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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q11-Q16):

NEW QUESTION # 11

A 59-year-old male patient presents for a routine colonoscopy. During the procedure, a polyp is discovered. What is the proper ICD- 10-CM coding for this encounter?

- A. Z12.11
- B. K63.5
- C. **Z12.11, K63.5**
- D. K63.5, Z12.11

Answer: C

Explanation:

Because the reason for the visit was a routine colonoscopy, the "encounter for screening for malignant neoplasm of colon" (Z12.11) would be the first-listed code. ICD-IO-CM guidelines advise that if there is a finding during a screening, the finding may be used as an additional code. In this example, the colon polyp (K63.5) is a physical finding and would be listed as the secondary diagnosis.

NEW QUESTION # 12

Which is NOT part of the upper respiratory tract?

- A. Trachea
- B. Nasal cavity
- C. Larynx
- D. Pharynx

Answer: A

Explanation:

The upper respiratory tract consists of the nose, nasal cavity, pharynx, and larynx. The lower respiratory tract includes the trachea, primary bronchi, lungs, and the bronchioles and alveoli within the lungs.

NEW QUESTION # 13

A 15-year-old male patient is seen in the emergency department due to a dislocated left elbow, caused by a fall from his skateboard. The physician performs a comprehensive physical evaluation to check for other injuries before manually realigning the dislocation and placing a splint from the shoulder to wrist. The patient is informed to follow up in 4 weeks. Which CPT and ICD-IO-CM codes should the emergency department report?

- A. 24600-LT, 29105, S53.195AVOO.131A
- B. 24600-LT, S53.105A. VOO.131A
- C. 99283, 24600-LT, VOO.131A
- D. **99282-57, 24600-LT, S53.105A VOO.131A**

Answer: D

Explanation:

An E/M is always billed when a patient is seen in the emergency department because it is unscheduled and urgent. In this case, the documentation encompasses a straightforward level of decision-making (one acute, uncomplicated injury, minimal or no data reviewed, superficial dressings that result in minimal risk or morbidity of the patient), which lead the coder to 99282.

Modifier 57 is appended to indicate that the decision for surgery was made just prior to the procedure and is not bundled. CPT coding crosswalk confirms that a closed treatment of a dislocated elbow is CPT code 24600. Application of a splint is represented

by CPT code 29105 but is not applicable when performed with a surgery to correct the dislocation. ICD-IO-CM crosswalk for dislocation of left elbow is S53.105A.

NEW QUESTION # 14

What is NOT a condition related to the thyroid gland?

- A. Acosta disease
- B. Toxic adenoma
- C. Hashimoto,s disease
- D. Graves, disease

Answer: A

Explanation:

Toxic adenoma E05.2- is a thyroid nodule that may secrete hormones into the body that results in an overactive thyroid. Graves' disease E05.0- is an autoimmune disorder that attacks the thyroid, resulting in overactivity. Hashimoto's disease E06.3 is also an autoimmune disorder:

however, it usually results in an underactive thyroid. Acosta disease T 70.29- is altitude sickness.

Even if a coder is unfamiliar with these terms, by locating the ICD-IO-CM code that correlates to the condition, a coder can infer which body system a diagnosis relates to.

NEW QUESTION # 15

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: A

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 # 16

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