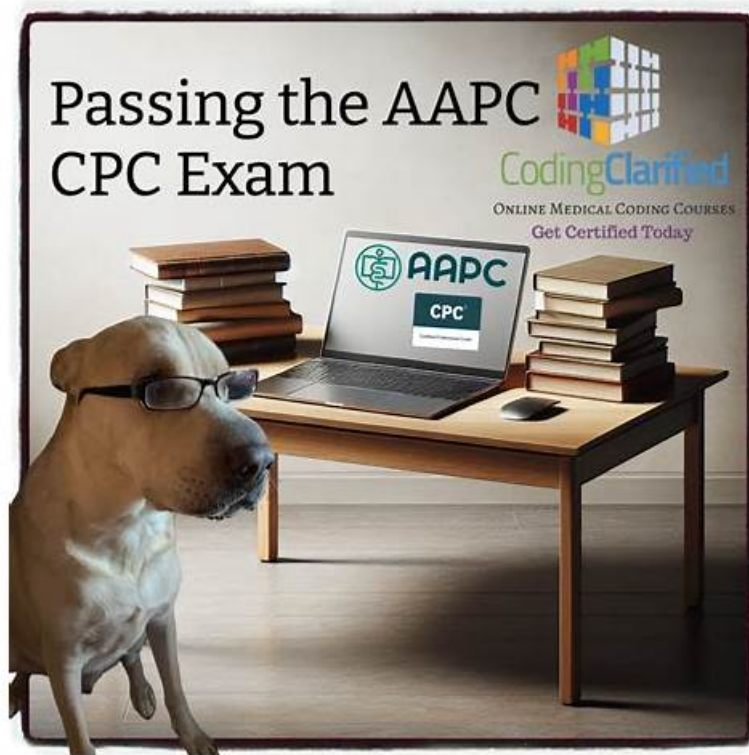


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Medical Tests American Academy of Professional Coders: Certified

Professional Coder Sample Questions (Q69-Q74):

NEW QUESTION # 69

Assign the appropriate CPT codes for the following surgical note: A 15-year-old patient is being treated for obstructive sleep apnea and adenoid tissue hypertrophy. After being placed under general anesthesia, a dental mirror is placed in the oropharynx to allow visualization of the nasopharynx. Suction electrocautery is used to remove the adenoid tissue that regrew after the initial adenoidectomy. Attention is then turned to the tonsils. The plane of tissue between the tonsillar capsule and the underlying muscles are cauterized, and the tonsils are removed. Bleeding is controlled by silver nitrate and gauze packing. Procedure is completed without complications, and patient is discharged to recovery.

- A. 42821, G47.33, 135.2
- B. 42826, 42831-59, 135.2, G47.33
- C. 42826, 42836-51, 135.2, G47.33
- D. 42999, 647.33, 135.2

Answer: A

Explanation:

An adenoidectomy and a tonsillectomy were performed in this surgical encounter (the root word -ectomy literally means the surgical removal of an anatomical structure). The adenoidectomy was done first and, if coded alone, would fall under one of two categories: primary (CPT 42830-

42831) or secondary (CPT 42835-42836). A primary adenoidectomy refers to the initial removal of the adenoid, whereas a secondary adenoidectomy occurs when adenoid tissue that was once removed has grown back. Because the documentation states that "the adenoid tissue ... regrew after the initial adenoidectomy," a coder can infer that this procedure is secondary. However, distinguishing between the two procedures is not necessary when done in conjunction with a tonsillectomy because the procedures are bundled into two nonspecific CPT codes (42820 and 42821). Billing for an adenoidectomy and a tonsillectomy separately, as shown in answers A and C, is considered unbundling and is not allowed under the Correct Coding Initiative (CCI) edits.

Regarding the sequencing of the diagnoses, ICD-10-CM guidelines state that when two conditions meet the definition for principal diagnosis, either can be sequenced first. In this scenario, J35.2 or G47.33 could have been first listed because the procedures were to resolve both conditions in the same encounter.

NEW QUESTION # 70

A patient is scheduled for a total knee replacement. The assigned anesthesiologist performs a femoral nerve block using an ultrasound machine just prior to entering the operating room to aid in postoperative pain control. Once in the operating room, general anesthesia is administered to the patient. What CPT code(s) should the anesthesiologist report?

- A. 01402
- B. 01402, 64447_59, 76942
- C. 01400, 01991, 76942
- D. 01400, 01991-59

Answer: B

Explanation:

CPT crosswalk for anesthesia administered during a total knee replacement is 01402.

Although CPT 01991 does describe a nerve block, it is considered monitored anesthesia care because the patient is awake.

However, in this scenario, general anesthesia is being used for the primary procedure, and the femoral nerve block is administered for postoperative pain management. Therefore, the nerve block would be billed as CPT 64447 with modifier 59 to indicate that it is separately reportable from the primary procedure. If, on the other hand, the nerve block was being used as a component of the general anesthesia, CPT 64447 would be considered inclusive to the general anesthesia and not reported separately. Ultrasound guidance is not currently bundled with the administration of a nerve block and, when used, should be reported separately with CPT 76942.

NEW QUESTION # 71

Which healthcare professional may NOT report medical nutrition therapy?

- A. Nutritionist
- B. Endocrinologist

- C. Dietician
- D. Registered nurse

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 # 72

A patient undergoes surgery with anesthesia and is arousable with painful stimulation. What is the level of sedation the patient MOST likely received?

- A. Deep sedation
- B. Minimal sedation
- C. General anesthesia
- D. Moderate sedation

Answer: A

Explanation:

Minimal, moderate, and deep sedation all allow the patient to undergo a procedure without pain and without being completely unconscious. If a patient receives minimal sedation, they are responsive after receiving verbal stimulation. Moderate sedation causes a patient to respond only after tactile stimulation. General anesthesia causes the patient to be completely unarousable, even with painful stimulation.

NEW QUESTION # 73

If the dermatologist removes 17 skin tags from a patient's lumbar using local anesthesia and a sharp blade, which CPT code(s) should be reported?

- A. 0
- B. 11200, 11201
- C. 11200, 11201-51, 00300
- D. 11200, 11201, 00300

Answer: B

Explanation:

The CPT code 11201 is an add-on code and would not receive a modifier. Local anesthesia is included in the primary procedure code and would not be reported separately with CPT 00300.

NEW QUESTION # 74

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