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## Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q136-Q141):

**NEW QUESTION # 136**
A patient receives a positron emission technology (PET) scan at rest, where a metabolic evaluation study, including ventricular wall motion was performed using PET imaging. A computed tomography (CT) was performed at the same time. What CPT code(s) should the radiologist report?

- A. 0
- B. 78430, 76497-59
- C. 1
- D. 78429, 76497-59

Answer: C

Explanation:
PET scans are reported using CPT codes 78429-78434. The documentation specifies that a metabolic study was performed versus a perfusion study, thus eliminating answers B and D. A CT scan is included in the description of CPT 78429, thus making it unable to be separately reportable.

## NEW QUESTION # 137

A patient presents to urgent care with complaints of a sore throat, a temperature of 100.2, and pain while urinating. The provider examines the patient and collects a throat swab and urine sample. The following codes are then entered on the patient's claim: R30.9, R07.O, R50.9, N39.O, J03.8, and B95.3. What code(s) should be removed?

- A. R30.9, 102.9 and R50.9
- B. N39.O, 103.00
- C. R30.9, J02.9
- D. 395.3

**Answer: A**

Explanation:
Pain while urinating 830.9) is a symptom of a urinary tract infection (N39.O), and a sore throat (R07.0) and fever 850.9) are symptoms of acute tonsillitis caused by Streptococcus (103.00).
Neither ofthese three codes should be reported because ICD-IO-CM guidelines stipulate that when a definitive diagnosis is present, signs and/or symptoms should not be additionally listed on the claim.

## NEW QUESTION # 138

Which service would NOT be covered under Medicare part A?

- A. Observation hospital care
- B. Home health care
- C. Hospice care
- D. Inpatient hospital care

**Answer: A**

Explanation:
Observation hospital care is provided to patients who are not sick enough to be admitted.
Therefore, it is considered an outpatient service and is covered under Medicare part B.

## NEW QUESTION # 139

A physician performs a simple repair on a Medicare patient who comes in with a 2.7 cm cut, an open wound, on the neck. The repair is made with Dermabond. Which CPT code(s) should be reported?

- A. 12002, G0168
- B. G0168
- C. 0
- D. 99213-25, G0168

**Answer: B**

Explanation:
When a wound is repaired with a tissue adhesive, Medicare accepts only the HCPC code G0168. Answers B and C accurately reflect the repair code for a commercial carrier. An E/M would not be added as an additional charge because the patient's encounter was only for the repair, thus eliminating answer D.

## NEW QUESTION # 140

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. True
- B. False

**Answer: B**

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 # 141**
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