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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q69-Q74):

NEW QUESTION # 69

Health behavior assessment and intervention codes capture services related to mental health.

- A. False
- B. True

Answer: A

Explanation:
The statement is false. Health behavior assessment and intervention codes capture services related to a patient's physical health and can be used only when the patient has a physical health diagnosis as the primary reason for treatment-not a mental disorder. Although assessing factors related to the patierXs mental state, it is done to promote functional improvement and lessen any obstacles to a patients recovery.

NEW QUESTION # 70

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. 93650, 93619-26-59, 99152
- B. 93656, 77001, 99152, 99153
- 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. lvVhen 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 # 71

The physician suspects malignancy and decides to remove two lesions from the patient's back to confirm. The size of the first lesion has a diameter of 0.5 cm, and the excised diameter is 1.0 cm. The size of the second lesion has a diameter of 0.3 cm, and the excised diameter is 1.5 cm. Which CPT code(s) should be reported?

- A. 11402, 11401-59
- B. 11401, 11402-59
- C. 11600, 11600-51
- D. 11401, 11402-51

Answer: A

Explanation:
Without a patholoy report to confirm malignancy, the excision code assumes that the lesion is benign. Code selection is based on the excision size, not the size of the lesion, and the more complex code takes priority in sequence, eliminating answer C. Answers A and B can be incorrect choices due to CPT guidelines outlining that when coding more than one excision, the appropriate modifier would

be 59 on each additional procedure.

NEW QUESTION # 72

The laboratory collected blood to test the patient's carbon dioxide, chloride, potassium, sodium, and glucose levels. Select the CPT codes that the laboratory will report.

- A. 80053-52
- B. 80051, 82947
- C. 80051, 80053
- D. 80051, 82947-59

Answer: B

Explanation:

It would not be appropriate to add modifier 52 to 80053 in answer A In answer C, 80051 and
80053 would not be reported together because CPT guidelines state that "when or more panel codes include the same tests, report the panel with the highest number of tests in common." Because the glucose test is not included in 80051, 82947 would be added to 80051, with no modifier 59, because the procedures are routinely billed together, thus eliminating answer D.

NEW QUESTION # 73

A patient with a stab wound to the chest was taken to the operating room and put under general anesthesia for a thoracotomy. The anesthesiologist should report CPT 00520 with the total number of time units spent providing face-to-face care with the patient.

- A. False
- B. True

Answer: A

Explanation:

The statement is false. CPT 00520 is anesthesia services for closed-chest procedures.
However, a thoracotomy is an open procedure involving a surgical incision to the chest wall. The correct CPT code that should be reported is 00540 (anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum).

NEW QUESTION # 74

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