

Full fill Your Goals by Achieve the Medical Tests AAPC-CPC Certification

AAPC CPC Certification Course Overview Questions And Answers.

What does CPC stand for? -
(Certified Professional Coder)

What does AAPC stand for? -
(American Academy of Professional Coders)

How many times may a chapter quiz be taken? -
(Unlimited)

How many times may an online chapter review test be taken? -
(Twice)

How many times may a PA (Practical Application) case be submitted? -
(Once)

What is the minimum passing percent on most items? -
(70%)

What should be your final actions to submit a chapter review test? -
(Go to the last question and click on submit)

Which link should you click on to review a quiz or test without your review being counted as a new attempt? -
(My Grades)

What is the first entry in each chapter folder? -
(A list of the chapter assignments)

What is the first activity that is to be performed with each new chapter? -
(Complete the reading assignment)

What activity is next to be performed after completion of the reading assignment? -
(Take the chapter quiz)

What activity is next to be performed after completion of the chapter quiz? -
(Watch the chapter lecture)

What activity is next to be performed after watching the chapter lecture? -
(Complete the practical application)

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q80-Q85):

NEW QUESTION # 80

A patient presents to urgent care with complaints of a sore throat, a temperature of 100.2, and pain while urinating. The provider examines the patient and collects a throat swab and urine sample. The following codes are then entered on the patient's claim: R30.9, R07.0, R50.9, N39.0, J03.8, and B95.3. What code(s) should be removed?

- **A. R30.9, 102.9 and R50.9**
- B. R30.9, J02.9
- C. 395.3
- D. N39.0, 103.00

Answer: A

Explanation:

Pain while urinating (R30.9) is a symptom of a urinary tract infection (N39.0), and a sore throat (R07.0) and fever (R50.9) are symptoms of acute tonsillitis caused by Streptococcus (J03.00).

Neither of these three codes should be reported because ICD-IO-CM guidelines stipulate that when a definitive diagnosis is present, signs and/or symptoms should not be additionally listed on the claim.

NEW QUESTION # 81

A diaphragm resection and repair are done using a biologic mesh to reduce the formation of adhesions. Which procedure code should be reported?

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

Answer: D

Explanation:

A diaphragm resection is reported with CPT codes 39560-39561. The use of a biologic mesh makes the repair complex, whereas a simple repair would implement only internal sutures.

NEW QUESTION # 82

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 # 83

A patient is in labor with plans to deliver vaginally. An epidural is administered at 17:30. After several hours of pushing, the obstetrician determines that the cervix is swollen, and the baby must be delivered via a c-section. The patient consents, the baby is delivered, and both are discharged to the recovery room at 22:15. What CPT code(s) should the anesthesiologist report?

- A. 01967, 01968
- B. 01967, 01968, 99140
- **C. 01967-23, 01968**
- D. 01967-23, 01968, 99140

Answer: C

Explanation:

For a planned vaginal delivery with the use of an epidural, followed by a Cesarean delivery, the correct CPT codes are 10967 followed by add-on code 01968. CPT code 99140 is an add-on code portraying that the procedure was an emergency and that the patient and/or baby has a significant increase in the threat to life. The documentation gives no indication that these services were emergent. Modifier 23 is reported for unusual anesthesia services. This would include-but is not limited to-the use of general anesthesia for a procedure that usually requires only a local anesthetic or none and/or a procedure extending more than 4 hours. In this case, the total procedure time was 4.75 hours, and modifier 23 is appended on the primary procedure code only.

NEW QUESTION # 84

Which healthcare professional may NOT report medical nutrition therapy?

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

Answer: B

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 # 85

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