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## Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q58-Q63):

**NEW QUESTION # 58**
An established female patient presents to a video conference with her internist with complaints of a nonproductive cough. She receives 15 minutes of counseling about the symptoms of COVID-19 and is directed to an unaffiliated testing site. What CPT and ICD-IO-CM codes should be reported?

- A. 99442, R05.9
- B. 99442, R05.9, Z20.828
- C. 99213-95, R05.9, Z20.828
- D. 99213-95, R05.9

**Answer: D**

Explanation:
When coding a telehealth encounter for an outpatient practice that occurs over audio-video technology (e.g. Skype), the appropriate office visit E/M would be reported with modifier 95. The patient must initiate the telehealth encounter. Although similar, CPT code 99442 is billed when a patient initiates communication with a provider through an online patient portal. ICD-IO-CM Z20.828 is reported only when a patient does not exhibit any symptoms of a disease the patient is suspected to have been exposed to.

**NEW QUESTION # 59**
Which service would NOT be covered under Medicare part A?

- A. Observation hospital care
- B. Home health care
- C. Inpatient hospital care
- D. Hospice care

**Answer: A**

Explanation:
Observation hospital care is provided to patients who are not sick enough to be admitted.
Therefore, it is considered an outpatient service and is covered under Medicare part B.

**NEW QUESTION # 60**
Which healthcare professional may NOT report medical nutrition therapy?

- A. Nutritionist
- B. Dietician
- C. Endocrinologist
- D. Registered nurse

**Answer: C**

Explanation:
Medical nutrition therapy describes nutritional assessments and interventions in a face-to- face or group patient setting and is reported with CPT codes 97802-97804. These codes are used by nonphysician healthcare professionals only. When a physician provides nutritional advice, a preventative service or evaluation and management code should be reported.

**NEW QUESTION # 61**
The relative value units of a procedure are based on how much effort is involved, expenses that the practice will incur, and the level of risk associated with it.

- A. True
- B. False

**Answer: A**

Explanation:
The statement is true. An insurance carrier will use these three measures to determine what the RVU of a procedure should be.

Then, based on that, a medical coder can determine what the expected payment should be. Generally, the higher the RVU of a procedure is, the higher the payment will be.

**NEW QUESTION # 62**
Dr. Black orders a hepatitis panel for a patient who has recently returned from traveling abroad and is now experiencing lower abdominal pain. The laboratory completed a hepatitis A antibody test, hepatitis B core antibody test, and a hepatitis C antibody test. Select the CPT and the ICD-IO-CM codes that the laboratory will report.

- A. 86709, 86705, 86803, RIO.30
- B. 80074, RIO.30
- C. 80074-52, RIO.30
- D. 86709, 86705, 86803, RIO.31, RIO.32

**Answer: A**

Explanation:
The hepatitis B surface antigen test was not performed, so the actual panel code in answer A was not completed, leaving each test to be reported separately. It would not be appropriate to add modifier 52 to 80074 in answer B. Because the provider did not specify which side the lower abdominal pain was on, it would be reported as unspecified with RIO.30, eliminating answer C.

**NEW QUESTION # 63**
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