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Professional Coder Sample Questions (Q95-Q100):

NEW QUESTION # 95

It is appropriate to use a HCPCS Level II G code, as opposed to a CPT code, to report a screening service performed on an asymptomatic patient.

- A. True
- B. False

Answer: A

Explanation:

The statement is true. G codes apply to various healthcare screenings. If a patient is experiencing any symptoms that initiate the encounter, it then becomes diagnostic, and an appropriate CPT code would be selected instead.

NEW QUESTION # 96

A physician performs an esophagogastroduodenoscopy on a patient who has GERD. A single tissue sample is obtained from the upper gastrointestinal tract using biopsy forceps. A reflux test was also done and a bravo capsule temporarily attached to the esophageal wall to monitor pH levels. What procedures should the physician report?

- A. 43235, 91035
- B. 43239, 91035
- C. 43239, 91034
- D. 43235, 91034

Answer: B

Explanation:

To report an esophagogastroduodenoscopy, see CPT code range 43233-43259. In this scenario, the procedure is not considered diagnostic (43235) because the physician is stating the patient has GERD. Additionally, the tissue sample was obtained by means of biopsy forceps and not by brushing or washing. The secondary procedure is a reflux test and an esophageal pH test by means of a bravo capsule, which evaluates the level of acid refluxing into the esophagus. Although CPT 91035 doesn't specifically state a capsule in the description of the code, it would fall under a "mucosal attached" placement. A nasal catheter was not used, so reporting CPT 91034 would be incorrect.

NEW QUESTION # 97

An 8-year old female is seen by her pediatrician for an allergic reaction to a bee sting. The pediatrician administers 0.3 mg of epinephrine intramuscularly. Which code(s) should be reported?

- A. 99213-25, 96372, (3 units)
- B. 10171 (3 units)
- C. 96372, 10171 (3 units)
- D. 99212, J0171

Answer: C

Explanation:

Epinephrine is listed in alphabetical order in the HCPC book under "Table of Common Drugs." The documentation reflects a dosage of 0.3 mg, so three units of 0.1 mg epinephrine (10171) should be reported. The injection of the medication is reported with CPT code 96372 and includes an inherent E/M component unless the provider goes beyond the normal assessment of the patient prior and/or after administration of a drug.

NEW QUESTION # 98

Dr. Black orders a hepatitis panel for a patient who has recently returned from traveling abroad and is now experiencing lower abdominal pain. The laboratory completed a hepatitis A antibody test, hepatitis B core antibody test, and a hepatitis C antibody test. Select the CPT and the ICD-IO-CM codes that the laboratory will report.

- A. 86709, 86705, 86803, R10.30

- B. 80074, RIO.30
- C. 80074-52, RIO.30
- D. 86709, 86705, 86803, RIO.31, RIO.32

Answer: A

Explanation:

The hepatitis B surface antigen test was not performed, so the actual panel code in answer A was not completed, leaving each test to be reported separately. It would not be appropriate to add modifier 52 to 80074 in answer B. Because the provider did not specify which side the lower abdominal pain was on, it would be reported as unspecified with RIO.30, eliminating answer C.

NEW QUESTION # 99

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 # 100

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