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| TEST: 1 MDCAT-26 | | | |
| SERIAL | NAME | OBTAINED SCORE | TOTAL SCORE |
| 1 | Laraib | 50 | 50 |
| 2 | Ab ghaffar | 50 | 50 |
| 3 | Shoban | 50 | 50 |
| 4 | Elsa Ansar | 50 | 50 |
| 5 | unknown | 50 | 50 |
| 6 | manoooo | 50 | 50 |
| 7 | Nayab | 49 | 50 |
| 8 | Farhan ali | 49 | 50 |
| 9 | Ahmed Reyan | 49 | 50 |
| 10 | Javed Ahmed lakho | 49 | 50 |
| 11 | Warda | 49 | 50 |
| 12 | Gull Maqbool | 49 | 50 |
| 13 | Aisha | 49 | 50 |
| 14 | Halima | 49 | 50 |
| 15 | Maryam MAQBOOL | 49 | 50 |
| 16 | Radha | 49 | 50 |
| 17 | Firdous | 49 | 50 |
| 18 | Kamal Kumar | 49 | 50 |
| 19 | Asad Ali | 48 | 50 |
| 20 | AAFYA HALEEM | 48 | 50 |

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q116-Q121):

NEW QUESTION # 116

A physician performs a simple repair on a Medicare patient who comes in with a 2.7 cm cut, an open wound, on the neck. The repair is made with Dermabond. Which CPT code(s) should be reported?

- A. 12002, G0168
- B. 0
- C. 99213-25, G0168
- **D. G0168**

Answer: D

Explanation:

When a wound is repaired with a tissue adhesive, Medicare accepts only the HCPC code G0168. Answers B and C accurately reflect the repair code for a commercial carrier. An E/M would not be added as an additional charge because the patient's encounter was only for the repair, thus eliminating answer D.

NEW QUESTION # 117

What must the documentation for a consultation include?

- A. Which family member prompted the consultation, a written report of the physical findings/recommendations, and the time spent discussing the recommended treatment plan
- **B. Who requested the consultation, the consulting providers, professional opinion, and a written report that is provided to the referring physician**
- C. Documentation of assumption of care, who requested the consultation, and the consulting providers, professional opinion
- D. The reason for the consultation, the time spent discussing the recommended treatment plan, and a medical decision-making of moderate complexity

Answer: B

Explanation:

Per CPT guidelines, the Office of Inspector General, and Medicare, a consultation must include who requested the consultation, the consulting provider's professional opinion, and a written report of the findings, which is provided to the referring physician. Time can be used to select the level of E/M; however, it is not required if all three components of the documentation are met (history, exam, and medical decision-making). Additionally, once the provider assumes care, a subsequent code appropriate for that place of service would be reported (e.g., 99211-99215) and not a consultation code.

NEW QUESTION # 118

V codes are related to which procedures/products?

- **A. Hearing services**
- B. Orthotic procedures
- C. Enteral therapy
- D. Durable medical equipment

Answer: A

Explanation:

Durable medical equipment is represented by E codes, orthotic procedures are L codes, and enteral therapy is inclusive to B codes in the HCPC manual.

NEW QUESTION # 119

What is NOT a condition related to the thyroid gland?

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

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 # 120

A patient is having difficulties breast-feeding and receives a lactation consultation by a certified lactation consultant under the general supervision of a mid-level practitioner. How should this service be reported?

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

Answer: B

Explanation:

CPT 98960 is used by nonphysician healthcare professionals who provide education to patients that enable them to self-manage established conditions. CPT 99078 could also be used to report lactation services, but these are specifically rendered in a group setting. CPT 98966 is used for healthcare management via the telephone, and CPT 99211 is not considered the most appropriate descriptor for services rendered in this instance.

NEW QUESTION # 121

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