

AAPC-CPC Exam Tests & Reliable AAPC-CPC Exam Review

2022/2023 AAPC CPC FINAL PRACTICE TEST | with 100% Correct Answers

A covered entity does NOT include

- a. Healthcare providers
- b. Health plans
- c. Patients
- d. Clearinghouses Correct Answer: c. Patients

What does MAC stands for?

- a. Medicare Administrative Contractor
- b. Medicare Advisory Contractor
- c. Medicaid Administrative Contractor
- d. Medicaid Alert Contractor Correct Answer: a. Medicare Administrative Contractor

When are providers responsible for obtaining an ABN for a service NOT considered medically necessary?

- a. After providing a service or item to a beneficiary.
- b. Prior to providing a service or item to a beneficiary.
- c. After a denial has been received from Medicare.
- d. During a procedure or service. Correct Answer: b. Prior to providing a service or item to a beneficiary

AAPC credentialed coders have proven mastery of what information?

- a. Code sets
- b. Evaluation and management principles
- c. Documentation guidelines
- d. All of the above Correct Answer: d. All of the above

Local Coverage Determinations are administered by whom?

- a. LMRPs
- b. NCDs
- c. State Law
- d. Each regional MAC Correct Answer: d. Each regional MAC

Rationale: Each Medicare Administrative Contractor (MAC) is then responsible for interpreting national policies into regional policies

Which of the following best describes constituent components of the human lymphatic system?

- a. Lymph nodes, lymphatic vessels, spleen, thoracic duct
- b. Lymph nodes, lymphatic vessels, thymus gland, pancreas
- c. Lymph nodes, lymphatic vessels, tonsils, liver
- d. Lymph nodes, lymphatic vessels, bone marrow, kidneys Correct Answer: a. Lymph nodes, lymphatic vessels, spleen, thoracic duct

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q112-Q117):

NEW QUESTION # 112

A diaphragm resection and repair are done using a biologic mesh to reduce the formation of adhesions. Which procedure code should be reported?

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

Answer: B

Explanation:

A diaphragm resection is reported with CPT codes 39560-39561. The use of a biologic mesh makes the repair complex, whereas a simple repair would implement only internal sutures.

NEW QUESTION # 113

If a cardiologist bills an electrocardiogram (93010) in the emergency department and then follows up with the patient a week later for arteriosclerosis, he should bill an established patient E/M.

- A. True
- **B. False**

Answer: B

Explanation:

The statement is false. According to CPT, a new patient is one who has "not received professional services from the physician." In lieu of this, because the cardiologist only interpreted an electrocardiogram and did not actually provide care to the patient, a new patient E/M service should be billed.

NEW QUESTION # 114

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

Answer: B

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 # 115

Which healthcare professional may NOT report medical nutrition therapy?

- A. Nutritionist

- B. Dietician
- **C. Endocrinologist**
- D. Registered nurse

Answer: C

Explanation:

Medical nutrition therapy describes nutritional assessments and interventions in a face-to-face or group patient setting and is reported with CPT codes 97802-97804. These codes are used by nonphysician healthcare professionals only. When a physician provides nutritional advice, a preventative service or evaluation and management code should be reported.

NEW QUESTION # 116

Which form is used to make a patient aware of the potential monetary liability they will have if their procedure is not likely to be covered by Medicare?

- A. Health Insurance Portability and Accountability Act (HIPAA) Release
- **B. Advance Beneficiary Notice**
- C. Payment Plan Contract
- D. National Coverage Determination

Answer: B

Explanation:

National Coverage Determination is a reference guide for physicians to determine which services are covered by Medicare. The HIPAA Release is a form that must be signed by the patient prior to release of medical records and can be revoked at any time. The HIPAA Privacy Rule is in place to protect the patient's health information.

NEW QUESTION # 117

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