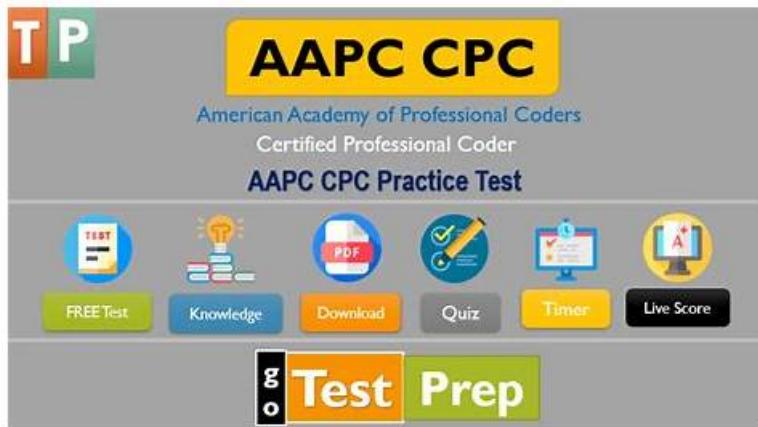


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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q105-Q110):

NEW QUESTION # 105

A patient develops an infection within the global period of a knee replacement. It is determined that the infection originated from the incision site and needs to be surgically removed. Which modifier should be appended to the secondary surgery?

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

Answer: B

Explanation:

Modifier 78 represents an additional, unplanned surgery during the global period for a complication arising for the initial procedure. In this case, the complication would be the infection.

Modifier 58 is generally used when a secondary procedure is planned prior to or during the time of the initial procedure. Modifier 79

is used to indicate two unrelated procedures. Modifier 25 is for use on E/M codes only.

NEW QUESTION # 106

Code the following procedure note:

A selective catheter is placed into the thoracic aorta, where it is then manipulated into the left coronary artery and followed through into the right common carotid artery. Contrast injections are made, and digital imaging is performed. Upon completion, the catheter is removed, pressure is applied at the puncture site, and the patient is discharged.

- A. 0
- **B. 36215, 36216-59**
- C. 36200, 36215, 36216-59
- D. 1

Answer: B

Explanation:

The left coronary artery and the right common carotid artery would each be considered their own vascular family. Therefore, when the starting point of selective catheterization is the aorta, the left coronary artery would be considered first order (36215) in the vascular family and the right common carotid artery would be considered the second order (36216). Modifier 59 is appended to indicate that a different vascular family was examined in one session. Contrast materials and catheterization into the aorta are inclusive to the two procedures and are not to be separately coded.

NEW QUESTION # 107

Which service is NOT included in the central nervous system assessment?

- A. Review of an advance care plan
- **B. Prescription for an opioid**
- C. Clinical dementia rating
- D. Discussion of suicidal intentions

Answer: B

Explanation:

A central nervous system assessment is comprised of multiple screenings that are reported with CPT codes 96105-96146 and includes, but is not limited to, the following elements: use of standardized instruments for staging and rating clinical dementia; evaluation for behavioral symptoms using standardized screening instruments; and development, updating, revision, and/or review of an Advance Care Plan. A review of high-risk medications is also included in the central nervous system assessment; however, if in the same encounter a prescription is issued, the clinician should document and report the treatment with an appropriate E/M.

NEW QUESTION # 108

What is NOT a function of the kidneys?

- A. Remove waste
- **B. Propel urine**
- C. Filter blood
- D. Regulate blood pressure

Answer: B

Explanation:

The role of the kidneys is to filter blood before it is transported back to the heart, remove waste materials from food and medication, and regulate blood pressure by excreting excess sodium.

The ureters propel urine from the kidneys into the bladder.

NEW QUESTION # 109

A 45-year-old female patient with urinary incontinence is treated by means of a Burch procedure. The patient is morbidly obese.

What CPT and ICD-IO-CM codes should be reported by the surgeon?

- A. 51841, R32
- B. 51840, R32, E66.8
- C. 51840, R32
- D. **51841, R32, E66.8**

Answer: D

Explanation:

When choosing between CPT 51840 and 51841, consider that obesity reduces the operative field, increases surgical time, and poses difficulties in surgical technique. It is therefore considered one of several complicating factors to this surgery because it has an abdominal approach.

Additionally, although the obesity is not the reason for the surgical encounter, it nevertheless should be coded due to the impact it has on the procedure.

NEW QUESTION # 110

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