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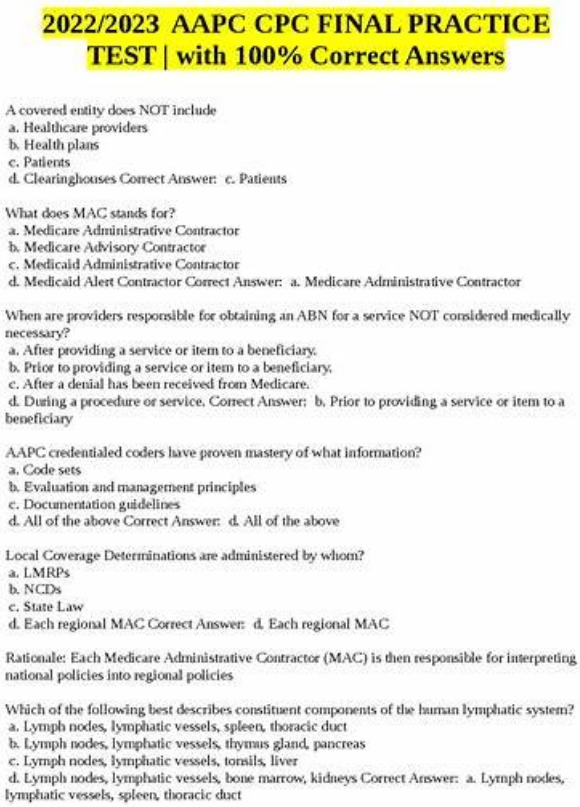

2022/2023 AAPC CPC FINAL PRACTICE TEST | with 100% Correct Answers

A covered entity does NOT include
a. Healthcare providers
b. Health plans
c. Patients
d. Clearinghouses Correct Answer: c. Patients

What does MAC stands for?
a. Medicare Administrative Contractor
b. Medicare Advisory Contractor
c. Medicaid Administrative Contractor
d. Medicaid Alert Contractor Correct Answer: a. Medicare Administrative Contractor

When are providers responsible for obtaining an ABN for a service NOT considered medically necessary?
a. After providing a service or item to a beneficiary.
b. Prior to providing a service or item to a beneficiary.
c. After a denial has been received from Medicare.
d. During a procedure or service. Correct Answer: b. Prior to providing a service or item to a beneficiary

AAPC credentialed coders have proven mastery of what information?
a. Code sets
b. Evaluation and management principles
c. Documentation guidelines
d. All of the above Correct Answer: d. All of the above

Local Coverage Determinations are administered by whom?
a. LMRPs
b. NCDs
c. State Law
d. Each regional MAC Correct Answer: d. Each regional MAC

Rationale: Each Medicare Administrative Contractor (MAC) is then responsible for interpreting national policies into regional policies

Which of the following best describes constituent components of the human lymphatic system?
a. Lymph nodes, lymphatic vessels, spleen, thoracic duct
b. Lymph nodes, lymphatic vessels, thymus gland, pancreas
c. Lymph nodes, lymphatic vessels, tonsils, liver
d. Lymph nodes, lymphatic vessels, bone marrow, kidneys Correct Answer: a. Lymph nodes, lymphatic vessels, spleen, thoracic duct

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to choose the best and most suitable AAPC-CPC Study Materials as their study tool. We believe that if you have the good AAPC-CPC study materials when you are preparing for the exam, it will be very useful and helpful for you to pass exam and gain the related certification successfully.

Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q43-Q48):

NEW QUESTION # 43
A female patient presents to her obstetrical office 32 -weeks pregnant for a bi-weekly ultrasound. Code the following technician's report:
Fetal views obtained via transabdominal ultrasound as follows:
BPD: 32 mm
Femur Length: 63 mm
Head Circumference: 288 mm
Abdominal Circumference: 270 mm
BPP 8/8
NST from 11:15 to 12:17, showing 160 BPM and positive movement activity Doppler shows adequate systolic and diastolic flow velocities of the fetal umbilical artery.

- A. 76815, 78819, 76820
- B. 76815-TC, 76819-TC, 76820-TC
- C. 76816-TC, 76816-TC, 76820-TC
- D. 76816, 76818, 76820

Answer: D

Explanation:
CPT 76815 is a limited ultrasound, in which only the fetal heartbeat, position, placental location, and/or volume of amniotic fluid are evaluated. In this scenario, much more was done than a limited study. The ultrasound technician documented age-appropriate fetal measurements, which are supported by CPT 76816. A biophysical profile (BPP) was also done, which monitors the fetus's movements, tone, and breathing as well as evaluates the volume of amniotic fluid. Each of these elements counts as 2 units of grading to evaluate the general well-being ofthe fetus. The desired score of a BPP is 8/8. Because a fetal nonstress test (NST) was completed in conjunction with a BPP, report CPT 76818 instead of CPT 76819. Modifier TC is used to reflect that only a technical component of the procedure was completed. However, because the patient received these services in an obstetrical office that employs the physicians providing prenatal care and owns the ultrasound equipment the code should be submitted without modifiers TC or 26 to receive 100% reimbursement.

NEW QUESTION # 44
Which patient is receiving critical care services?

- A. A 93 -year-old male is admitted to the intensive care unit for monitoring after a coronaryangioplasty procedure that was performed to relieve symptoms of atherosclerosis.
- B. A 47 -year-old female with a history of unrepaired chronic heart disease and anemia has anoxygen saturation level of 80. She is put on a nasal cannula and given a blood transfusion toimprove her oxygen-carrying capacity and oxygen saturation level.
- C. A 60-year-old male is admitted with an acute chronic heart failure exacerbation causinghypoxic respiratory failure. The patient is intubated, sedated, and started on 50 mg ofertapenem for a potential lung infection.
- D. A 67 -year-old female receives chronic ventilator therapy after a cerebral infarction thatcaused hemorrhage in the brain.

Answer: C

Explanation:
CPT guidelines define critical care as an illness or injury that acutely impairs one or more vital organ systems, where there is a high probability of imminent or life-threatening deterioration in the patients condition. Additionally, to report a critical care service, the documentation should provide evidence of high-complexity medical decision-making (e.gendotracheal tube insertion, defibrillation, fluid administration for shock, Narcan, etc.). Answer B is the only option listed that contains documentation to support critical care services.
This male patient has Vyvo life-threatening conditions, in which emergent intervention is provided to prevent further deterioration. In ansvver A the female patient may have a life-threatening condition: however, administering oxygen via a nasal cannula and/or transfusing blood does not qualify as critical care. Management of a patient who receives chronic ventilator therapy is also not

considered critical care because the medical decision-making involved in the therapy is quite low.
The care a patient receives after having surgery would be considered routine and postoperative, regardless of where they are sent, unless a complication arises in which one or more of the vital organ systems begins to deteriorate in a fashion that poses a threat to life.

NEW QUESTION # 45
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. 97010, 97140, 97530, S46.011A,W19XXXA
- C. 97110, 97140, 97010, Z48.89, S46.091A, W19XXXA
- D. 97110, 97010, S46.011D, W19,XXXD

Answer: D

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 # 46
A 39-year-old female patient has developed a diaphragmatic hernia after an episode of domestic violence. The surgeon repairs the hernia through an incision into the abdomen. The patient is later discharged with no complications. How should this encounter be reported?

- A. 39540,K44.9, T 76.1 IXA
- B. 39541, K44.O, T74.11YA Y07.9
- C. 39540, K44.9, T74.11XA Y07.9
- D. 39541, K44.O, T76.1 IXA

Answer: C

Explanation:
Acute trauma results from a single incident, whereas chronic trauma is repeated, usually over the course of months or years. In this scenario, the documentation does not specify, so the coder should assume acute trauma. There is no mention of obstruction, so ICD-IO-CM code selection is K44.9, followed by the cause of the hernia. Vvhen an exam shows evidence of abuse, the abuse is no longer considered suspected but confirmed.

NEW QUESTION # 47
Diagnostic endoscopy is always inclusive to a surgical endoscopy.

- A. False
- B. True

Answer: B

Explanation:
The statement is true. When multiple endoscopic procedures are performed in the same session, only the most extensive service should be reported. In this case, it would be the surgical endoscopy because it has a higher revenue value.

NEW QUESTION # 48

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