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## Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q46-Q51):

### NEW QUESTION # 46

A 45-year-old female patient with urinary incontinence is treated by means of a Burch procedure. The patient is morbidly obese. What CPT and ICD-IO-CM codes should be reported by the surgeon?

- A. 51841, R32, E66.8
- B. 51840, R32, E66.8
- C. 51841, R32
- D. 51840, R32

**Answer: A**

**Explanation:**

When choosing between CPT 51840 and 51841, consider that obesity reduces the operative field, increases surgical time, and poses difficulties in surgical technique. It is therefore considered one of several complicating factors to this surgery because it has an abdominal approach.

Additionally, although the obesity is not the reason for the surgical encounter, it nevertheless should be coded due to the impact it has on the procedure.

#### NEW QUESTION # 47

A 74-year-old male patient recently had a bone marrow transplant due to aplastic anemia. At his follow-up visit with the doctor, his blood is drawn and sent to the laboratory to determine if the engraftment was successful. The laboratory evaluates the immature reticulocyte fraction (IRF) using an automated cell counter and total reticulocyte by way of a manual count. What codes should the laboratory report?

- A. 85046, D61.9
- B. 85046, 85044, D61.9
- C. 85046, 85044, D61.9, Z94.81
- D. 85046, D61.9, Z79.89

**Answer: A**

Explanation:

When a hematology procedure that could be billed alone is encompassed in another code, only the most complex of the two should be reported. Because CPT 85046 includes the reticulocyte count billing CPT 85044 as secondary despite using a different method would be considered an unbundling of services. Per ICD-IO-CM guidelines, an organ or tissue transplant status code is for use "only if there are no complications or malfunctions of the organ or tissue replaced." As the testing is to determine whether the engraftment was successful, a bone marrow transplant status code would not be appropriate until deemed by the provider.

#### NEW QUESTION # 48

A patient who is experiencing rectal bleeding has a colonoscopy. Prior to the procedure, the provider administers general anesthesia. What CPT code(s) should be reported?

- A. 45378, 0081147
- B. 0
- C. 45382, 00811
- D. 45378-47

**Answer: D**

Explanation:

The patient is having the colonoscopy done because they have been experiencing symptoms.

Therefore, the colonoscopy would be considered diagnostic versus screening. CPT crosswalk for a diagnostic colonoscopy is 45378. The documentation gives no indication that any bleeding was identified and controlled. When the surgeon performing the primary procedure is simultaneously administering anesthesia services, modifier 47 is appended rather than billing an additional anesthesia delivery code.

#### NEW QUESTION # 49

Which term describes a procedure in which real-time moving images of an organ are displayed on a screen so that a physician can examine its function and/or structure?

- A. Tomography
- B. Magnetic resonance imaging
- C. Fluoroscopy
- D. Computed tomography

**Answer: C**

Explanation:

Magnetic resonance imaging (MRI) uses magnets, radio waves, and a computer to display detailed pictures of the inside of the body. Tomography uses waves of energy to create three-dimensional, computer-generated images of any internal structure. Computed tomography is cross-sectional images of the body obtained by a narrow beam of x-rays that quickly rotates around the body.

#### NEW QUESTION # 50

A surgeon performs a craniectomy to excise a meningioma located above the tentorium cerebelli. During the procedure, an extradural hematoma is noted and removed via the same craniectomy site. How should the surgeon report the procedure?

- A. 61519, 61314-51
- B. 61312-22
- **C. 0**
- D. 61512, 61312-59

**Answer: C**

Explanation:

Surgical procedures on the nervous system are identified by where inside the skull they occur. A meningioma is being excised from above the tentorium cerebelli, otherwise known as supratentorial (CPT 61512). The removal of an extradural hematoma is inclusive to the primary craniectomy code because the finding is incidental and the same surgical site is used for its removal.

If the surgeon had to create a separate incision to access the extradural hematoma, that excision could be reported separately with modifier 59.

## NEW QUESTION # 51

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