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2022/2023 AAPC CPC FINAL PRACTICE TEST | with 100% Correct Answers

A covered entity does NOT include

- a. Healthcare providers
- b. Health plans
- c. Patients
- d. Clearinghouses Correct Answer: c. Patients

What does MAC stands for?

- a. Medicare Administrative Contractor
- b. Medicare Advisory Contractor
- c. Medicaid Administrative Contractor
- d. Medicaid Alert Contractor Correct Answer: a. Medicare Administrative Contractor

When are providers responsible for obtaining an ABN for a service NOT considered medically necessary?

- a. After providing a service or item to a beneficiary.
- b. Prior to providing a service or item to a beneficiary.
- c. After a denial has been received from Medicare.
- d. During a procedure or service. Correct Answer: b. Prior to providing a service or item to a beneficiary

AAPC credentialed coders have proven mastery of what information?

- a. Code sets
- b. Evaluation and management principles
- c. Documentation guidelines
- d. All of the above Correct Answer: d. All of the above

Local Coverage Determinations are administered by whom?

- a. LMRPs
- b. NCDs
- c. State Law
- d. Each regional MAC Correct Answer: d. Each regional MAC

Rationale: Each Medicare Administrative Contractor (MAC) is then responsible for interpreting national policies into regional policies

Which of the following best describes constituent components of the human lymphatic system?

- a. Lymph nodes, lymphatic vessels, spleen, thoracic duct
- b. Lymph nodes, lymphatic vessels, thymus gland, pancreas
- c. Lymph nodes, lymphatic vessels, tonsils, liver
- d. Lymph nodes, lymphatic vessels, bone marrow, kidneys Correct Answer: a. Lymph nodes, lymphatic vessels, spleen, thoracic duct

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q55-Q60):

NEW QUESTION # 55

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

Answer: D

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 # 56

A provider documents that he spent 20 minutes with a patient. Based on this, an E/M can be chosen solely based on time.

- A. False
- **B. True**

Answer: B

Explanation:

The statement is true. According to AMA time documented is considered the minimum time the physician or other qualified health care professional spent on face-to-face and non-face-to-face services. This includes time spent reviewing the patient's medical record, consulting other healthcare professionals, or ordering prescriptions, tests, and/or other services.

NEW QUESTION # 57

Health behavior assessment and intervention codes capture services related to mental health.

- **A. False**
- B. True

Answer: A

Explanation:

The statement is false. Health behavior assessment and intervention codes capture services related to a patient's physical health and can be used only when the patient has a physical health diagnosis as the primary reason for treatment-not a mental disorder. Although assessing factors related to the patient's mental state, it is done to promote functional improvement and lessen any obstacles to a patient's recovery.

NEW QUESTION # 58

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: A

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 # 59

A patient opts to replace his semi-rigid penile prosthesis with a multicomponent, inflatable penile prosthesis. What CPT code(s) should the urologist report if this was completed in one encounter?

- A. 54415, 54405-51
- **B. 0**
- C. 54405, 54415-51
- D. 1

Answer: B

Explanation:

Penile prosthesis procedure codes are based on the type of prosthesis being used. In this scenario, a semi-rigid prosthesis is being replaced by a multicomponent inflatable one. Currently, there are no CPT codes that encompass the removal of one type of prosthesis and insertion of another type. The most common course of action might be to code the removal and insertion separately and amend a multi-procedural modifier on the secondary code. However, CPT 54415 indicates that the prosthesis removed was not replaced by another, which is an inaccurate description of services rendered. In this case, only the insertion (CPT 54405) should be reported because it has the highest RVU value.

NEW QUESTION # 60

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