

AAPC CPC Practice Exam C Answers

If a ST elevation myocardial infarction (STEMI) converts to a non ST elevation myocardial infarction (NSTEMI) due to thrombolytic therapy, how is it reported, according to ICD-10-CM guidelines?

- A. As unspecified AMI
- B. As a subendocardial AMI
- C. As STEMI**
- D. As a NSTEMI - ✓ C. As STEMI

ICD-10-CM guidelines (Section I.C.9.e.1) indicate: If STEMI converts to NSTEMI due to thrombolytic therapy, it is still coded as STEMI.

Which place of service code is reported on the physician's claim for a surgical procedure performed in an ASC?

- A. 21
- B. 22
- C. 24**
- D. 11 - ✓ C. 24

Place of service codes are two digit numerical codes that define the location where services are performed and reported on the CMS-1500 form. A complete chart of Place-Of-Service codes is found on the first page in CPT® codebook. A service provided in an ASC is reported with POS code 24.

Local Coverage Determinations (LCD) are published to give providers information on which of the following?

- A. Information on modifier use with procedure codes
 - B. CPT® codes that are bundled
 - C. Fee schedule information listed by CPT® code
 - D. Reasonable and necessary conditions of coverage for an item or service** - ✓ D.
- Reasonable and necessary conditions of coverage for an item or service

Local Coverage Determinations (LCD) are Medicare Administrative Contractor rules indicating whether or not a particular item or service is covered. Most LCDs also provide a list of diagnosis codes for which a procedure may be covered; however, because other issues factor into payment, coverage is not guaranteed. Modifier guidelines and fee schedule information is included in the annual Medicare Physician Fee Schedule. National Correct Coding Initiative (NCCI) is used to know what CPT® codes are bundled.

Aapc Cpc Practice Exam 2013

Carol J. Buck



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