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

NEW QUESTION # 144
A patient who is experiencing rectal bleeding has a colonoscopy. Prior to the procedure, the provider administers general anesthesi a. What CPT code(s) should be reported?

- A. 45378, 0081147
- B. 45382, 00811
- C. 45378-47
- D. 0

Answer: C

Explanation:
The patient is having the colonoscopy done because they have been experiencing symptoms.
Therefore, the colonoscopy would be considered diagnostic versus screening. CPT crosswalk for a diagnostic colonoscopy is 45378. The documentation gives no indication that any bleeding was identified and controlled. When the surgeon performing the primary procedure is simultaneously administering anesthesia services, modifier 47 is appended rather than billing an additional anesthesia delivery code.

NEW QUESTION # 145
Based on the following documentation for an established patient, which CPT code should be reported?
Number and complexity of problems addressed: Moderate
Amount or complexity of data to be reviewed and analyzed: Straightforward Risk of complications, morbidity, or mortality of patient management: Low Total time: 35 minutes

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

Answer: C

Explanation:
When leveling a visit based on the documentation, the lower of the two highest components should be used to determine the level of complexity. In this case, because the number and complexity of problems addressed is moderate and level of risk of complications and/or morbidity or mortality of patient management is low, the MDM is low. On the other hand, because total time is documented and would constitute a higher level of service, total time should be used to select CPT 99214.

NEW QUESTION # 146
The base unit for anesthesia CPT code 00600 is 10 units. If an anesthesiologist spends 105 minutes in the procedure room with a patient, how many units should be reported for reimbursement?

- A. 14 units
- B. 12 units
- C. 17 units
- D. 11 units

Answer: C

Explanation:
To calculate the total number of units, it is important to understand that anesthesia time is measured in 15-minute intervals (or in fractions thereof). In this scenario, take the total number of minutes spent on the procedure (105) and divide it by 15. The total number of time units is 7. The time units are then added to the base unit (10) for a total of 17 units.

NEW QUESTION # 147
Which is NOT part of the upper respiratory tract?

- A. Trachea
- B. Larynx
- C. Pharynx
- D. Nasal cavity

Answer: A

Explanation:
The upper respiratory tract consists of the nose, nasal cavity, pharynx, and larynx. The lower respiratory tract includes the trachea, primary bronchi, lungs, and the bronchioles and alveoli within the lungs.

NEW QUESTION # 148
A provider places a catheter on the right side of the heart chamber via an incision made on the lower left side of the patient's chest while performing a transcatheter mitral valve replacement. How should this encounter be coded?

- A. 0
- B. 0483T, 93451
- C. 0484T, 93451-59
- D. 0484T

Answer: D

Explanation:
0484T describes a transcatheter mitral valve replacement via a thoracic approach. CPT code
33430 describes a mitral valve replacement in which cardiopulmonary bypass is initiated. CPT code
0483T describes a transcatheter mitral valve replacement with a percutaneous approach: however, the documentation identifies a transthoracic incision. Catheterization is bundled into the procedure and is not separately identifiable unless the provider documents extenuating circumstances (i.e. no prior study available, inadequate visualization, etc.).

NEW QUESTION # 149
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