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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q141-Q146):

NEW QUESTION # 141
Which is NOT a violation of Health Insurance Portability and Accountability Act (HIPAA)?

- A. A hospital with a multilayered cybersecurity defense experiences a data breach by acybercriminal.
- B. An office does not perform a risk assessment of electronic health information.
- C. An encrypted laptop is stolen from a physician,s vehicle.
- D. An employee drops off patient records on a physician,s porch.

Answer: A

Explanation:
HIPAA is in place to reduce the level of risk associated with a potential violation and/or breach. In answer C, even though a breach has occurred, the hospital has appropriate preventative measures in place and is not in violation of HIPAA. Leaving a laptop in an unattended vehicle or medical records outside is high-risk behavior that gives opportunity for an unauthorized person to access protected health information (PHI) and/or electronic protected health. In answer D, a medical practice is required to perform a risk analysis to PHI and/or ePHI and recti$ any failures within a timely manner.

NEW QUESTION # 142
What is the difference between presumptive and definitive testing?

- A. Presumptive testing assumes a diagnosis; definitive testing confirms a diagnosis.
- B. Presumptive testing is based on exhibited signs and/or symptoms; definitive testing isbased on lab results.
- C. Presumptive testing confirms the presence of a drug class; definitive testing identifies thequantity or presence of a drug.
- D. Presumptive testing requires additional observation time; definitive testing requires ablood draw.

Answer: C

Explanation:
A presumptive test reports whether the patient is positive or negative for a specific drug. A definitive test would analyze which specific agent and/or how much of that agent is in the patients' system.

NEW QUESTION # 143
In which scenario would the modifier 53 be appended?

- A. An IUD removal is not completed because the patient reports severe pain when thespeculum is inserted.
- B. A patient receives an x-ray of one femur when the doctor ordered bilateral views.
- C. The surgeon decides to terminate a routine colonoscopy when the patient becomeshypertensive before receiving anesthesia in the outpatient procedure room.
- D. A surgeon decides to stop a gallbladder removal procedure in the hospital operating roomafter the patient has extensive bleeding at the incision site.

Answer: D

Explanation:
Modifier 53 is used to indicate that a procedure was terminated by the provider after anesthesia was given due to extenuating circumstances that affected the health of the patient.
Although option B is similar, the procedure that was discontinued was done so prior to anesthesia in the outpatient setting, in which

case modifier 73 would be appended.

NEW QUESTION # 144

A physician performs a thyroidectomy on a 26-year-old female patient with thyroid cancer. A radical neck dissection with a partial parathyroidectomy and autotransplantation of two parathyroid glands is also completed in the same session. W'hat CPT code(s) should the physician report?

- A. 60254, 60500-51, 60512
- B. 0
- C. 60254, 60500-51, 60512-51
- D. 60254, 60512-52

Answer: D

Explanation:
The CPT code for a thyroidectomy with a radical neck dissection is 60254 and sequenced first because it is the primary procedure with the highest RVU. CPT 60500, which describes a parathyroidectomy, is bundled into a thyroidectomy. Therefore, the two procedures should never be reported together. Parathyroid autotransplantation (CPT 60512) involves the removal of all four parathyroid glands. If not all four glands are removed, report the code with modifier 52 to indicate reduced services. As this is an add-on code, do not append modifier 51.

NEW QUESTION # 145

A physician provides a GIPO 39-weeks twin gestational patient with antepartum care, delivery, and postpartum care. Baby A was delivered vaginally without complications, and Baby B was delivered by Cesarean due to fetal tachycardi a. Assign the correct ICD-IO-CM and CPT codes.

- A. 59410, Z37.2 and 59510-51, 076, Z37.2
- B. 59409, Z3A.39, Z37.o and 59510-51, 076, Z3A39, Z37.o
- C. 59400, Z37.o and 59510-51, 036.8332, Z37.o
- D. 59510, 076, Z3A39, Z37.o and 59409-51, Z3A39, Z37.o

Answer: D

Explanation:
The Cesarean delivery (59510) would be sequenced first because this code has the highest RVU and would include the antepartum and postpartum care. The vaginal delivery by itself (59409), without antepartum and postpartum care, would be reported secondary because the charges for the antepartum and postpartum care of the mother have already been included in the Cesarean delivery code.

NEW QUESTION # 146

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