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## Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q140-Q145):

### NEW QUESTION # 140

What would NOT be included in a global obstetrical package?

- A. A patient with anemia comes in to check hemoglobin levels.
- B. Sutures are removed from a first-degree perineal laceration during the delivery.
- C. Contraception following delivery is discussed at length.
- D. A patient complains of flu-like symptoms and is prescribed an antibiotic.

**Answer: D**

Explanation:

The treatment of flu-like symptoms is considered a non-obstetric service, and a separate E/M can be billed for reimbursement. All

other answer choices would be included in the global obstetrical package as routine care.

#### **NEW QUESTION # 141**

Code a polyp found in the transverse colon.

- A. D12.6
- **B. K63.5**
- C. K51.40
- D. D12.3

**Answer: B**

Explanation:

Coding crosswalk for a colon polyp would direct the coder to the benign neoplasm table.

However, careful examination of the guidelines reveals that if the documentation does not specifically state that a polyp was adenomatous and/or benign, or that a polyp was inflammatory, the most appropriate choice selection would be a code from K63.

#### **NEW QUESTION # 142**

What is NOT a condition related to the thyroid gland?

- **A. Acosta disease**
- B. Toxic adenoma
- C. Graves, disease
- D. Hashimoto,s disease

**Answer: A**

Explanation:

Toxic adenoma E05.2- is a thyroid nodule that may secrete hormones into the body that results in an overactive thyroid. Graves' disease E05.0- is an autoimmune disorder that attacks the thyroid, resulting in overactivity. Hashimoto's disease E06.3 is also an autoimmune disorder:

however, it usually results in an underactive thyroid. Acosta disease T 70.29- is altitude sickness.

Even if a coder is unfamiliar with these terms, by locating the ICD-IO-CM code that correlates to the condition, a coder can infer which body system a diagnosis relates to.

#### **NEW QUESTION # 143**

A patient tests positive for coronavirus (SARS-CoV-2) and bronchitis after presenting with a cough. What diagnosis code(s) should be reported?

- **A. U07.1,J40**
- B. J40,B97.29, Z20.828
- C. 140, 897.29, R05.9
- D. U07.1,J40, Z20.828

**Answer: A**

Explanation:

The underlying condition should always be first listed, which in this case would be the SARS- COV-2 infection (U07.1). The description of the code then prompts the biller to list the manifestations, which would be the unspecified bronchitis 040). In answer A. cough would not be coded as a symptom because the patients illness is confirmed. Answers C and D, which include a suspected exposure code, can also be eliminated because this code is used only when the existence of the illness in the patient is unknown or negative.

#### **NEW QUESTION # 144**

A new, 29-year-old female patient is seen for a preventative visit and receives counseling that totals 30 minutes about contraceptive management. How would the provider code the CPT code(s) for this visit?

- A. 99385, 99203-25
- B. 99385, 99402-25
- **C. 0**
- D. 99385, 99417, 99417

**Answer: C**

Explanation:

If 99402 is part of a more complex service, it would not be separately identifiable, thus eliminating answer A. Because 99385 includes counseling/anticipatory guidance/risk factor reduction interventions, the additional 30 minutes that the provider spent discussing contraceptives would not be considered a significant, separately identifiable E/M service, eliminating answer B. Last, because time is not a factor when selecting a preventative service,

99417 reflected in answer C, indicating a prolonged outpatient E/M service totaling 30 minutes would not apply.

**NEW QUESTION # 145**

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