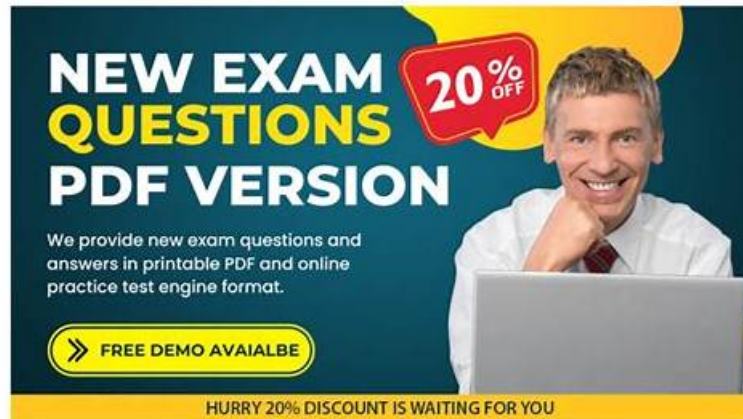


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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q105-Q110):

NEW QUESTION # 105

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

- A. An office does not perform a risk assessment of electronic health information.
- B. A hospital with a multilayered cybersecurity defense experiences a data breach by acybercriminal.

- C. An encrypted laptop is stolen from a physician's vehicle.
- D. An employee drops off patient records on a physician's porch.

Answer: B

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 rectify any failures within a timely manner.

NEW QUESTION # 106

An orthopedic surgeon performs a meniscectomy for a right radial tear using an arthroscope. During the procedure, the surgeon removes a piece of the damaged meniscus from the lateral compartment of the knee and shaves the articular cartilage of the same compartment. A separate incision was made to remove a 6 mm loose body in the medial compartment. The surgery was completed without any complications. What procedure and diagnosis code(s) should be reported?

- A. 29881, 29874-59, S83.281A
- B. 29887, 29874-59, S83.281A
- C. 29882, 29877-51, 29874-51, S83.203A
- D. 29881, 29874-51, S83.203A

Answer: A

Explanation:

The procedures performed on this encounter were the meniscectomy (removal of damaged meniscus from the lateral compartment) with a chondroplasty (shaving of articular cartilage, 29881) and loose body removal by means of an arthroscopy (29874). Because the removal of loose bodies is considered inclusive to the primary procedure, modifier 59 is appended as opposed to modifier 51 to indicate that it was a distinct procedural service due to the separate incision.

Answers A and D can be eliminated based on the diagnosis chosen. S83.203A indicates the location of meniscus is unspecified; however, the surgeon removed the damaged meniscus from the lateral compartment, leading the biller to S83.281A.

NEW QUESTION # 107

A patient receives a positron emission technology (PET) scan at rest, where a metabolic evaluation study, including ventricular wall motion was performed using PET imaging. A computed tomography (CT) was performed at the same time. What CPT code(s) should the radiologist report?

- A. 78429, 76497-59
- B. 78430, 76497-59
- C. 0
- D. 1

Answer: C

Explanation:

PET scans are reported using CPT codes 78429-78434. The documentation specifies that a metabolic study was performed versus a perfusion study, thus eliminating answers B and D. A CT scan is included in the description of CPT 78429, thus making it unable to be separately reportable.

NEW QUESTION # 108

Which procedure uses a thin tube to examine the abdominal organs through a small incision in the belly?

- A. Laparoscopy
- B. Endoscopy
- C. Gastroscopy
- D. Laparotomy

Answer: A

Explanation:

A gastroscopy is a procedure that uses an endoscope to examine the stomach and some parts of the intestinal tract. An endoscopy uses a thin tube through a natural opening in the body to examine the digestive tract. A laparotomy is a large incision in the belly to gain access into the abdominal cavity.

NEW QUESTION # 109

Under the oversight of the pediatrician, a nurse reviews the vaccine and allergy history of a 13-year-old established patient just prior to administering a live varicella virus vaccine subcutaneously. What procedure code(s) should be reported?

- A. 99211-25, 90716, 90460
- B. 99211-25, 90716, 90471
- **C. 90716, 90471**
- D. 90716, 90460

Answer: C

Explanation:

Although CPT 99211 can be reported for limited assessments performed by nonphysician staff members, the vaccine and allergy history intake is considered vaccine related and not separately reportable. CPT 90460 is reported when a physician provides counseling about the benefits and risks associated with the vaccine and signs and symptoms that would indicate an adverse reaction. Because the physician did not document seeing the patient at this encounter, report CPT 90471 for the administration of the immunization.

NEW QUESTION # 110

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