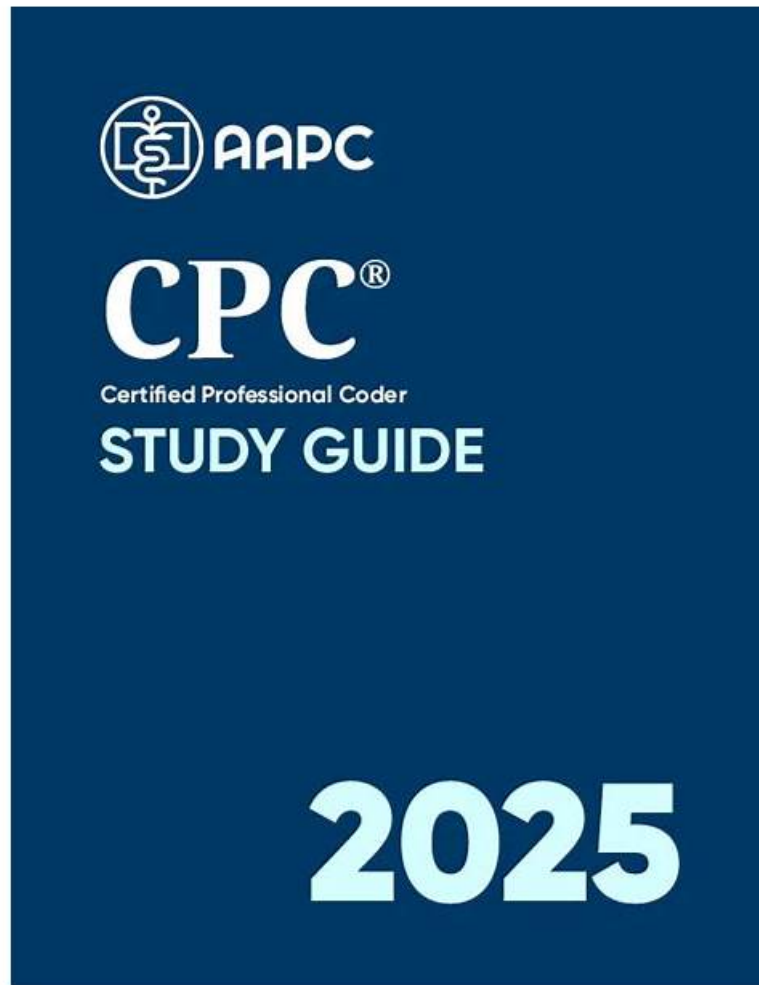


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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q144-Q149):

NEW QUESTION # 144

A 92-year old female with Medicare part A coverage receives ongoing hospice care due to dementia. She goes to a physician's office to receive closed treatment of a hip dislocation following a fall. No anesthesia was used. How should the provider submit this claim?

- A. 27250-GW, S73.003A, W19XXXXA
- B. 27250, 99213-25, S73.003A
- C. 27250, S73.003A, W19XXXXA
- D. 27250-GW, 99202-25, S73.003A W19XXYuA

Answer: A

Explanation:

When a patient is receiving hospice care, Medicare will not reimburse the physician for services rendered that are unrelated to the terminal illness unless submitted with modifier GW. In Answers C and D, a separate, identifiable E/M is not to be billed because the procedure is considered minor (1- to 10-day global period) and includes an inherent E/M component.

NEW QUESTION # 145

A 74-year-old patient presents with a fever. She is admitted into observational care after her labs confirm a diagnosis of pneumonia. She has a medical history of being HIV positive. How should this be reported?

- A. 99222, B20, 118.9
- B. 99223, 118.9, B20
- C. 99235, B20, 118.9
- D. 99236, 118.9, B20

Answer: A

Explanation:

Hospital inpatient and observation care services (99221-99236) are selected based on the level of medical decision-making. In this scenario, reporting a code from the initial hospital inpatient and observation care services would be most appropriate (99221-99223), as the documentation indicates the patient is being admitted. When leveling this service, consider that the patient has an acute illness with systemic symptoms (pneumonia) and a stable, chronic illness (HIV). Labs were reviewed to confirm the diagnosis, and a decision was made to admit the patient into observation. Therefore, the final level of medical decision-making is moderate, making the E/M code 99222. Even though pneumonia is the reason for admission, ICD-10-CM guidelines stipulate that a confirmed HIV diagnosis takes precedence in sequencing when the reason for admission is HIV related.

NEW QUESTION # 146

Code the following physician's note:

A 14-year-old established patient is seen with mother to evaluate five 2 cm superficial lacerations to the left wrist. Patient admits to suicidal thoughts.

Lacerations were treated with Steri-Strips. Patient and mother counseled on suicide prevention and told to follow up with psych.

- A. 12004, S61.512A, R45.851
- B. 12004, S61.512A, T14.91XA
- C. 99213, S61.512A, R45.8S1
- D. 99214, S61.512A, T14.91XA

Answer: C

Explanation:

When the injury is treated with Steri-Strips or bandages, it should be reported with an E/M code and not a procedure code. Within

the medical decision making, the number and complexity of problems addressed is low, the amount of data reviewed or analyzed is straightforward, and the risk of complications and/or morbidity or mortality of patient management from the injuries is low. Therefore, the E/M is a 99213 because the medical decision-making is low. A suicide attempt would not be coded because the documentation is not specific as to whether the lacerations were an attempt at suicide.

NEW QUESTION # 147

A gastroenterologist performs a gastric bypass surgery on an obese patient with a body mass index of 52. During the procedure, the size of the stomach is reduced by 77%; the intestine is bypassed from the duodenum and then attached to the ileum. The pylorus is preserved and left intact. Which CPT code best describes the surgery performed?

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

Answer: D

Explanation:

In this scenario, the gastroenterologist performed a procedure known as a biliopancreatic diversion with duodenal switch (BPD/DS). A BPD/DS removes a portion of the stomach and transfers parts of the duodenum and small intestine to the lower end of the large intestine in an effort to limit intestinal absorption for weight loss. CPT codes 43842-43843 describe gastric restrictive procedures without gastric bypass. However, gastric bypass was done in rearranging the small intestine to connect to the ileum.

NEW QUESTION # 148

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 tachycardia. Assign the correct ICD-10-CM and CPT codes.

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

Answer: C

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 # 149

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