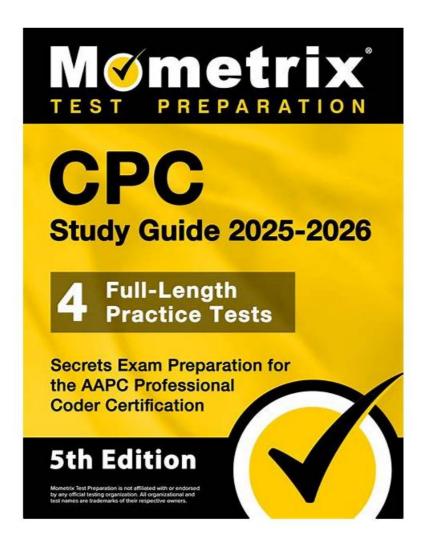
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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q126-Q131):

NEW OUESTION # 126

A physician provides a GIPO 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 tachycardi a. Assign the correct ICD-IO-CM and CPT codes.

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

Answer: B

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 #127

A patient is having difficulties breast-feeding and receives a lactation consultation by a certified lactation consultant under the general supervision of a mid-level practitioner. How should this service be reported?

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

Answer: B

Explanation:

CPT 98960 is used by nonphysician healthcare professionals who provide education to patients that enable them to self-manage established conditions. CPT 99078 could also be used to report lactation services, but these are specifically rendered in a group setting. CPT 98966 is used for healthcare management via the telephone, and CPT 99211 is not considered the most appropriate descriptor for services rendered in this instance.

NEW QUESTION # 128

When it comes to documentation, which of the following is NOT an example of a moderate level of service?

- A. Anew patient presents with lymphoma while undergoing treatment for melanoma
- B. A nurse practitioner reviews CBC, CMP, and tumor markers
- C. A physician changes the frequency of chemotherapy
- D. A physician reviews the most recent X-Ray

Answer: D

Explanation:

If a physician were to only review the most recent X-ray, the physician is only meeting one of the nvo categories in the amount and/or complexity of data reviewed and analyzed. Meeting only one ofthe categories contributes to a low level of medical decision-making. On the other hand, altering a drug management program, reviewing several unique tests, and/or addressing an exacerbation of a chronic illness, all contribute to a moderate level of medical decision-making.

NEW QUESTION # 129

During surgery to remove a malignant melanoma from the intestinal tract, one frozen section is sent for pathological consultation to confirm an adequate excision of the margins. A second specimen is also sent, which requires frozen sections on two tissue blocks. What CPT code(s) should the pathologist report?

- A. 88331, 88332, 88332
- B. 88331, 88332
- C. 88329, 88331, 88332, 88332
- D. 88331, 88331, 88332

Answer: D

Explanation:

CPT code 88331 is used to report only a single specimen. In this scenario, there are Evo separate specimens being sent to the pathologist. The first specimen, with one frozen section, is reported with CPT code 88331. The second specimen has tv.ro tissue blocks with frozen sections, thus represented by coding 88331 for the first tissue block, followed by 88332 for the additional tissue block CPT code 88329 is inclusive to 88331 and should not be reported separately.

NEW QUESTION # 130

Modifier 50 is not an appropriate modifier to append on CPT code 52000.

- A. False
- B. True

Answer: B

Explanation:

The statement is true. In general, modifier 50 is not appended on cystourethroscopies because human anatomy has only one bladder. However, if the descriptor includes "with ureteral catherization," the procedure can be performed twice and billed once with modifier 50 because there are two ureters. CPT 52000 does not include this descriptor.

NEW QUESTION #131

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