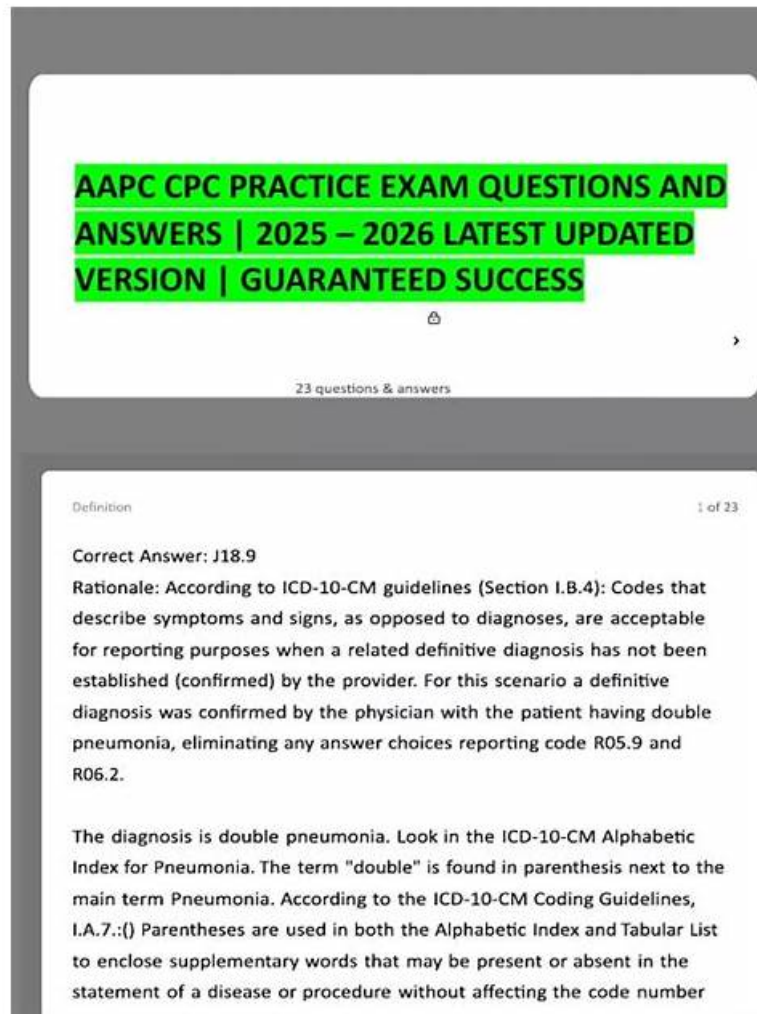


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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q72-Q77):

NEW QUESTION # 72

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

Answer: A

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 # 73

A low-risk obstetrical patient is told to come in for weekly ultrasounds in her first trimester. This is an example of what?

- A. Fraud
- B. Abuse
- C. Misuse
- **D. Waste**

Answer: D

Explanation:

In this case, the patient is not at risk, and most organs either are not developed and/or cannot be visualized in the first trimester.

Thus, this would constitute as waste due to the provider overutilizing services that result in unnecessary cost. AAPC defines fraud as purposely billing "for services that were never given or to bill for a service that has a higher reimbursement than the service provided." Abuse is payment for services "that are billed by mistake by providers."

NEW QUESTION # 74

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

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

Answer: D

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 (J40). In answer A, cough would not be coded as a symptom because the patient's 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 # 75

A physician provides a GPO 39-weeks twin gestational patient with antepartum care, delivery, and postpartum care. Baby A was delivered vaginally without complications, and Baby B was delivered by Cesarean due to fetal tachycardia. Assign the correct ICD-IO-CM and CPT codes.

- A. 59410, Z37.2 and 59510-51, 076, Z37.2
- B. 59409, Z3A.39, Z37.o and 59510-51, 076, Z3A39, Z37.o
- C. 59400, Z37.o and 59510-51, 036.8332, Z37.o
- **D. 59510, 076, Z3A39, Z37.o and 59409-51, Z3A39, Z37.o**

Answer: D

Explanation:

The Cesarean delivery (59510) would be sequenced first because this code has the highest RVU and would include the antepartum and postpartum care. The vaginal delivery by itself (59409), without antepartum and postpartum care, would be reported secondary because the charges for the antepartum and postpartum care of the mother have already been included in the Cesarean delivery code.

NEW QUESTION # 76

Which option would best fall under a level II HCPC code?

- A. Diagnostic colonoscopy
- **B. Advanced life support**
- C. A malignant neoplasm
- D. Radiation treatment management

Answer: B

Explanation:

A level II HCPC code describes medical devices, supplies, medication, and/or other services that a provider and/or entity used during a service provided to a patient. Advanced life support (ALS) fits this description because it is a set of life-saving protocols administered in transit.

Radiation treatment management and a diagnostic colonoscopy describe a level I HCPC code, otherwise known as a CPT code. If the patient was asymptomatic and the colonoscopy was for screening purposes only, a level II HCPC code could be assigned.

However, a diagnostic procedure implies a past medical/family history that puts the patient at risk and/or symptoms that warrant the procedure. A malignant neoplasm describes an ICD-IO-CM code because it is a diagnosis.

NEW QUESTION # 77

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