placement and stenting of LAD coronary artery stenosis, which has failed to solve the problem. He will undergo CABG with autologous saphenous vein and an extensive modified MAZE procedure to treat the tachycardia.

He is brought to the cardiac OR and placed in the supine position on the OR table. He is prepped and draped, and adequate endotracheal anesthesia is assured. A median sternotomy incision is made and cardiopulmonary bypass is initiated. The endoscope is used to harvest an adequate length of saphenous vein from his left leg.

This is uneventful and bleeding is easily controlled. The vein graft is prepared and cut to the appropriate lengths for anastomosis.

Two bypasses are performed: one to the circumflex and another to the obtuse marginal. The left internal mammary is then freed up and it is anastomosed to the ramus, the first diagonal, and the LAD. An extensive maze procedure is then performed and the patient is weaned from bypass. At this point, the sternum is closed with wires and the skin is reapproximated with staples. The patient tolerated the procedure without difficulty and was taken to the PACU.

Choose the procedure codes for this surgery.

- A. 33535, 33259 51, 33519-51, 33508-51
- B. 33535, 33259, 33519, 33508
- C. 33533, 33257, 33519, 33508
- D. 33533, 33257-51, 33519-51, 33508-51

Answer: A

Explanation:

The CABG procedure involved multiple bypasses, with the use of autologous saphenous vein grafts and the left internal mammary artery, along with an extensive modified MAZE procedure. CPT code 33535 describes a coronary artery bypass using arterial grafts, including at least three coronary artery bypasses.

CPT code 33259-51 is for the MAZE procedure for supraventricular tachycardia, with the -51 modifier indicating multiple procedures. CPT code 33519-51 is for an additional vein graft, and CPT code 33508-51 describes the endoscopic harvesting of the vein.

References:

* AMA's CPT Professional Edition (current year), Codes 33535, 33259-51, 33519-51, 33508-51

NEW QUESTION # 309

A patient is taken to the radiology department for a radiological cardiac catheterization. An acute MI of the left anterior descending coronary artery is found. The cardiologist performs a suction thrombectomy, followed by atherectomy and a stent to the artery. A CRNA provides MAC for this patient, who is status P5.

What code/modifier combination would you report for the services of the CRNA?

- A. 01925-QZ-P5
- B. 00520-QZ-P5
- C. 01925-QZ-QS-P5
- D. 00520-QX-QS-P5

Answer: D

Explanation:

The patient is undergoing a cardiac catheterization with a CRNA providing monitored anesthesia care (MAC). Code 00520 is for anesthesia for heart catheterization procedures. Modifier QX indicates CRNA service with medical direction by a physician, QS indicates MAC, and P5 indicates a patient with a severe systemic disease that is a constant threat to life. Thus, the correct code and modifier combination is 00520-QX-QS-P5.

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