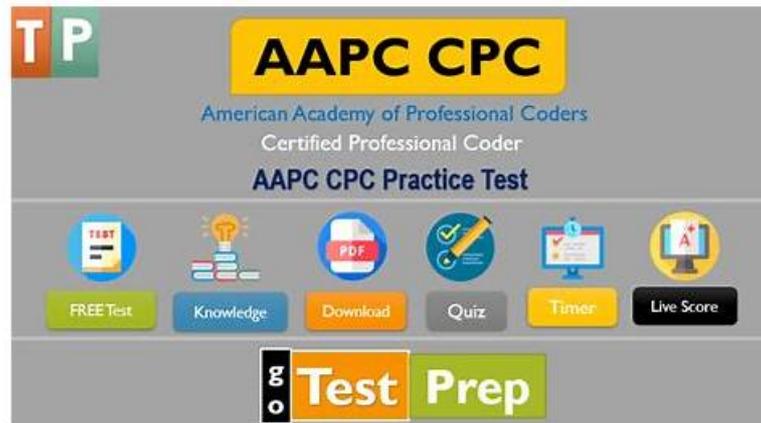


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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q79-Q84):

NEW QUESTION # 79

Anesthesiologist A begins providing services at 7:02 but is relieved at 8:47 by Anesthesiologist Z. If the recorded end time for anesthesia services is 11:32, which statement is be true?

- A. Anesthesiologist A would report 4.5 hours of anesthesia time.
- B. Both anesthesiologists would separately report 4.5 hours of anesthesia time.
- C. Anesthesiologist Z would report 4.5 hours of anesthesia time.
- D. Anesthesiologist A would report 1.75 hours, and Anesthesiologist Z would report 2.75 hours of anesthesia time.

Answer: C

Explanation:

When splitting/providing relief in the middle of a procedure, the anesthesiologist who provides services for the longest amount of time

bills for the anesthesia services in their entirety. In this scenario, Anesthesiologist Z provided 60 minutes more than Anesthesiologist A and so would bill for the entire 4.5 hours. Even though Anesthesiologist A provided 1.75 hours, they would not submit any coding to the insurance carrier.

NEW QUESTION # 80

A patient has a colonoscopy in which the provider removes three polyps from the transverse colon. The first polyp is removed by means of a hot snare technique, and the following two polyps are removed using hot biopsy forceps. What CPT code(s) should be reported for this encounter?

- A. 0
- B. 45385, 45384-59
- C. 45385, 45384-59, 45384-59
- D. 1

Answer: B

Explanation:

When coding colonoscopies, remember that the number of removal techniques is what has a bearing on code selection and not the number of lesions and/or polyps that are being removed. In this case, two techniques are being used: 1) the snare technique (CPT 45385) and 2) the hot biopsy forceps technique (CPT 45384). Modifier 59 is appended onto the secondary code to indicate that separate polyps were removed by two different techniques. CPT 45388 is reported when a provider uses any methods other than snare and hot biopsy forceps to remove a lesion and/or polyp.

NEW QUESTION # 81

Code a polyp found in the transverse colon.

- A. K63.5
- B. D12.3
- C. D12.6
- D. K51.40

Answer: A

Explanation:

Coding crosswalk for a colon polyp would direct the coder to the benign neoplasm table.

However, careful examination of the guidelines reveals that if the documentation does not specifically state that a polyp was adenomatous and/or benign, or that a polyp was inflammatory, the most appropriate choice selection would be a code from K63.

NEW QUESTION # 82

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

Answer: A

Explanation:

CPT code 88331 is used to report only a single specimen. In this scenario, there are two separate specimens being sent to the pathologist. The first specimen, with one frozen section, is reported with CPT code 88331. The second specimen has two 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 # 83

What is/are the code(s) for the repair of an incarcerated hernia in the inner groin requiring mesh placement on a 32-year-old female patient?

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

Answer: B

Explanation:

There are several different types of hernias that are categorized by their location. A hernia located in the inner groin is inguinal, and a hernia located on the outer groin is femoral. The repair of an incarcerated inguinal hernia on a 32-year-old patient is coded to CPT 49507. Hernia mesh is used to reduce the risk of recurrence, and implantation of it is inclusive to an inguinal, umbilical, femoral, and laparoscopic hernia repair.

NEW QUESTION # 84

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