

CPC Practice Test #4

- 100 Full-Length Questions
- 4 Hours to Complete
- Have Questions? Explanations Included

Check out all 5 of our Full-Length Practice tests and our Practice Tool at medicalcodingace.com/practice.

Ready to get started?

Make sure you have your reference books:

- [CPT Professional and E/M Reference \(AMA\)](#)
- [ICD-10-CM Codebook \(AMA\)](#)
- [HCPCS Level II Codebook \(AMA/AAPC\)](#)

TEST BEGINS ON NEXT PAGE
ANSWER KEY AT END

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Welcome to *YOUR* practice test!

Whatever is the right way for you to take this test is the right way.

And remember to use your tabs, take breaks, and drink water.
You got this!

Good luck!

*Any questions, feedback, requests for the future, or
corrections?*

*Send an email to medicalcodingace@gmail.com, and we'll get
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something to share with a friend!*

TIMER START

4 HOURS

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1. According to CPT coding guidelines, if a physician performs a procedure that has both a technical and professional component, but only performs the professional component, how should the procedure be coded?

- A. Append modifier -26 to the procedure code
- B. Append modifier -TC to the procedure code
- C. Use a separate code for the professional component
- D. Do not use any modifiers

2. Which of the following statements about the Stark Law is TRUE?

- A. It prohibits physicians from referring Medicare patients to any healthcare entity
- B. It allows physicians to refer patients to entities in which they have a financial relationship if certain exceptions are met
- C. It only applies to Medicaid patients
- D. It only applies to outpatient services

3. A patient had a thyroid nodule that required a fine needle aspiration biopsy. Which CPT code is suitable for this procedure?

- A. 60000
- B. 60100
- C. 60200
- D. 60201

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4. A patient is provided with a nasal continuous positive airway pressure (CPAP) device for the treatment of obstructive sleep apnea. Which HCPCS Level II code should be used for this device?

- A. E0601
- B. E0470
- C. E0471
- D. E0562

5. A patient required suturing of a small wound in the vestibule of the mouth. Which CPT code corresponds to this procedure?

- A. 40800
- B. 40801
- C. 40808
- D. 40810

6. Dr. Jackson performs surgeries to correct deformities in the face and jaw to improve function and appearance. Which medical specialty does Dr. Jackson belong to?

- A. Orthopedic surgery
- B. Oral and maxillofacial surgery
- C. Plastic surgery
- D. Neurosurgery

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7. A patient had a hematoma drained from their upper arm. Which CPT code is suitable for incision and drainage of a hematoma, seroma, or fluid collection in the skin and subcutaneous tissues of the arm or leg?

- A. 20006
- B. 20008
- C. 20010
- D. 20015

8. Which CPT code represents a complete blood count (CBC) with automated differential white blood cell (WBC) count?

- A. 85025
- B. 85027
- C. 85032
- D. 85048

9. Dr. Smith, a pediatric cardiologist, performs a detailed evaluation of a child with a congenital heart defect. Which medical specialty does Dr. Smith belong to?

- A. Pediatric nephrology
- B. Pediatric cardiology
- C. Pediatric endocrinology
- D. Pediatric rheumatology

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10. Under the False Claims Act, what can happen to a provider who knowingly submits a false claim to the federal government?

- A. They can be fined
- B. They can face criminal charges
- C. They can be excluded from participating in federal healthcare programs
- D. All of the above

11. Which CPT code is used for a subtotal thyroidectomy?

- A. 60210
- B. 60212
- C. 60220
- D. 60225

12. A patient had three benign moles removed from their face. The excised diameter of each mole was less than 0.5 cm. Which CPT code should be used?

- A. 11400
- B. 11420
- C. 11440
- D. 11401

13. Which CPT code corresponds to the removal of skin tags, multiple fibrocutaneous tags, any area, up to and including 15 lesions?

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- A. 11200
- B. 11201
- C. 11300
- D. 11301

14. Dr. Johnson performed an excision of a single thyroid nodule. Which CPT code is used for this procedure?

- A. 60210
- B. 60212
- C. 60220
- D. 60240

15. Which CPT code corresponds to the shaving of epidermal or dermal lesions, single lesion, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less?

- A. 11300
- B. 11301
- C. 11302
- D. 11303

16. Which CPT code is used for a frenulectomy (frenectomy or frenotomy) of the tongue?

- A. 40830
- B. 40831
- C. 41115

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D. 41116

17. Which part of the human body is primarily responsible for detoxifying chemicals and metabolizing drugs?

- A. Liver
- B. Kidneys
- C. Lungs
- D. Pancreas

18. What does the term 'neurology' refer to?

- A. Study of the kidneys
- B. Study of the brain and nervous system
- C. Study of the heart
- D. Study of the bones

19. A patient undergoes an X-ray examination of the knee, including three views. Which CPT code should be used for this service?

- A. 73560
- B. 73562
- C. 73564
- D. 73565

20. A patient is diagnosed with essential (primary) hypertension. Which ICD-10-CM code represents this diagnosis?

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- A. I10
- B. I11.9
- C. I12.9
- D. I13.10

21. Which HCPCS Level II code represents a manual wheelchair with fixed full arms and swing-away detachable footrests?

- A. K0001
- B. K0002
- C. K0003
- D. K0004

22. Which part of the brain is responsible for regulating vital functions such as heart rate and breathing?

- A. Cerebellum
- B. Medulla oblongata
- C. Cerebrum
- D. Hypothalamus

23. A patient undergoes a procedure to repair a hernia and receives general anesthesia. Which anesthesia code series would be appropriate for this surgery?

- A. 00100-00150
- B. 00160-00222

Medical Coding Ace

C. 00300-00352

D. 00400-00474

24. According to HIPAA, which of the following is NOT considered a covered entity?

A. Healthcare provider

B. Health insurance company

C. Employer

D. Healthcare clearinghouse

25. The term 'cardiomegaly' refers to which of the following conditions?

A. Enlargement of the heart

B. Shrinking of the heart

C. Inflammation of the heart

D. Blockage in the heart

26. Which CPT code corresponds to a biopsy of the kidney through the skin?

A. 50020

B. 50021

C. 50040

D. 50060

27. A 40-year-old patient visits the emergency department at midnight due to severe abdominal pain. The physician

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provides a detailed history, examination, and high complexity medical decision-making. Which CPT code should be used?

- A. 99281
- B. 99282
- C. 99283
- D. 99284

28. A patient receives an injection of Botox for the treatment of severe underarm sweating. Which HCPCS Level II code corresponds to the Botox injection?

- A. J0585
- B. J0586
- C. J0587
- D. J0588

29. Which CPT code represents a computed tomography (CT) scan of the abdomen and pelvis with contrast?

- A. 74176
- B. 74177
- C. 74178
- D. 74150

30. In ICD-10-CM, if a patient comes in for a follow-up for a condition that no longer exists, how should it be coded?

- A. Code the condition as if it still exists

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- B. Code the reason for the encounter followed by the condition
- C. Code only the reason for the encounter
- D. Code the condition and use a seventh character to indicate it's a follow-up

31. Dr. Smith performed a surgical correction of a deviated nasal septum (septoplasty). What CPT code should be used for this procedure?

- A. 30100
- B. 30110
- C. 30520
- D. 30530

32. A patient had a foreign body removed from their foot. Which CPT code corresponds to the removal of a foreign body from the subcutaneous tissues of the foot?

- A. 20010
- B. 20015
- C. 20016
- D. 20020

33. A patient visits Dr. Allen, who specializes in the diagnosis and treatment of allergic conditions. Which medical specialty does Dr. Allen belong to?

- A. Immunology

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- B. Rheumatology
- C. Endocrinology
- D. Allergy and immunology

34. A patient undergoes a mammography for screening purposes. Which CPT code should be used for this service?

- A. 77065
- B. 77066
- C. 77067
- D. 77070

35. A patient had a foreign body removed from the subcutaneous tissues of their back. What CPT code should be used for this procedure?

- A. 20010
- B. 20015
- C. 20016
- D. 20020

36. A patient underwent a surgical removal of a kidney stone through an incision in the renal pelvis. Which CPT code should be used for this procedure?

- A. 50020
- B. 50060
- C. 50200
- D. 50205

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37. A patient underwent a parathyroidectomy for hyperparathyroidism. Which CPT code corresponds to this procedure?

- A. 60210
- B. 60220
- C. 60225
- D. 60240

38. A physician provides 40 minutes of critical care to a 50-year-old patient in the ICU. Which CPT code corresponds to this service?

- A. 99291
- B. 99292
- C. 99293
- D. 99294

39. The femur, tibia, and fibula are bones found in which part of the body?

- A. Arm
- B. Leg
- C. Spine
- D. Ribcage

40. A patient had an abscess drained from their chest wall. Which CPT code corresponds to incision and drainage of an

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abscess, carbuncle, or suppurative hidradenitis of the skin and subcutaneous tissues of the chest?

- A. 20000
- B. 20001
- C. 20002
- D. 20003

41. A patient comes to the clinic for the removal of a cyst on their arm. Which CPT code corresponds to the excision of a cyst, benign lesion, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less?

- A. 11400
- B. 11401
- C. 11402
- D. 11403

42. A patient receives an infusion of Remicade for the treatment of Crohn's disease. Which HCPCS Level II code corresponds to the Remicade infusion?

- A. J1745
- B. J1756
- C. J1762
- D. J1786

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43. A patient had a malignant lesion excised from their chest, measuring 3.2 cm in size. Which CPT code is suitable for this procedure?

- A. 11604
- B. 11605
- C. 11606
- D. 11620

44. A patient required the total removal of the thyroid. Which CPT code should be used for this procedure?

- A. 60210
- B. 60212
- C. 60220
- D. 60225

45. Which CPT code corresponds to the removal of a foreign body from the mouth; intraoral?

- A. 40801
- B. 40804
- C. 40805
- D. 40806

46. A patient receives an MRI of the brain without contrast. Which CPT code corresponds to this procedure?

- A. 70551

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- B. 70552
- C. 70553
- D. 70540

47. A patient underwent incision of nasal septal abscess. Which CPT code corresponds to this procedure?

- A. 30000
- B. 30100
- C. 30110
- D. 30115

48. Which ICD-10-CM code represents a patient diagnosed with Type 2 diabetes mellitus without complications?

- A. E11.9
- B. E10.9
- C. E13.9
- D. E08.9

49. A 72-year-old patient, who is established with the clinic, comes in for a comprehensive preventive medicine reevaluation. Which CPT code corresponds to this service?

- A. 99396
- B. 99397
- C. 99395
- D. 99385

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50. A patient underwent a vestibuloplasty procedure, including grafting, in the lower jaw. Which CPT code is suitable for this procedure?

- A. 40830
- B. 40831
- C. 40840
- D. 40842

51. Which ICD-10-CM code represents a patient diagnosed with insomnia, unspecified?

- A. G47.00
- B. G47.10
- C. G47.20
- D. G47.9

52. A patient was diagnosed with a renal abscess which required percutaneous drainage with the guidance of imaging. Which CPT code is used for this procedure?

- A. 50020
- B. 50021
- C. 50040
- D. 50045

53. A patient had a malignant lesion removed from their back, which was 1.4 cm in size. Which CPT code is suitable for this procedure?

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- A. 11600
- B. 11601
- C. 11602
- D. 11603

54. A patient underwent a biopsy of a nasal lesion. Which CPT code should be used for this procedure?

- A. 30000
- B. 30100
- C. 30110
- D. 30120

55. Dr. Lee performed a biopsy on the floor of the mouth. Which CPT code should be used for this procedure?

- A. 40800
- B. 40801
- C. 40802
- D. 40803

56. Which ICD-10-CM code is used for a patient diagnosed with acute sinusitis, unspecified?

- A. J01.00
- B. J01.10
- C. J01.90
- D. J02.9

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57. A patient consults Dr. Miller for issues related to bone density and osteoporosis. Dr. Miller specializes in the study and treatment of metabolic bone diseases. What is Dr. Miller's specialty?

- A. Endocrinology
- B. Rheumatology
- C. Orthopedics
- D. Neurology

58. A patient provides a stool sample to test for the presence of blood. Which CPT code corresponds to this lab test?

- A. 82270
- B. 82272
- C. 82274
- D. 82275

59. Which HCPCS Level II code represents an elastic bandage, width less than 3 inches, per yard?

- A. A6442
- B. A6443
- C. A6444
- D. A6445

60. Which term describes the surgical removal of the appendix?

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- A. Appendicitis
- B. Appendectomy
- C. Appendicular
- D. Appendix

61. Which term refers to the visual examination of a joint?

- A. Arthroscopy
- B. Arthralgia
- C. Arthroplasty
- D. Arthrotomy

62. Which of the following is considered a potential breach of patient confidentiality according to the Health Insurance Portability and Accountability Act (HIPAA)?

- A. Discussing a patient's condition with another physician involved in the patient's care
- B. Leaving a patient's medical record open on a computer screen in a public area
- C. Asking a patient for consent to share their information for research purposes
- D. Using a patient's de-identified information for a case study

63. A new patient visits a cardiologist's office for chest pain. The cardiologist spends 45 minutes with the patient, taking an extended history, performing a detailed examination, and

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making a decision of moderate complexity. Which CPT code should be used for this office visit?

- A. 99201
- B. 99203
- C. 99204
- D. 99205

64. The humerus, ulna, and radius are bones found in which part of the body?

- A. Leg
- B. Arm
- C. Spine
- D. Ribcage

65. A patient is provided with a semi-electric (head and foot adjustment) hospital bed. Which HCPCS Level II code should be used for this type of bed?

- A. E0250
- B. E0251
- C. E0260
- D. E0261

66. A patient underwent the removal of a malignant lesion from their scalp, which had an excised diameter of 0.9 cm. What is the appropriate CPT code for this procedure?

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- A. 11620
- B. 11621
- C. 11622
- D. 11623

67. Which ICD-10-CM code represents a patient diagnosed with acute bronchitis due to *Mycoplasma pneumoniae*?

- A. J20.0
- B. J20.1
- C. J20.2
- D. J20.9

68. A patient provides a urine sample for a drug screen. The lab uses a qualitative method to test for multiple drug classes. Which CPT code corresponds to this lab test?

- A. 80305
- B. 80306
- C. 80307
- D. 80320

69. A patient is diagnosed with irritable bowel syndrome without diarrhea. Which ICD-10-CM code should be used for this diagnosis?

- A. K58.0
- B. K58.1
- C. K58.9

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D. K59.1

70. Which CPT code is appropriate for the incision and drainage of an abscess located in the axillary region?

A. 20000

B. 20001

C. 20002

D. 20003

71. A patient is diagnosed with an uncomplicated urinary tract infection. Which ICD-10-CM code should be used for this diagnosis?

A. N39.0

B. N30.00

C. N30.9

D. N31.9

72. In ICD-10-CM, if two conditions are related and there's a combination code available, but the documentation doesn't link them, how should they be coded?

A. Code only the primary condition

B. Use the combination code

C. Code both conditions separately

D. Use an external cause code to link them

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73. Which anesthesia code should be used for a patient undergoing a tympanoplasty?

- A. 00120
- B. 00124
- C. 00126
- D. 00140

74. A patient undergoes a laboratory test to measure the level of glucose in the blood. Which CPT code should be used for this procedure?

- A. 83036
- B. 83037
- C. 82947
- D. 82950

75. Which organ is responsible for producing insulin?

- A. Kidneys
- B. Pancreas
- C. Liver
- D. Lungs

76. A patient undergoes a bronchoscopic procedure and receives anesthesia. Which anesthesia code series is most appropriate for this procedure?

- A. 00100-00150

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- B. 00160-00222
- C. 00300-00352
- D. 00400-00474

77. A 35-year-old patient receives anesthesia for a procedure on the bones of the upper arm, including a biopsy. Which anesthesia code series should be used?

- A. 00100-00150
- B. 00160-00222
- C. 00300-00352
- D. 00400-00474

78. Which ICD-10-CM code is used for a patient diagnosed with gastro-esophageal reflux disease without esophagitis?

- A. K21.0
- B. K21.9
- C. K22.0
- D. K22.8

79. Dr. Allen performed a nephrostomy for temporary drainage. Which CPT code represents this procedure?

- A. 50020
- B. 50040
- C. 50200
- D. 50205

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80. Dr. Gray performed an incision and drainage of an abscess in the submental space. Which CPT code should be used?

- A. 41000
- B. 41005
- C. 41006
- D. 41007

81. Dr. Smith performed a diagnostic biopsy of a skin lesion on the neck of a patient. Which CPT code is suitable for this procedure?

- A. 20004
- B. 20005
- C. 20006
- D. 20007

82. A physician reviews old records and history, examines the patient, and decides on a plan of action during a consultation. Which CPT code series is used for this scenario?

- A. 99201-99215
- B. 99221-99233
- C. 99241-99245
- D. 99251-99255

83. The term 'dermatitis' refers to which of the following conditions?

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- A. Inflammation of the skin
- B. Infection of the skin
- C. Study of the skin
- D. Surgical removal of the skin

84. In ICD-10-CM, how should a patient's visit for chemotherapy for a malignant neoplasm of the colon be coded?

- A. Code only the chemotherapy
- B. Code the malignant neoplasm followed by the chemotherapy
- C. Code only the malignant neoplasm
- D. Code the chemotherapy followed by the malignant neoplasm

85. A patient is diagnosed with a major depressive disorder, single episode, moderate. Which ICD-10-CM code should be used for this diagnosis?

- A. F32.0
- B. F32.1
- C. F32.2
- D. F32.9

86. A 23-year-old patient visits a clinic for a comprehensive preventive medicine evaluation. Which CPT code should be used for this service?

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- A. 99385
- B. 99386
- C. 99387
- D. 99395

87. A patient is seen for an excision of a nasal vestibule lesion. Which CPT code would be used for this procedure?

- A. 30100
- B. 30110
- C. 30115
- D. 30120

88. Which HCPCS Level II code represents a sterile saline solution, 500 ml?

- A. J7030
- B. J7040
- C. J7050
- D. J7060

89. In medical coding, 'upcoding' refers to which of the following practices?

- A. Coding for a higher level of service than what was actually provided
- B. Coding for a lower level of service than what was actually provided

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- C. Coding for services that were not provided at all
- D. Coding for services using outdated codes

90. Which CPT code is used for a partial nephrectomy?

- A. 50020
- B. 50040
- C. 50200
- D. 50220

91. Dr. Johnson performed a diagnostic biopsy of a skin lesion on a patient's leg. Which CPT code is suitable for this procedure?

- A. 20004
- B. 20005
- C. 20006
- D. 20007

92. A patient underwent a closed nasal bone fracture reduction without stabilization. Which CPT code should be used for this procedure?

- A. 30000
- B. 30001
- C. 30110
- D. 21315

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93. Which CPT code represents the removal of a thyroid cyst?

- A. 60000
- B. 60100
- C. 60200
- D. 60201

94. According to CPT guidelines, if a bilateral procedure is performed and there's a specific bilateral code available, how should it be coded?

- A. Use the bilateral code once
- B. Use the unilateral code and append modifier -50
- C. Use the unilateral code twice - once for each side
- D. Use the bilateral code and append modifier -50

95. Which federal agency is responsible for the administration and enforcement of the Health Insurance Portability and Accountability Act (HIPAA)?

- A. Centers for Medicare & Medicaid Services (CMS)
- B. Department of Health and Human Services (HHS)
- C. Office for Civil Rights (OCR)
- D. Federal Trade Commission (FTC)

96. The term 'hepatitis' refers to what kind of condition?

- A. Inflammation of the liver

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- B. Enlargement of the liver
- C. Infection of the liver
- D. Blockage in the liver

97. A patient is diagnosed with generalized anxiety disorder. Which ICD-10-CM code corresponds to this diagnosis?

- A. F41.0
- B. F41.1
- C. F41.8
- D. F41.9

98. Dr. Martinez performed a rhinoplasty for a post-traumatic nasal deformity. What CPT code corresponds to this procedure?

- A. 30400
- B. 30410
- C. 30420
- D. 30430

99. A patient underwent an incision of multiple renal cysts. Which CPT code should be used for this procedure?

- A. 50020
- B. 50040
- C. 50045
- D. 50060

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100. Which CPT code represents the treatment of nasal hemorrhage, anterior, simple (e.g., epistaxis, nosebleed)?

- A. 30901
- B. 30903
- C. 30905
- D. 30906

Answer Key

Use the [] boxes to mark your correct answers and count your score :).

Want to know why a particular answer was more correct? Explanations for every question are in the section after this, labeled "Explanations".

Passing score: 70 correct out of 100 questions total.

- ☐ 1. A. Append modifier -26 to the procedure code
- ☐ 2. B. It allows physicians to refer patients to entities in which they have a financial relationship if certain exceptions are met
- ☐ 3. B. 60100
- ☐ 4. A. E0601
- ☐ 5. C. 40808
- ☐ 6. B. Oral and maxillofacial surgery
- ☐ 7. C. 20010
- ☐ 8. A. 85025
- ☐ 9. B. Pediatric cardiology
- ☐ 10. D. All of the above
- ☐ 11. D. 60225
- ☐ 12. C. 11440
- ☐ 13. A. 11200
- ☐ 14. B. 60212
- ☐ 15. A. 11300

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- [] 16. C. 41115
- [] 17. A. Liver
- [] 18. B. Study of the brain and nervous system
- [] 19. B. 73562
- [] 20. A. I10
- [] 21. A. K0001
- [] 22. B. Medulla oblongata
- [] 23. D. 00400-00474
- [] 24. C. Employer
- [] 25. A. Enlargement of the heart
- [] 26. B. 50021
- [] 27. D. 99284
- [] 28. A. J0585
- [] 29. B. 74177
- [] 30. C. Code only the reason for the encounter
- [] 31. C. 30520
- [] 32. C. 20016
- [] 33. D. Allergy and immunology
- [] 34. C. 77067
- [] 35. B. 20015
- [] 36. B. 50060
- [] 37. D. 60240
- [] 38. A. 99291
- [] 39. B. Leg
- [] 40. A. 20000
- [] 41. A. 11400
- [] 42. A. J1745
- [] 43. A. 11604
- [] 44. C. 60220

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- [] 45. B. 40804
- [] 46. A. 70551
- [] 47. D. 30115
- [] 48. A. E11.9
- [] 49. B. 99397
- [] 50. C. 40840
- [] 51. A. G47.00
- [] 52. C. 50040
- [] 53. C. 11602
- [] 54. B. 30100
- [] 55. C. 40802
- [] 56. C. J01.90
- [] 57. A. Endocrinology
- [] 58. A. 82270
- [] 59. A. A6442
- [] 60. B. Appendectomy
- [] 61. A. Arthroscopy
- [] 62. B. Leaving a patient's medical record open on a computer screen in a public area
- [] 63. C. 99204
- [] 64. B. Arm
- [] 65. C. E0260
- [] 66. A. 11620
- [] 67. A. J20.0
- [] 68. A. 80305
- [] 69. C. K58.9
- [] 70. B. 20001
- [] 71. A. N39.0
- [] 72. C. Code both conditions separately

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- [] 73. C. 00126
- [] 74. C. 82947
- [] 75. B. Pancreas
- [] 76. C. 00300-00352
- [] 77. C. 00300-00352
- [] 78. B. K21.9
- [] 79. C. 50200
- [] 80. B. 41005
- [] 81. B. 20005
- [] 82. C. 99241-99245
- [] 83. A. Inflammation of the skin
- [] 84. B. Code the malignant neoplasm followed by the chemotherapy
- [] 85. B. F32.1
- [] 86. A. 99385
- [] 87. A. 30100
- [] 88. A. J7030
- [] 89. A. Coding for a higher level of service than what was actually provided
- [] 90. D. 50220
- [] 91. C. 20006
- [] 92. D. 21315
- [] 93. C. 60200
- [] 94. A. Use the bilateral code once
- [] 95. C. Office for Civil Rights (OCR)
- [] 96. A. Inflammation of the liver
- [] 97. B. F41.1
- [] 98. A. 30400
- [] 99. C. 50045

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[] 100. A. 30901

Explanations

1. According to CPT coding guidelines, if a physician performs a procedure that has both a technical and professional component, but only performs the professional component, how should the procedure be coded?

Answer: A. Append modifier -26 to the procedure code

Explanation:

According to CPT coding guidelines, if a physician only performs the professional component of a procedure that has both a technical and professional component, the procedure code should be appended with modifier -26 to indicate that only the professional component was performed.

2. Which of the following statements about the Stark Law is TRUE?

Answer: B. It allows physicians to refer patients to entities in which they have a financial relationship if certain exceptions are met

Explanation:

The Stark Law prohibits physicians from referring Medicare and Medicaid patients for certain designated health services

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to an entity with which the physician, or an immediate family member, has a financial relationship unless an exception applies. Therefore, referrals are allowed if certain exceptions are met.

3. A patient had a thyroid nodule that required a fine needle aspiration biopsy. Which CPT code is suitable for this procedure?

Answer: B. 60100

Explanation:

Code 60100 is used for a biopsy of the thyroid with a needle. The other codes describe different procedures involving the thyroid or parathyroid.

4. A patient is provided with a nasal continuous positive airway pressure (CPAP) device for the treatment of obstructive sleep apnea. Which HCPCS Level II code should be used for this device?

Answer: A. E0601

Explanation:

Code E0601 represents a continuous airway pressure (CPAP) device. The other codes describe different types of respiratory assist devices or related equipment.

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5. A patient required suturing of a small wound in the vestibule of the mouth. Which CPT code corresponds to this procedure?

Answer: C. 40808

Explanation:

Code 40808 represents suturing of a small wound in the vestibule of the mouth. The other codes describe different procedures involving the vestibule of the mouth or biopsies.

6. Dr. Jackson performs surgeries to correct deformities in the face and jaw to improve function and appearance. Which medical specialty does Dr. Jackson belong to?

Answer: B. Oral and maxillofacial surgery

Explanation:

Dr. Jackson belongs to the medical specialty of Oral and maxillofacial surgery, which focuses on surgical procedures to treat conditions, defects, injuries, and aesthetic aspects of the mouth, teeth, jaws, and face.

7. A patient had a hematoma drained from their upper arm. Which CPT code is suitable for incision and drainage of a

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hematoma, seroma, or fluid collection in the skin and subcutaneous tissues of the arm or leg?

Answer: C. 20010

Explanation:

Code 20010 pertains to the incision and drainage of a hematoma, seroma, or fluid collection of the skin and subcutaneous tissues of the arm or leg. The other codes describe procedures on different locations or different conditions.

8. Which CPT code represents a complete blood count (CBC) with automated differential white blood cell (WBC) count?

Answer: A. 85025

Explanation:

Code 85025 is used for a complete blood count (CBC) with automated differential white blood cell (WBC) count. The other codes describe different components of blood tests or specific white blood cell counts.

9. Dr. Smith, a pediatric cardiologist, performs a detailed evaluation of a child with a congenital heart defect. Which medical specialty does Dr. Smith belong to?

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Answer: B. Pediatric cardiology

Explanation:

Dr. Smith belongs to the medical specialty of Pediatric cardiology, which deals with heart conditions in children.

10. Under the False Claims Act, what can happen to a provider who knowingly submits a false claim to the federal government?

Answer: D. All of the above

Explanation:

Under the False Claims Act, a provider who knowingly submits a false claim to the federal government can face fines, criminal charges, and be excluded from participating in federal healthcare programs. All the options listed are potential consequences for violating the act.

11. Which CPT code is used for a subtotal thyroidectomy?

Answer: D. 60225

Explanation:

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Code 60225 represents a subtotal thyroidectomy. The other codes describe different levels of thyroidectomy or related procedures.

12. A patient had three benign moles removed from their face. The excised diameter of each mole was less than 0.5 cm. Which CPT code should be used?

Answer: C. 11440

Explanation:

Code 11440 pertains to the excision of benign lesions on the face, ears, eyelids, nose, or lips with an excised diameter of 0.5 cm or less. The other options reference different locations or sizes.

13. Which CPT code corresponds to the removal of skin tags, multiple fibrocutaneous tags, any area, up to and including 15 lesions?

Answer: A. 11200

Explanation:

Code 11200 is designated for the removal of skin tags, with the number being up to and including 15 lesions. The other codes do not specify the removal of skin tags or refer to different procedures.

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14. Dr. Johnson performed an excision of a single thyroid nodule. Which CPT code is used for this procedure?

Answer: B. 60212

Explanation:

Code 60212 represents excision of a single thyroid nodule. The other codes describe different levels of thyroidectomy or related procedures.

15. Which CPT code corresponds to the shaving of epidermal or dermal lesions, single lesion, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less?

Answer: A. 11300

Explanation:

Code 11300 is used for the shaving of epidermal or dermal lesions on the face, ears, eyelids, nose, or lips with an excised diameter of 0.5 cm or less. The other codes reference different diameters.

16. Which CPT code is used for a frenulectomy (frenectomy or frenotomy) of the tongue?

Answer: C. 41115

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Explanation:

Code 41115 corresponds to the excision of frenum, lingual (e.g., ankyloglossia). The other codes relate to different procedures involving the vestibule of the mouth or excisions.

17. Which part of the human body is primarily responsible for detoxifying chemicals and metabolizing drugs?

Answer: A. Liver

Explanation:

The liver has various functions, one of which is detoxifying chemicals and metabolizing drugs. The kidneys primarily filter blood and produce urine, the lungs are responsible for oxygenating blood, and the pancreas plays a key role in digestion and insulin production.

18. What does the term 'neurology' refer to?

Answer: B. Study of the brain and nervous system

Explanation:

'Neurology' refers to the study of the brain and nervous system. The word root 'neuro-' refers to the nerves or nervous system, and the suffix '-logy' means study of.

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19. A patient undergoes an X-ray examination of the knee, including three views. Which CPT code should be used for this service?

Answer: B. 73562

Explanation:

Code 73562 is used for an X-ray of the knee with three views. The other codes describe X-rays of the knee with one, four, or more views.

20. A patient is diagnosed with essential (primary) hypertension. Which ICD-10-CM code represents this diagnosis?

Answer: A. I10

Explanation:

Code I10 represents essential (primary) hypertension. This code is used when a patient is diagnosed with hypertension without a known secondary cause.

21. Which HCPCS Level II code represents a manual wheelchair with fixed full arms and swing-away detachable footrests?

Medical Coding Ace

Answer: A. K0001

Explanation:

Code K0001 represents a standard wheelchair, including those with fixed full arms and swing-away detachable footrests. The other codes represent different types or specifications of manual wheelchairs.

22. Which part of the brain is responsible for regulating vital functions such as heart rate and breathing?

Answer: B. Medulla oblongata

Explanation:

The medulla oblongata is a part of the brainstem and is responsible for regulating vital functions like heart rate, breathing, and blood pressure.

23. A patient undergoes a procedure to repair a hernia and receives general anesthesia. Which anesthesia code series would be appropriate for this surgery?

Answer: D. 00400-00474

Explanation:

Medical Coding Ace

The anesthesia code series 00400-00474 is used for procedures on the integumentary system, including hernia repairs. The other code series are used for different body systems or specific procedures.

24. According to HIPAA, which of the following is NOT considered a covered entity?

Answer: C. Employer

Explanation:

According to HIPAA, covered entities include healthcare providers, health insurance companies, and healthcare clearinghouses. Employers are not considered covered entities under HIPAA.

25. The term 'cardiomegaly' refers to which of the following conditions?

Answer: A. Enlargement of the heart

Explanation:

'Cardiomegaly' refers to the enlargement of the heart. The prefix 'cardio-' refers to the heart, and the suffix '-megaly' means enlargement.

Medical Coding Ace

26. Which CPT code corresponds to a biopsy of the kidney through the skin?

Answer: B. 50021

Explanation:

Code 50021 is used for a percutaneous biopsy of the kidney. The other codes describe different renal procedures or conditions.

27. A 40-year-old patient visits the emergency department at midnight due to severe abdominal pain. The physician provides a detailed history, examination, and high complexity medical decision-making. Which CPT code should be used?

Answer: D. 99284

Explanation:

Code 99284 is used for an emergency department visit that requires a detailed history, examination, and high complexity medical decision-making. The other codes describe different levels of emergency department services.

28. A patient receives an injection of Botox for the treatment of severe underarm sweating. Which HCPCS Level II code corresponds to the Botox injection?

Medical Coding Ace

Answer: A. J0585

Explanation:

Code J0585 represents an injection of onabotulinumtoxinA, which is the generic name for Botox. The other codes represent different types of botulinum toxin injections.

29. Which CPT code represents a computed tomography (CT) scan of the abdomen and pelvis with contrast?

Answer: B. 74177

Explanation:

Code 74177 is used for a CT scan of the abdomen and pelvis with contrast. The other codes describe CT scans without contrast or both with and without contrast.

30. In ICD-10-CM, if a patient comes in for a follow-up for a condition that no longer exists, how should it be coded?

Answer: C. Code only the reason for the encounter

Explanation:

According to ICD-10-CM guidelines, if the patient is being seen for a follow-up for a condition that no longer exists, only

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the reason for the encounter (i.e., the follow-up) should be coded.

31. Dr. Smith performed a surgical correction of a deviated nasal septum (septoplasty). What CPT code should be used for this procedure?

Answer: C. 30520

Explanation:

Code 30520 represents septoplasty. The other options describe different procedures related to the nose.

32. A patient had a foreign body removed from their foot. Which CPT code corresponds to the removal of a foreign body from the subcutaneous tissues of the foot?

Answer: C. 20016

Explanation:

Code 20016 is used for the removal of a foreign body from the subcutaneous tissues of the foot. The other options reference different procedures or locations.

33. A patient visits Dr. Allen, who specializes in the diagnosis and treatment of allergic conditions. Which medical specialty does Dr. Allen belong to?

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Answer: D. Allergy and immunology

Explanation:

Dr. Allen belongs to the medical specialty of Allergy and immunology, which deals with the diagnosis and treatment of allergic conditions.

34. A patient undergoes a mammography for screening purposes. Which CPT code should be used for this service?

Answer: C. 77067

Explanation:

Code 77067 is used for a bilateral screening mammography. The other codes are used for diagnostic mammography or bone density studies.

35. A patient had a foreign body removed from the subcutaneous tissues of their back. What CPT code should be used for this procedure?

Answer: B. 20015

Explanation:

Medical Coding Ace

Code 20015 pertains to the removal of a foreign body from the subcutaneous tissues of the back or flank. The other codes correspond to different locations or procedures.

36. A patient underwent a surgical removal of a kidney stone through an incision in the renal pelvis. Which CPT code should be used for this procedure?

Answer: B. 50060

Explanation:

Code 50060 represents removal of a kidney stone through an incision in the renal pelvis. The other codes describe different renal procedures or conditions.

37. A patient underwent a parathyroidectomy for hyperparathyroidism. Which CPT code corresponds to this procedure?

Answer: D. 60240

Explanation:

Code 60240 represents removal of the parathyroid. The other codes describe different procedures involving the thyroid.

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38. A physician provides 40 minutes of critical care to a 50-year-old patient in the ICU. Which CPT code corresponds to this service?

Answer: A. 99291

Explanation:

Code 99291 is used for the first 30-74 minutes of critical care on a given date. The other codes describe additional time or are not valid CPT codes.

39. The femur, tibia, and fibula are bones found in which part of the body?

Answer: B. Leg

Explanation:

The femur, tibia, and fibula are bones found in the leg. The femur is the thigh bone, while the tibia and fibula are the bones of the lower leg.

40. A patient had an abscess drained from their chest wall. Which CPT code corresponds to incision and drainage of an abscess, carbuncle, or suppurative hidradenitis of the skin and subcutaneous tissues of the chest?

Answer: A. 20000

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Explanation:

Code 20000 is used for the incision and drainage of an abscess, carbuncle, or suppurative hidradenitis of the skin and subcutaneous tissues of the trunk. Code 20001 refers to the axillary region, 20002 refers to the pilonidal cyst, and 20003 refers to the perianal region.

41. A patient comes to the clinic for the removal of a cyst on their arm. Which CPT code corresponds to the excision of a cyst, benign lesion, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less?

Answer: A. 11400

Explanation:

Code 11400 refers to the excision of a benign lesion on the face, ears, eyelids, nose, or lips with an excised diameter of 0.5 cm or less. The other codes (11401, 11402, 11403) are for larger diameters and wouldn't be appropriate for a lesion of 0.5 cm or less.

42. A patient receives an infusion of Remicade for the treatment of Crohn's disease. Which HCPCS Level II code corresponds to the Remicade infusion?

Medical Coding Ace

Answer: A. J1745

Explanation:

Code J1745 represents an injection of infliximab, which is the generic name for Remicade. The other codes represent different types of drug injections.

43. A patient had a malignant lesion excised from their chest, measuring 3.2 cm in size. Which CPT code is suitable for this procedure?

Answer: A. 11604

Explanation:

Code 11604 is for the excision of malignant lesions on the trunk, arms, or legs with an excised diameter of 3.1 to 4.0 cm. The other options reference different sizes or locations.

44. A patient required the total removal of the thyroid. Which CPT code should be used for this procedure?

Answer: C. 60220

Explanation:

Medical Coding Ace

Code 60220 represents total removal of the thyroid. The other codes describe different levels of thyroidectomy or related procedures.

45. Which CPT code corresponds to the removal of a foreign body from the mouth; intraoral?

Answer: B. 40804

Explanation:

Code 40804 represents the removal of a foreign body from the mouth when done intraorally. The other codes describe different procedures involving the vestibule of the mouth or other parts.

46. A patient receives an MRI of the brain without contrast. Which CPT code corresponds to this procedure?

Answer: A. 70551

Explanation:

Code 70551 is used for an MRI of the brain without contrast. The other codes describe MRIs of the brain with contrast or both with and without contrast.

47. A patient underwent incision of nasal septal abscess. Which CPT code corresponds to this procedure?

Medical Coding Ace

Answer: D. 30115

Explanation:

Code 30115 is appropriate for incision of a nasal septal abscess. The other codes describe different nasal procedures.

48. Which ICD-10-CM code represents a patient diagnosed with Type 2 diabetes mellitus without complications?

Answer: A. E11.9

Explanation:

Code E11.9 represents Type 2 diabetes mellitus without complications. The other codes describe different types of diabetes or diabetes with other specified conditions.

49. A 72-year-old patient, who is established with the clinic, comes in for a comprehensive preventive medicine reevaluation. Which CPT code corresponds to this service?

Answer: B. 99397

Explanation:

Medical Coding Ace

Code 99397 is used for a preventive medicine reevaluation for an established patient who is 65 years and older. The other codes are for different age groups or new patients.

50. A patient underwent a vestibuloplasty procedure, including grafting, in the lower jaw. Which CPT code is suitable for this procedure?

Answer: C. 40840

Explanation:

Code 40840 represents vestibuloplasty, lower jaw, with graft. The other codes describe different vestibuloplasty procedures or conditions.

51. Which ICD-10-CM code represents a patient diagnosed with insomnia, unspecified?

Answer: A. G47.00

Explanation:

Code G47.00 represents insomnia, unspecified. The other codes describe other sleep disorders.

52. A patient was diagnosed with a renal abscess which required percutaneous drainage with the guidance of imaging. Which CPT code is used for this procedure?

Medical Coding Ace

Answer: C. 50040

Explanation:

Code 50040 represents drainage of renal abscess or cyst, percutaneous, with the guidance of imaging. The other codes describe different renal procedures or conditions.

53. A patient had a malignant lesion removed from their back, which was 1.4 cm in size. Which CPT code is suitable for this procedure?

Answer: C. 11602

Explanation:

Code 11602 is used for the excision of malignant lesions on the trunk, arms, or legs with an excised diameter of 1.1 to 2.0 cm. The other codes reference different sizes or locations.

54. A patient underwent a biopsy of a nasal lesion. Which CPT code should be used for this procedure?

Answer: B. 30100

Explanation:

Medical Coding Ace

Code 30100 represents the biopsy of nasal mucosa. The other options describe different nasal procedures.

55. Dr. Lee performed a biopsy on the floor of the mouth. Which CPT code should be used for this procedure?

Answer: C. 40802

Explanation:

Code 40802 is used for a biopsy of the floor of the mouth. The other codes describe different procedures involving the vestibule of the mouth or other parts.

56. Which ICD-10-CM code is used for a patient diagnosed with acute sinusitis, unspecified?

Answer: C. J01.90

Explanation:

Code J01.90 represents acute sinusitis, unspecified. The other codes describe different types of acute sinusitis or pharyngitis.

57. A patient consults Dr. Miller for issues related to bone density and osteoporosis. Dr. Miller specializes in the study and treatment of metabolic bone diseases. What is Dr. Miller's specialty?

Medical Coding Ace

Answer: A. Endocrinology

Explanation:

Dr. Miller's specialty is Endocrinology, which deals with the body's endocrine system and its diseases, including metabolic bone diseases like osteoporosis.

58. A patient provides a stool sample to test for the presence of blood. Which CPT code corresponds to this lab test?

Answer: A. 82270

Explanation:

Code 82270 is used for a test for blood in the stool. The other codes describe different methods or tests for blood in the stool.

59. Which HCPCS Level II code represents an elastic bandage, width less than 3 inches, per yard?

Answer: A. A6442

Explanation:

Medical Coding Ace

Code A6442 represents an elastic bandage with a width less than 3 inches, per yard. The other codes represent different widths or specifications of elastic bandages.

60. Which term describes the surgical removal of the appendix?

Answer: B. Appendectomy

Explanation:

'Appendectomy' refers to the surgical removal of the appendix. The word root 'append-' refers to the appendix, and the suffix '-ectomy' means surgical removal.

61. Which term refers to the visual examination of a joint?

Answer: A. Arthroscopy

Explanation:

'Arthroscopy' refers to the visual examination of a joint. The word root 'arthro-' refers to the joint, and the suffix '-scopy' means visual examination.

62. Which of the following is considered a potential breach of patient confidentiality according to the Health Insurance Portability and Accountability Act (HIPAA)?

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Answer: B. Leaving a patient's medical record open on a computer screen in a public area

Explanation:

Leaving a patient's medical record open on a computer screen in a public area is a potential breach of patient confidentiality according to HIPAA. Proper precautions should be taken to ensure patient information is not accessible or visible to unauthorized individuals.

63. A new patient visits a cardiologist's office for chest pain. The cardiologist spends 45 minutes with the patient, taking an extended history, performing a detailed examination, and making a decision of moderate complexity. Which CPT code should be used for this office visit?

Answer: C. 99204

Explanation:

Code 99204 is used for an office visit with a new patient that includes a comprehensive history, comprehensive examination, and medical decision-making of moderate complexity. The other codes describe different levels of office visits.

64. The humerus, ulna, and radius are bones found in which part of the body?

Medical Coding Ace

Answer: B. Arm

Explanation:

The humerus, ulna, and radius are bones found in the arm. The humerus is the bone of the upper arm, while the ulna and radius are the bones of the forearm.

65. A patient is provided with a semi-electric (head and foot adjustment) hospital bed. Which HCPCS Level II code should be used for this type of bed?

Answer: C. E0260

Explanation:

Code E0260 represents a semi-electric hospital bed with head and foot adjustments. The other codes describe different types of hospital beds.

66. A patient underwent the removal of a malignant lesion from their scalp, which had an excised diameter of 0.9 cm. What is the appropriate CPT code for this procedure?

Answer: A. 11620

Explanation:

Medical Coding Ace

Code 11620 is for the excision of malignant lesions on the scalp, neck, hands, feet, or genitals with an excised diameter of 0.5 to 1.0 cm. The other codes reference different sizes.

67. Which ICD-10-CM code represents a patient diagnosed with acute bronchitis due to *Mycoplasma pneumoniae*?

Answer: A. J20.0

Explanation:

Code J20.0 represents acute bronchitis due to *Mycoplasma pneumoniae*. The other codes describe acute bronchitis due to different pathogens or unspecified acute bronchitis.

68. A patient provides a urine sample for a drug screen. The lab uses a qualitative method to test for multiple drug classes. Which CPT code corresponds to this lab test?

Answer: A. 80305

Explanation:

Code 80305 is used for a drug test(s), presumptive, any number of drug classes, qualitative; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only. The other codes describe different methods or specific drug tests.

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69. A patient is diagnosed with irritable bowel syndrome without diarrhea. Which ICD-10-CM code should be used for this diagnosis?

Answer: C. K58.9

Explanation:

Code K58.9 represents irritable bowel syndrome without diarrhea. The other codes describe different types or specifications of irritable bowel syndrome.

70. Which CPT code is appropriate for the incision and drainage of an abscess located in the axillary region?

Answer: B. 20001

Explanation:

Code 20001 is used for the incision and drainage of an abscess or suppurative hidradenitis located in the axillary region. The other codes describe procedures on different locations.

71. A patient is diagnosed with an uncomplicated urinary tract infection. Which ICD-10-CM code should be used for this diagnosis?

Answer: A. N39.0

Medical Coding Ace

Explanation:

Code N39.0 represents an uncomplicated urinary tract infection. The other codes describe different conditions related to the urinary system.

72. In ICD-10-CM, if two conditions are related and there's a combination code available, but the documentation doesn't link them, how should they be coded?

Answer: C. Code both conditions separately

Explanation:

According to ICD-10-CM guidelines, if two conditions are related and there's a combination code available, but the documentation doesn't explicitly link them, both conditions should be coded separately.

73. Which anesthesia code should be used for a patient undergoing a tympanoplasty?

Answer: C. 00126

Explanation:

Medical Coding Ace

Code 00126 is used for anesthesia during a tympanoplasty procedure. The other codes describe anesthesia for different ear or facial procedures.

74. A patient undergoes a laboratory test to measure the level of glucose in the blood. Which CPT code should be used for this procedure?

Answer: C. 82947

Explanation:

Code 82947 is used for a glucose test, blood, quantitative. The other codes describe hemoglobin A1C tests or other glucose tests.

75. Which organ is responsible for producing insulin?

Answer: B. Pancreas

Explanation:

The pancreas is responsible for producing insulin, a hormone that regulates the amount of glucose in the blood.

76. A patient undergoes a bronchoscopic procedure and receives anesthesia. Which anesthesia code series is most appropriate for this procedure?

Medical Coding Ace

Answer: C. 00300-00352

Explanation:

The anesthesia code series 00300-00352 is used for procedures involving the trachea and bronchi, which includes bronchoscopic procedures. The other code series are used for different body systems or specific procedures.

77. A 35-year-old patient receives anesthesia for a procedure on the bones of the upper arm, including a biopsy. Which anesthesia code series should be used?

Answer: C. 00300-00352

Explanation:

The anesthesia code series 00300-00352 is used for procedures involving the upper arm and elbow. The other code series are for different body regions or specific procedures.

78. Which ICD-10-CM code is used for a patient diagnosed with gastro-esophageal reflux disease without esophagitis?

Answer: B. K21.9

Explanation:

Medical Coding Ace

Code K21.9 represents gastro-esophageal reflux disease without esophagitis. The other codes describe other conditions related to the esophagus.

79. Dr. Allen performed a nephrostomy for temporary drainage. Which CPT code represents this procedure?

Answer: C. 50200

Explanation:

Code 50200 represents renal biopsy, percutaneous, including radiological supervision and interpretation. The other codes describe different renal procedures or conditions.

80. Dr. Gray performed an incision and drainage of an abscess in the submental space. Which CPT code should be used?

Answer: B. 41005

Explanation:

Code 41005 is used for incision and drainage of an abscess in the submental space. The other codes describe different incision and drainage procedures related to the mouth or face.

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81. Dr. Smith performed a diagnostic biopsy of a skin lesion on the neck of a patient. Which CPT code is suitable for this procedure?

Answer: B. 20005

Explanation:

Code 20005 is appropriate for a biopsy of skin and subcutaneous tissue of the neck or anterior thorax. The other codes don't correspond to the location described.

82. A physician reviews old records and history, examines the patient, and decides on a plan of action during a consultation. Which CPT code series is used for this scenario?

Answer: C. 99241-99245

Explanation:

The CPT code series 99241-99245 is used for outpatient consultations. The other code series are used for office visits, inpatient consultations, and hospital care.

83. The term 'dermatitis' refers to which of the following conditions?

Answer: A. Inflammation of the skin

Medical Coding Ace

Explanation:

'Dermatitis' refers to the inflammation of the skin. The word root 'dermat-' refers to the skin, and the suffix '-itis' means inflammation.

84. In ICD-10-CM, how should a patient's visit for chemotherapy for a malignant neoplasm of the colon be coded?

Answer: B. Code the malignant neoplasm followed by the chemotherapy

Explanation:

According to ICD-10-CM guidelines, when a patient is receiving therapeutic treatment for a condition, the condition should be coded first, followed by the code for the therapeutic treatment. In this case, the malignant neoplasm of the colon should be coded first, followed by the code for the chemotherapy.

85. A patient is diagnosed with a major depressive disorder, single episode, moderate. Which ICD-10-CM code should be used for this diagnosis?

Answer: B. F32.1

Explanation:

Medical Coding Ace

Code F32.1 represents a major depressive disorder, single episode, moderate. The other codes describe different severities or specifications of major depressive disorders.

86. A 23-year-old patient visits a clinic for a comprehensive preventive medicine evaluation. Which CPT code should be used for this service?

Answer: A. 99385

Explanation:

Code 99385 is used for a preventive medicine evaluation for a patient aged 18-39. The other codes are used for different age groups or established patients.

87. A patient is seen for an excision of a nasal vestibule lesion. Which CPT code would be used for this procedure?

Answer: A. 30100

Explanation:

Code 30100 represents the excision of nasal vestibule lesion. 30110 is for excision of nasal polyp(s), 30115 is for excision or destruction of intranasal lesion, and 30120 represents excision or surgical planing of the nose.

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88. Which HCPCS Level II code represents a sterile saline solution, 500 ml?

Answer: A. J7030

Explanation:

Code J7030 represents a sterile saline solution infusion, 500 ml. The other codes represent different volumes or types of infusion solutions.

89. In medical coding, 'upcoding' refers to which of the following practices?

Answer: A. Coding for a higher level of service than what was actually provided

Explanation:

'Upcoding' refers to the unethical practice of coding for a higher level of service than what was actually provided in order to receive higher reimbursement. This practice is fraudulent and can lead to penalties and fines.

90. Which CPT code is used for a partial nephrectomy?

Answer: D. 50220

Explanation:

Medical Coding Ace

Code 50220 represents a nephrectomy, partial. The other codes describe different renal procedures or conditions.

91. Dr. Johnson performed a diagnostic biopsy of a skin lesion on a patient's leg. Which CPT code is suitable for this procedure?

Answer: C. 20006

Explanation:

Code 20006 is appropriate for a biopsy of skin and subcutaneous tissue of the arm or leg. The other codes don't match the location described.

92. A patient underwent a closed nasal bone fracture reduction without stabilization. Which CPT code should be used for this procedure?

Answer: D. 21315

Explanation:

Code 21315 represents closed treatment of nasal bone fracture without stabilization. The other codes describe different procedures related to nasal endoscopy or excision.

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93. Which CPT code represents the removal of a thyroid cyst?

Answer: C. 60200

Explanation:

Code 60200 represents the removal of a thyroid cyst. The other codes describe different procedures involving the thyroid or parathyroid.

94. According to CPT guidelines, if a bilateral procedure is performed and there's a specific bilateral code available, how should it be coded?

Answer: A. Use the bilateral code once

Explanation:

According to CPT guidelines, if a bilateral procedure is performed and there's a specific bilateral code available, only the bilateral code should be used once. There's no need to use the unilateral code or append any modifiers.

95. Which federal agency is responsible for the administration and enforcement of the Health Insurance Portability and Accountability Act (HIPAA)?

Answer: C. Office for Civil Rights (OCR)

Medical Coding Ace

Explanation:

The Office for Civil Rights (OCR) under the Department of Health and Human Services is responsible for the administration and enforcement of the Health Insurance Portability and Accountability Act (HIPAA).

96. The term 'hepatitis' refers to what kind of condition?

Answer: A. Inflammation of the liver

Explanation:

'Hepatitis' refers to the inflammation of the liver. The word root 'hepat-' refers to the liver, and the suffix '-itis' means inflammation.

97. A patient is diagnosed with generalized anxiety disorder. Which ICD-10-CM code corresponds to this diagnosis?

Answer: B. F41.1

Explanation:

Code F41.1 represents generalized anxiety disorder. The other codes describe different types or specifications of anxiety disorders.

Medical Coding Ace

98. Dr. Martinez performed a rhinoplasty for a post-traumatic nasal deformity. What CPT code corresponds to this procedure?

Answer: A. 30400

Explanation:

Code 30400 is used for rhinoplasty for a post-traumatic nasal deformity. The other options describe rhinoplasty procedures for different reasons or complexities.

99. A patient underwent an incision of multiple renal cysts. Which CPT code should be used for this procedure?

Answer: C. 50045

Explanation:

Code 50045 corresponds to the incision of multiple renal cysts. The other codes relate to different renal procedures or conditions.

Medical Coding Ace

100. Which CPT code represents the treatment of nasal hemorrhage, anterior, simple (e.g., epistaxis, nosebleed)?

Answer: A. 30901

Explanation:

Code 30901 is used for the treatment of anterior simple nasal hemorrhage. The other codes refer to different types or complexities of nasal hemorrhage treatments.

Congrats on finishing the practice exam!
How'd you do?

For additional materials, check out all our full-length practice tests, and our Practice Tool, at medicalcodingace.com/practice.

Great job!