AAPC CPC Practice Questions

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Question 1

Question Type: MultipleChoice

A patient is diagnosed with diabetic polyneuropathy.

Using ICD-10-CM coding guidelines, what ICD-10-CM coding is reported?

Options:

A- E10.42
B- E11.9, G62.9
C- E10.9, G62.9
D- E11.42

Answer:

D

Explanation:

Diabetic polyneuropathy is coded as E11.42, which indicates type 2 diabetes mellitus with diabetic polyneuropathy. The ICD-10-CM guidelines direct that when a patient has both diabetes and polyneuropathy, a single combination code is used to capture both conditions.

ICD-10-CM (current year), Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89), ICD-10-CM Official Guidelines for Coding and Reporting, Section I.C.4.a.6.

Question 2

Question Type: MultipleChoice

A business requires drug testing for cocaine and methamphetamines prior to hiring a job candidate. A single analysis with direct optical observation is performed, followed by a confirmation for cocaine.

Which codes are used for reporting the testing and confirmation?

Options:

A- 80305 x 2, 80353
B- 80306 x 2, 80353
C- 80305, 80353
D- 80306, 80375

Answer:

C

Explanation:

For drug testing for cocaine and methamphetamines with a single analysis using direct optical observation and a subsequent confirmation for cocaine, the appropriate codes are:

80305 for the initial drug test (presumptive).

80353 for the confirmation test of cocaine.

AMA's CPT Professional Edition (current year)

Question 3

Question Type: MultipleChoice

When a patient has ESRD, which system is affected?

Options:

A- Cardiovascular
B- Neurologic
C- Respiratory
D- Genitourinary

Answer:

D

Explanation:

End-Stage Renal Disease (ESRD) is a condition in which the kidneys fail to work effectively to

remove waste products and excess fluids from the blood. This primarily affects the genitourinary system, which includes the kidneys, ureters, bladder, and urethra. Patients with ESRD often require dialysis or a kidney transplant.

ICD-10-CM (current year), Chapter 14: Diseases of the Genitourinary System (N00-N99).

Question 4

Question Type: MultipleChoice

Refer to the supplemental information when answering this question:

View MR 903096

What CPT and ICD-10-CM coding is reported?

Options:

A- 62290, M54.50
B- 62292, M54.50
C- 62292, M48.07, M54.50
D- 62290, M48.061, M54.50

Answer:

A

Explanation:

CPT Code 62290: Discography, lumbar, single or multiple levels, radiological supervision and interpretation

This code accurately describes the procedure performed. The documentation indicates a lumbar discography was performed at a single level (L3-4) with radiological supervision (C-arm visualization).

ICD-10-CM Code M54.50: Low back pain, unspecified

This code is the most appropriate diagnosis based on the documentation. The preoperative diagnosis states 'Low back pain possible spinal stenosis L3-4.' While spinal stenosis was considered, it was not confirmed. The postoperative diagnosis indicates no evidence of spinal stenosis or discogenic pathology. Therefore, the definitive diagnosis is low back pain.

Why other options are incorrect:

62292: This code is for a discography with injection of contrast and/or medication for therapeutic purposes. The documentation doesn't indicate any therapeutic injection was performed.

M48.061 and M48.07: These codes represent spinal stenosis, which was not confirmed in the postoperative diagnosis.

CPT Code 62290: Discography, lumbar, single or multiple levels, radiological supervision and interpretation

ICD-10-CM Code M54.50: Low back pain, unspecified

AAPC Coder's Desk Reference: This resource provides detailed information on coding guidelines and procedures.

Question 5

Question Type: MultipleChoice

Which government office is responsible for overseeing and investigating cases of healthcare fraud and abuse?

Options:

A- Centers for Medicare & Medicaid Services (CMS)
B- Department of Health and Human Services (HHS)
C- Office of Inspector General (OIG)
D- American Medical Association (AMA)

Answer:

C

Explanation:

The Office of Inspector General (OIG) operates under the Department of Health and Human Services (HHS) and is specifically responsible for detecting, investigating, and preventing fraud, waste, and abuse in federal healthcare programs such as Medicare and Medicaid.

This is a key compliance and regulatory topic on the CPC exam.

Question 6

Question Type: MultipleChoice

Which statement is TRUE for an Excludes2 note that is under a code in the Tabular List for ICD-10-CM?

Options:

A- It indicates that the code excluded should always be reported with an Excludes1 code.
B- It is acceptable to report both the code and the excluded code together, when applicable.
C- That the two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.
D- It is a pure excludes note, meaning 'NOT CODED HERE!'

Answer:

B

Explanation:

In ICD-10-CM coding, an Excludes2 note under a code indicates that the condition listed in the note is not included in the definition of the code, but it does not necessarily mean they cannot coexist. This type of note means that while the conditions are distinct, it may be appropriate to report both codes if a patient has both conditions at the same time.

A . is incorrect because Excludes1, not Excludes2, indicates that certain codes should not be reported together.

C . is a description of an Excludes1 note, which implies that the two conditions should not be coded together because they cannot occur simultaneously.

D . is also a description of an Excludes1 note, which serves as a 'NOT CODED HERE!' directive.

Therefore, the correct answer is B. It is acceptable to report both the code and the excluded code together, when applicable.

Question 7

Question Type: MultipleChoice

Refer to the supplemental information when answering this question:

View MR 138093

What E/M coding is reported?

Options:

A- 99285-25, 99291-25, 92950, 31500, 82803
B- 99291-25, 92950, 31500, 82803
C- 99285
D- 99291-25, 99292-25, 92950, 31500

Answer:

B

Explanation:

This patient presents to the ER with syncope, requiring a comprehensive evaluation and critical care. Here's the breakdown of the codes:

CPT Code 99291-25: Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

This code is appropriate because the patient's syncope and vital signs (low blood pressure, shallow respirations, low oxygen saturation) indicate a critical condition requiring immediate intervention.

Modifier -25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service. This modifier is appended because the critical care services were provided in addition to the separately reported procedures below.

CPT Code 92950: Cardiopulmonary resuscitation (eg, CPR, external cardiac massage, endotracheal intubation, ventilation)

While the documentation doesn't explicitly mention CPR, it states the patient was unresponsive upon arrival but had spontaneous pulse and respirations. This suggests possible resuscitation efforts were performed by the paramedics before the physician's assessment.

CPT Code 31500: Intubation, endotracheal, emergency procedure

Although not explicitly stated, the documentation indicates the patient was placed on 'high flow oxygen,' which strongly suggests endotracheal intubation was performed to manage the patient's respiratory distress.

CPT Code 82803: Blood gases, arterial, pH, PCO2, PO2, with oxygen saturation; interpretation and report

This code is likely reported based on the patient's respiratory distress and the need to monitor

their oxygenation status.

Why other options are incorrect:

99285: This is a standard emergency department visit code and doesn't capture the critical nature of the patient's condition.

99285-25, 99291-25, 92950, 31500, 82803: This includes 99285, which is not necessary as 99291 encompasses the evaluation and management.

99291-25, 99292-25, 92950, 31500: This includes 99292, which is for subsequent critical care time. There's no indication in the documentation that the physician provided critical care beyond the initial 74 minutes.

CPT Codes 99281-99285: Emergency department visits

CPT Codes 99291-99292: Critical care services

CPT Code 92950: Cardiopulmonary resuscitation

CPT Code 31500: Endotracheal intubation

CPT Code 82803: Arterial blood gases

AAPC Coder's Desk Reference: This resource provides detailed information on coding guidelines and procedures.

Question 8

Question Type: MultipleChoice

A comatose patient is seen in the ER. The patient has a history of depression. Drug testing confirm she overdosed on tricyclic antidepressant drugs doxepin, amoxapine, and clomipramine.

What CPT code is reported?

Options:

A- 80366
B- 80335
C- 80332
D- 80338

Answer:

A

Explanation:

For a comatose patient who has overdosed on tricyclic antidepressant drugs (doxepin, amoxapine, and clomipramine), the correct CPT code is 80366. This code covers drug testing for tricyclic antidepressants, which includes the specific drugs mentioned in the scenario.

AMA's CPT Professional Edition (current year)

P2P exams

Question 9

Question Type: MultipleChoice

View MR 004397

MR 004397

Operative Report

Preoperative Diagnosis: Calculi of the gallbladder

Postoperative Diagnosis: Calculi of the gallbladder, chronic cholecystitis

Procedure: Cholecystectomy

Indications: The patient is a 50-year-old woman who has a history of RUQ pain, which ultrasound revealed to be multiple gallstones. She presents for removal of her gallbladder.

Procedure: The patient was brought to the OR and prepped and draped in a normal sterile fashion. After adequate general endotracheal anesthesia was obtained, a trocar was placed and C02 was insufflated into the abdomen until an adequate pneumoperitoneum was achieved. A laparoscope was placed at the umbilicus and the gallbladder and liver bed were visualized. The gallbladder was enlarged and thickened, and there was evidence of chronic inflammatory changes. Two additional ports were placed and graspers were used to free the gallbladder from the liver bed with a combination of sharp dissection and electrocautery. Cystic artery and duct are clipped. Dye is injected in the gallbladder. Cholangiography revealed no intraluminal defect or obstruction. Gallbladder is dissected from the liver bed. The scope and trocars are removed.

What CPT coding is reported for this case?

Options:

A- 47562, 74300-26

B- 47563, 74300-26
C- 47605, 74300-26
D- 47600, 74300-26

Answer:

B

Explanation:

47563: Laparoscopic cholecystectomy with cholangiography is coded as 47563. The report details the laparoscopic removal of the gallbladder with intraoperative cholangiography.

74300-26: The radiological supervision and interpretation for the cholangiography is coded as 74300 with modifier -26 (Professional Component) since the interpretation was done by the physician.

CPT Professional Edition, AMA

Question 10

Question Type: MultipleChoice

What is the medical term for a procedure that creates a connection between the gallbladder and the small intestine?

Options:

A- Hepatocholangiostomy
B- Cholecystnephrostomy
C- Cholangiogastrostomy
D- Cholecystenterostomy

Answer:

D

Explanation:

Cholecyst- = gallbladder

Entero- = intestine

-ostomy = creation of an opening

Cholecystenterostomy is the correct term for surgically creating a connection between the gallbladder and the intestine.

This aligns with surgical terminology commonly tested in the CPT digestive system section (40000--49999).

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