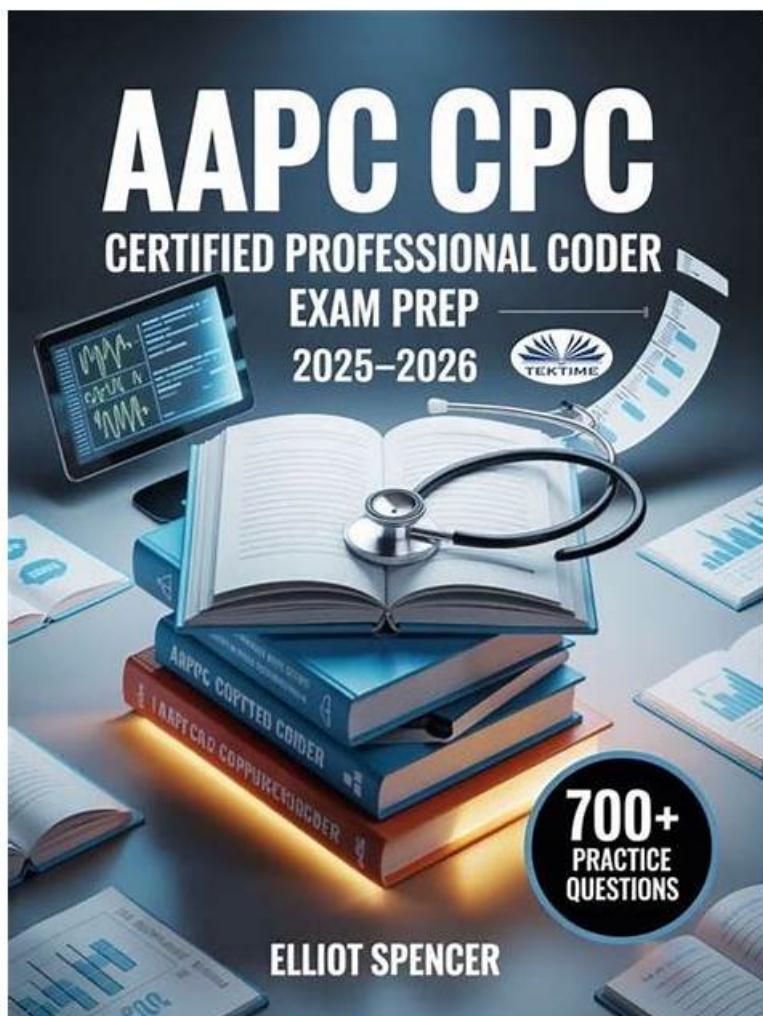


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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q46-Q51):

NEW QUESTION # 46

Code the following surgical note:

Patient is seen for an epidural injection into the following three levels: L3-L4, L4-L5 and L5-S1.

A 22 -gauge spinal needle is inserted into the zygapophyseal joint using fluoroscopic guidance. After confirming the needles placement at L3-L4 on the left side, 0.5 cc of a local anesthetic is injected into the joint. The whole process is repeated on the left side at the other two levels. The procedure was completed without any complications.

- A. 64493-LT, 64494-59-LT, 64495-59u
- **B. 64493-LT, 64494-LT, 64495-LT**
- C. 0216T-LT, 0217T-LT, 0218T-LT
- D. 0

Answer: B

Explanation:

64493 is used for the initial injection of an anesthetic, followed by 64494 and 64495 as add-on codes for the other Two levels. Because there are two sides of a facet joint, modifier LT would be amended to show the carrier that the procedure occurred on the left side of the spine.

In answer B, CPT codes 0216T-0218T exclude fluoroscopic guidance and refer the biller to codes 64490-64495. In general, modifier 59 would not be used on add-on codes, so answer C can be eliminated. Answer D describes an injection in the interlaminar epidural or subarachnoid space and is not the correct procedure code for this circumstance.

NEW QUESTION # 47

A mammogram is done on a patient who has a lump on her right breast at 4 0'clock and a lump in her left breast at 6 0'clock. What CPT and ICD-IO-CM code(s) should be reported?

- A. 77065-50, N63.13, N63.20
- B. 77067, D48.61, D48.62
- C. 77067, D49.3
- **D. 77066, N63.14, N63.25**

Answer: D

Explanation:

CPT code 77067 is a screening mammogram. In this case, the mammogram would be diagnostic because the purpose is to rule out and/or make a diagnosis based on physical exam findings. Code 77065-50 is an inappropriate use of the modifier because there exists a bilateral procedure code. A breast lump should only be coded to "mass" and not as a neoplasm unless specifically stated in the diagnosis. When deciphering the location of the mass, 12 0'clock is at the top of each breast, and the point of movement is clockwise. Therefore, 4 0'clock in the right breast is equivalent to the lower-inner quadrant, and 6 0'clock in the left breast is in the middle off the lower quadrants.

NEW QUESTION # 48

Code the following adverse effect:

Initial encounter of drug-induced tremors that was caused by Cyclosporin the patient takes for anemia. The anemia is caused by a current diagnosis of colon cancer.

- A. G25.1, T45.1X5A, C18.9, D63.O
- B. T45.1X5A G25.1, C18.9, D63.O
- C. D63.O, C18.9, T45.1X5A, G25.1
- D. C18.9, D63.O, G25.1, T45.1X5A

Answer: A

Explanation:

The correct sequencing of the code would be as follows: side effect of the drug, medication that caused the adverse effect and the underlying condition for why the drug is being taken. In this scenario, because the anemia is caused by a malignancy, ICD-IO-CM guidelines state that the malignancy should be the principal diagnosis "followed by the appropriate code for the anemia (such as D63.0, Anemia in neoplastic disease)."

NEW QUESTION # 49

An established 27-year-old female patient is seen with complaints of fatigue and muscle aches that began 3 days ago. The physician draws two vials of blood, collects a urine sample, and performs a pregnancy test. The patient is instructed to drink 8 ounces of water daily, rest, and follow up in 3 days for her results. What CPT codes should be reported for this encounter?

- A. 99212, 81025, 36416, 81007
- B. 99212, 81025, 36410x2, 99000, 81020
- C. 99213, 81025, 36415, 81002
- D. 99213, 81025, 36410, 81005

Answer: C

Explanation:

The documentation demonstrates that the number and complexity of problems addressed is low (fatigue and muscle aches are self-limited problems), the amount or complexity of data to be reviewed and analyzed is moderate (three unique tests), and the risk of complications, morbidity, or mortality of patient management is minimal (the patient was advised to drink more water). (To determine the final level of medical decision making, choose the lowest of the highest two elements. In this scenario, the final level of medical decision making is low, and the CPT code is

99213. When reporting a routine venipuncture, use CPT code 36415. CPT code 36410(a) is reported when it is medically necessary for the physician to draw a patient's blood, and 36416 describes capillary blood collected through a skin prick-certainly not enough to fill two vials. CPT code 99000 can be used to report a specimen being transported to an outside laboratory, but that is unknown in this scenario. A generic urinalysis is reported with CPT code 81002 unless specifically stated that an automated analyzer (81005), a commercial kit (81007), and/or an agar test (81020) was utilized.

NEW QUESTION # 50

A 55-year-old patient is admitted into the hospital for dialysis to treat ESRD. On day 13, the admitting physician spends 25 minutes discussing new management options for the patient's hypertension before sending a nurse to initiate the hemodialysis procedure. What CPT and ICD-IO-CM codes should be reported?

- A. 90935, N18.6, Z99.2
- B. 99232, 112.0, N18.6, Z99.2
- C. 90937, 112.0, N18.6, Z99.2
- D. 90937, 99232, 110, N18.6, Z99.2

Answer: B

Explanation:

CPT codes 90935-90937 require the presence of a physician. If a physician visits the patient prior to or after the dialysis treatment but does not document their presence during the hemodialysis services, bill only the appropriate evaluation and management code (CPT 99232).

Additionally, unless otherwise stated, diagnosis selection should reflect the causal relationship that exists between hypertension and ESRD (112.-, N18.-)-they should not be reported as unrelated.

ICD-IO-CM Z99.2 is appended to indicate hemodialysis status.

NEW QUESTION # 51

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