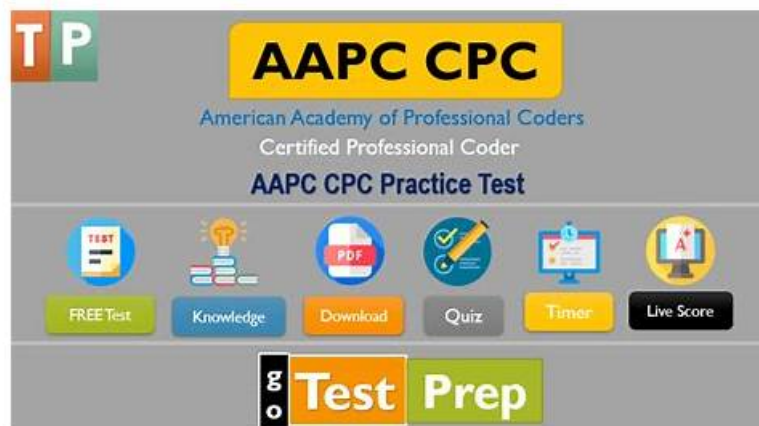


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最新的 Medical Certification AAPC-CPC 免費考試真題 (Q99-Q104):

問題 #99

The relative value units of a procedure are based on how much effort is involved, expenses that the practice will incur, and the level of risk associated with it.

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

答案: B

解題說明:

The statement is true. An insurance carrier will use these three measures to determine what the RVU of a procedure should be. Then, based on that, a medical coder can determine what the expected payment should be. Generally, the higher the RVU of a procedure is, the higher the payment will be.

問題 #100

A physician performs an esophagogastroduodenoscopy on a patient who has GERD. A single tissue sample is obtained from the upper gastrointestinal tract using biopsy forceps. A reflux test was also done and a bravo capsule temporarily attached to the esophageal wall to monitor pH levels. What procedures should the physician report?

- A. 43239, 91035
- B. 43239, 91034
- C. 43235, 91034
- D. 43235, 91035

答案： A

解題說明：

To report an esophagogastroduodenoscopy, see CPT code range 43233-43259. In this scenario, the procedure is not considered diagnostic (43235) because the physician is stating the patient has GERD. Additionally, the tissue sample was obtained by means of biopsy forceps and not by brushing or washing. The secondary procedure is a reflux test and an esophageal pH test by means of a bravo capsule, which evaluates the level of acid refluxing into the esophagus. Although CPT 91035 doesn't specifically state a capsule in the description of the code, it would fall under a "mucosal attached" placement. A nasal catheter was not used, so reporting CPT 91034 would be incorrect.

問題 #101

A patient is in labor with plans to deliver vaginally. An epidural is administered at 17:30. After several hours of pushing, the obstetrician determines that the cervix is swollen, and the baby must be delivered via a c-section. The patient consents, the baby is delivered, and both are discharged to the recovery room at 22:15. What CPT code(s) should the anesthesiologist report?

- A. 01967, 01968
- B. 01967-23, 01968
- C. 01967-23, 01968, 99140
- D. 01967, 01968, 99140

答案： B

解題說明：

For a planned vaginal delivery with the use of an epidural, followed by a Cesarean delivery, the correct CPT codes are 10967 followed by add-on code 01968. CPT code 99140 is an add-on code portraying that the procedure was an emergency and that the patient and/or baby has a significant increase in the threat to life. The documentation gives no indication that these services were emergent. Modifier 23 is reported for unusual anesthesia services. This would include-but is not limited to-the use of general anesthesia for a procedure that usually requires only a local anesthetic or none and/or a procedure extending more than 4 hours. In this case, the total procedure time was 4.75 hours, and modifier 23 is appended on the primary procedure code only.

問題 #102

A 92-year old female with Medicare part A coverage receives ongoing hospice care due to dementia. She goes to a physician's office to receive closed treatment of a hip dislocation following a fall. No anesthesia was used. How should the provider submit this claim?

- A. 27250, S73.003A, W19XXXA
- B. 27250-GW, S73.003A, W19XXXA
- C. 27250-GW, 99202-25, S73.003A W19XXYUa
- D. 27250, 99213-25, S73.003A

答案： B

解題說明：

When a patient is receiving hospice care, Medicare will not reimburse the physician for services rendered that are unrelated to the terminal illness unless submitted with modifier GW. In Answers C and D, a separate, identifiable E/M is not to be billed because the procedure is considered minor (1- to 10-day global period) and includes an inherent E/M component.

問題 #103

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

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

- D. A physician reviews the most recent X-Ray

答案：D

解題說明：

If a physician were to only review the most recent X-ray, the physician is only meeting one of the two categories in the amount and/or complexity of data reviewed and analyzed. Meeting only one of the 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.

問題 #104

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