

AAPC-CPC Exam Simulations, Valid AAPC-CPC Exam Prep

AAPC CPC Exam Prep/ CPC Exam Prep AAPC Updated 2023-2024 Latest Version

Difference between entropion and ectropion ----- Correct Answer ----- Entropion is the inward turning of the eyelid and ectropion is the outward turning of the eyelid

Arteriovenous anastomosis is used to increase blood flow in hemodialysis. Which one of the following describes a direct arteriovenous anastomosis ----- Correct Answer ----- section of artery and a neighboring vein are joined

Ventral, umbilical, spigelian, and incisional are types of ----- Correct Answer ----- hernias

Fracturing the acetabulum involves what area?

- A. Skull
- B. Shoulder
- C. Pelvis
- D. Leg ----- Correct Answer ----- Pelvis

When a patient is having a tenotomy performed on the abductor hallucis muscle, where is this muscle located? ----- Correct Answer ----- FOOT

Chapter 15 O00-O9A ----- Correct Answer ----- sequencing priority over codes from other chapters.

Which statement is TRUE about reporting codes for diabetes mellitus ----- Correct Answer ----- If the type of diabetes mellitus is not documented in the medical record the default type is E11.- type 2 diabetes mellitus

Which statement is TRUE about reporting codes for diabetes mellitus ----- Correct Answer ----- External cause codes should never be sequences as a first-listed or primary code

What is PHI ----- Correct Answer ----- Protected Health Information

A Medicare patient is receiving chemotherapy at her oncologist's office. While the patient is receiving chemotherapy, the oncologist calls in a prescription for pain medication to a pharmacy in the same building. The pharmacy delivers the medication to the patient in the oncologist's office for the patient to take home. What part of Medicare should be billed for the pain medication by the pharmacy? ----- Correct Answer ----- Medicare Part D is for prescription drug coverage. The patient's prescription for the pain medication would be billed to Medicare Part D

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q121-Q126):

NEW QUESTION # 121

A surgeon performs a posterior fusion on the L2-L5 of the spine due to degenerative disc disease. CPT and ICD-IOOI code(s) should be reported?

- A. 22800, M51.37
- B. 22533, M51.37
- C. 22612, 22614x2, M51.36
- D. 22612, 22614x 3, M51.36

Answer: C

Explanation:

The code for a joint fusion using a posterior approach is 22612. In this scenario, there are three fusion levels: L2-L3, L3-L4, and L4-L5. Following the primary code, 22614 would be billed twice and with no modifier because it is an add-on code. ICD-IO-CM code M51.37 is for degenerative discs in the lumbosacral region; however, L2-L5 is considered the lumbar region.

NEW QUESTION # 122

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

Answer: D

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 # 123

A patient presents to physical therapy status post repair of a complete rotator cuff tear in the right shoulder due to a fall. After applying ice to the shoulder for 8 minutes, the physical therapist performs a soft-tissue massage to the infraspinatus muscle that lasts 23 minutes. Just prior to discharge, the therapist spends 20 minutes instructing the patient on isokinetic exercises to help improve range of motion. Which CPT and ICD-IO-CM code(s) should be used to accurately describe encounter?

- A. 97010, 97140x2, 97530, M75.121
- B. 97110, 97140, 97010, Z48.89, S46.091A, W19XXXXA
- C. 97110, 97010, S46.011D, W19,XXXD
- D. 97010, 97140, 97530, S46.011A, W19XXXXA

Answer: C

Explanation:

Although CPT code 97530 does describe therapeutic activities, the focus is directed at improving functional performance, whereas the correct CPT code 97110 works to develop range of motion. The CPT code for a soft tissue massage (or manual therapy 97140) is based on 15-minute increments, however, anything over 8 minutes prior to or after can be counted as a unit. Based on this, the 23 minutes spent can be counted as two units. Sequencing is based on highest RVU. Coding crosswalk for a rotator cuff tear is classified as a muscle strain, so answer B, which specifies

"other injury," can be eliminated. Because the patient is in the recovery period of the injury, the seventh character would not be considered active but subsequent.

NEW QUESTION # 124

Assign the appropriate procedure and diagnosis codes for a biopsy of a posterior mediastinal mass that was obtained through an incision at the base of the neck.

- A. 39401, D49.89
- **B. 39000, R22.2**
- C. 39000, D38.3
- D. 39401, R22.1

Answer: B

Explanation:

The procedure performed was a mediastinotomy with a biopsy, represented by CPT 39000.

CPT code 39401 is reported for a mediastinoscopy, which is the insertion of a scope through an incision in the notch above the sternum. ICD-IO-CM crosswalk for a mass found on the chest wall is R22.-. Although the approach is cervical, the location of the mass is mediastinal, falling under the anatomical site of the trunk

NEW QUESTION # 125

If in the assessment, the provider reports diabetes and dermatitis due to oils, which diagnosis code(s) should be reported?

- A. E11.69, L24.1
- B. None of the above-query the provider to clarify which type of diabetes the patient has
- **C. E11.9, L24.1**
- D. E11.620

Answer: C

Explanation:

When the documentation does not specify which type of diabetes is present, always default to type II. Although there is a causal relationship assumed between diabetes and dermatitis, the documentation reflects that the dermatitis is due to oils, not diabetes. Because the manifestation of dermatitis is not associated with the diabetes, the correct code would be E11.9: diabetes type II without complications.

NEW QUESTION # 126

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