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AAPC CPC Certification Practice Test 2024 with Answers

A Medicare patient is receiving chemotherapy at her oncologists office. While the patient is receiving chemotherapy, the oncologist calls in a prescription for pain medication to a pharmacy in the same building . The pharmacy delivers the medication to the patient in the oncologists office for the patient to take home. What part of Medicare should be billed for the pain medication by the pharmacy?

- A. Part A
- B. Part B
- C. Part C
- D. Part D - **Answer>>** Part D

What is medical coding? - **Answer>>** Translating medical documentation into codes.

Which one is NOT a covered entity of HIPPA?

- A. Medicare
- B. Workers Compensation
- C. Dentists
- D. Pharmacies - **Answer>>** B. Workers Compensation

Which one falls under a commercial payer?

- A. Medicare
- B. Medicaid
- C. Blue Cross Blue Shield

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q20-Q25):

NEW QUESTION # 20

An established patient presents complaining of clumpy, white discharge for 3 days. A vaginal exam reveals an old tampon, which is removed. Diflucan is sent to the pharmacy, instructions given, and the patient is told to follow up in 1 week. How would the provider code the visit?

- A. 57415, 99212-25, T19.2kVA
- B. 99213, N89.8, T19.2LXA
- **C. 99213, T19.2XXA, N89.8**
- D. 57415, T19.2XXA, N89.8

Answer: C

Explanation:

Although a foreign body was removed, 57415 in answers A and B cannot be reported because anesthesia was not used. The documentation supports low-level medical decision making, so the appropriate E/M would be 99213. When comparing answers C and D, bear in mind that ICD-IO-CM requires sequencing "the underlying condition first, followed by the manifestation."

NEW QUESTION # 21

A patient with right knee pain is seen in a physician's office for an x-ray. Anteroposterior and lateral views of the right knee were obtained by the technician, and images confirm right knee pain secondary to degenerative osteoarthritis. Which CPT and ICD-IO-CM code(s) should be reported?

- A. 73560-26-RT, MI 7.11, M25.561
- B. 73560-TC-RT, MI 7.11, M25.561
- **C. 73560-RT, MI 7.11**
- D. 73560-TC-RT, MI 7.11

Answer: C

Explanation:

The CPT crosswalk for x-ray of knee directs the coder to 73560-73580. Because two views were obtained, the correct code would be 73560 (radiologic examination, knee; 1 or 2 views).

Modifier TC and modifier 26 indicate only technical and professional components; however, because the x-ray was performed in a physician's office, 73560 would be reported without either because the practice provided both components. In terms of diagnosis, the knee pain would not be reported because it is a symptom of a definitive diagnosis.

NEW QUESTION # 22

A patient with preexisting hypertension presents to the office at 23-weeks' gestation for prenatal care. Her blood pressure is slightly elevated, and a transabdominal ultrasound shows the fetus is small for dates. The provider advises rest and to follow up as normal. How would the provider code the visit if the patient has an insurance that accepts the global obstetrical package?

- A. 99213-25, 76815, 010.012, 036.5920, Z3A. 23
- B. 0502F, 76815, 010.012, 036.5920, Z3A. 23
- **C. 0502F, 76816, 010.012, Z3A. 23**
- D. 99213-25, 76816, 010.012, Z3A. 23

Answer: C

Explanation:

The global obstetrical package includes routine prenatal care visits and blood pressure checks, so a placeholder code (0500F-0503F) is used to report that a visit occurred instead of an E/M code. CPT 76816 is reported when biometric measurements are taken of the fetus, whereas CPT 76815 is limited to one element of the fetus, such as the position or heartbeat. Per ICD-IO-CM, codes beginning with 035- and 036- are reported only "when the fetal condition is actually responsible for modifying the management of the mother."

NEW QUESTION # 23

Code the following surgical note:

Patient is seen for an epidural injection into the following three levels: L3-L4, L4-L5 and L5-S1.

A 22 -gauge spinal needle is inserted into the zygapophyseal joint using fluoroscopic guidance. After confirming the needles placement at L3-L4 on the left side, 0.5 cc of a local anesthetic is injected into the joint. The whole process is repeated on the left side at the other two levels. The procedure was completed without any complications.

- A. 64493-LT, 64494-59-LT, 64495-59u
- B. 0216T-LT, 0217T-LT, 0218T-LT
- C. 64493-LT, 64494-LT, 64495-LT
- D. 0

Answer: C

Explanation:

64493 is used for the initial injection of an anesthetic, followed by 64494 and 64495 as add-on codes for the other Two levels.

Because there are two sides of a facet joint, modifier LT would be amended to show the carrier that the procedure occurred on the left side of the spine.

In answer B, CPT codes 0216T-0218T exclude fluoroscopic guidance and refer the biller to codes

64490-64495. In general, modifier 59 would not be used on add-on codes, so answer C can be eliminated. Answer D describes an injection in the interlaminar epidural or subarachnoid space and is not the correct procedure code for this circumstance.

NEW QUESTION # 24

Which is NOT a type of injection through which contrast is administered?

- A. Intrathecal
- B. Intravascular
- C. Intra-articular
- D. Intramuscular

Answer: D

Explanation:

Per CPT guidelines, administration of contrast materials is given through the following routes: intravascular, intra-articular, and

intrathecal. Alternate routes also include orally and/or rectally; however, the "contrast administration alone does not qualify as a study 'with contrast'"

NEW QUESTION # 25

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