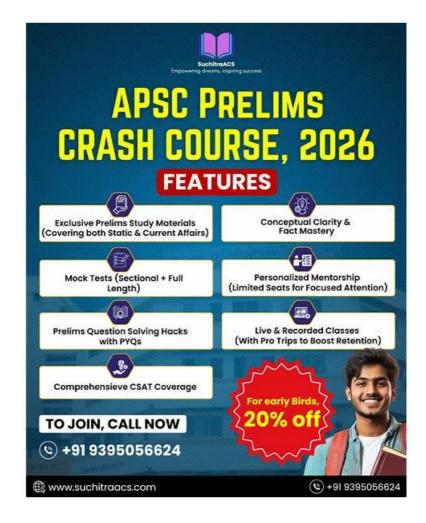# AAPC-CPC Practice Questions | AAPC-CPC New Braindumps Questions

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q16-Q21):

NEW QUESTION # 16
In the Current Procedural Terminology book, how is the icon "Excludes" meant to be interpreted?

- A. An additional code should be reported to fully describe a condition.
- B. It may include services that are bundled and cannot be separately billed.
- C. Acausal relationship should be presumed between the tvo conditions.
- D. It may identify services that are not bundled and may lead the user to a more appropriatecode.

Answer: D

Explanation:
The "Excludes" note identifies services that are not bundled into a procedure and may be reported in addition to the primary code. It may also lead the user to another code that would be more appropriate for the procedure being reported. Answer B describes "with." Answer C describes the icon "Includes." Answer D describes the "code also" note attached to a diagnosis.

NEW QUESTION # 17
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. 99213, 81025, 36415, 81002
- B. 99213, 81025, 36410, 81005
- C. 99212, 81025, 36416, 81007
- D. 99212, 81025, 36410x2, 99000, 81020

Answer: A

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. Vihen 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 # 18
Consultation codes 99242-99245 have been deemed as not medically necessary and are no longer reimbursed by Medicare. This decision would fall under which term?

- A. National Coding Determination
- B. Local Coding Determination
- C. Carrier Coding Determination
- D. Governed Coding Determination

Answer: A

Explanation:
Decisions regarding coverage are made through evidence-based processes and public opinion. National Coding Determination (NCD) is specific to Medicare coverage nationwide, whereas Local Coding Determination (LDC) is contractor and commercial specific. Carrier and Governed Coding Determinations do not exist.

NEW QUESTION # 19

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

Answer: B

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 ofthe illness in the patient is unknown or negative.

NEW QUESTION # 20

Alzheimer's disease with early onset usually presents itself in which age group?

- A. 30-40 years old
- B. 50-60 years old
- C. 40-50 years old
- D. 60-70 years old

Answer: C

Explanation:

According to CPT, the rarest form of Alzheimer's disease occurs before 30 years of age.
Early onset Alzheimer's disease usually affects those between the age of 40 and 50 years old. The most common form of Alzheimers disease occurs after the age of 65 and is largely contributed to a combination of environmental and genetic factors.

NEW QUESTION # 21

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