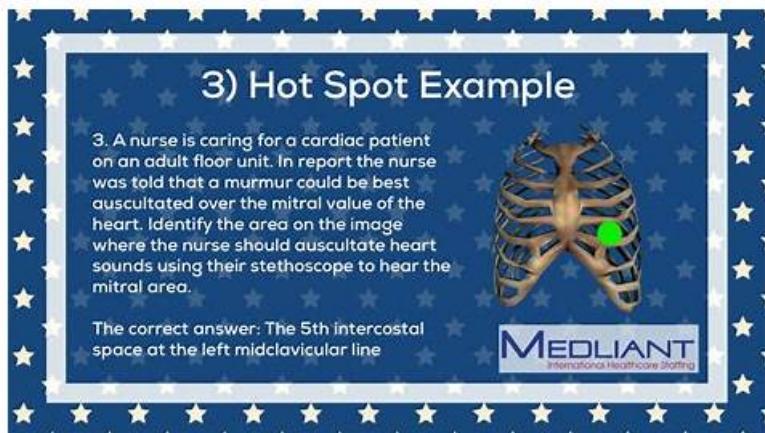


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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q186-Q191):

NEW QUESTION # 186

What is the medical term for a procedure that creates an opening between the bladder and the rectum?

- A. Cystoproctostomy
- B. Coloholecystostomy
- C. Nephropyleostomy
- D. Gastroenterocolostomy

Answer: A

Explanation:

Breaking down the term:

Cyst/o = bladder

Proct/o = rectum

-stomy = creation of an opening

Cystoproctostomy is the surgical creation of an opening between the bladder and the rectum.

The other options involve different organs:

Gastroenterocolostomy - stomach to intestine

Colocholecystostomy - colon to gallbladder
Nephropelostomy - kidney to renal pelvis

NEW QUESTION # 187

A provider orders liquid chromatography mass spectrometry (LC-MS) definitive drug test for a patient suspected of acetaminophen (analgesic) overdose. What CPT code is reported for the test?

- A. 0
- B. B0329
- C. 1
- D. 2

Answer: C

Explanation:

Frozen section pathology coding rules:

88331 - Frozen section, first tissue block, each specimen

88332 - Frozen section, each additional tissue block, same specimen

Breakdown:

Specimen 1

Block 1 → 88331 × 1

Block 2 → 88332 × 1

Specimen 2

Block 1 → 88331 × 1

Block 2 → 88332 × 1

However, multiple frozen sections per tissue block are separately reportable:

Total first blocks = 4 frozen sections → 88331 × 4

Total additional blocks = 3 frozen sections → 88332 × 3

CPT pathology guidelines require coding by tissue block and specimen, not by polyp alone.

NEW QUESTION # 188

Which government office is responsible for overseeing and investigating cases of healthcare fraud and abuse?

- A. American Medical Association (AMA)
- B. Centers for Medicare & Medicaid Services (CMS)
- C. Office of Inspector General (OIG)
- D. Department of Health and Human Services (HHS)

Answer: C

Explanation:

The Office of Inspector General (OIG) operates under the Department of Health and Human Services (HHS) and is specifically responsible for detecting, investigating, and preventing fraud, waste, and abuse in federal healthcare programs such as Medicare and Medicaid.

This is a key compliance and regulatory topic on the CPC exam

NEW QUESTION # 189

A 65-year-old man had a right axillary block by the anesthesiologist. When the arm was totally numb, the arm was prepped and draped, and the surgeon performed tendon repairs of the right first, second, and third fingers. The anesthesiologist monitored the patient throughout the case.

What anesthesia code is reported?

- A. 01830
- B. 01840
- C. 01810
- D. 01820

Answer: A

Explanation:

The anesthesia code for an axillary block for procedures on the upper arm and elbow, which includes the monitoring by the anesthesiologist throughout the procedure, is 01830. This code is appropriate for anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of the shoulder and axilla.

CPT Professional Edition, AMA

Anesthesia Coding Guidelines

NEW QUESTION # 190

56-year-old female is postmenopausal with abnormal vaginal bleeding. Ob-gyn provider performs a hysteroscopy to examine the uterine cavity.

What CPT code is reported?

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

Answer: C

Explanation:

1. Procedure and CPT Code Selection:

The procedure performed was a hysteroscopy to examine the uterine cavity due to abnormal vaginal bleeding. This is a diagnostic hysteroscopy.

CPT Code 58555 is specifically for a diagnostic hysteroscopy to examine the uterine cavity, which aligns with the procedure performed in this case.

2. Rationale for Excluding Other Options:

Code 58558 is for a hysteroscopy with a surgical procedure, such as biopsy or removal of a lesion or polyp, which was not performed in this case.

Code 58579 is an unlisted procedure code for the female genital system and is unnecessary here because there is a specific code (58555) for diagnostic hysteroscopy.

Code 58578 is also an unlisted hysteroscopic procedure code and is not appropriate when a specific diagnostic code exists.

3. AAPC and CPT Coding Guidelines:

AAPC guidelines indicate that 58555 should be used for diagnostic hysteroscopy procedures without any surgical intervention. Therefore, the correct answer, following CPT guidelines, is C. 58555.

NEW QUESTION # 191

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