AAPC Medical Coding (CPC) Final Exam 2017 (Test #1)

(The correct answer has been verified, selected and highlighted in yellow for all of the questions below.)

1 What form is used to submit a provider's charge to the insurance carrier?

- C a ABN
- C b, UB-04
- C CMS-1500
- d. Provider reimbursement form

2 AAPC credentialed coders have proven mastery of what information?

- C a Code sets
- b. Evaluation and management principles
- C. Documentation guidelines
- d. All of the above

3 When coding an operative report, what action would NOT be recommended?

- Coding from the header without reading the body of the report.
- b. Reading the body of the report.
- C. Highlighting unfamiliar words.
- d. Starting with the procedure listed.

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

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

5 Evaluation and management services are often provided in a standard format such as SOAP notes. What does the acronym SOAP stand for?

- a. Subjective, Objective, Assessment, Plan
- b, Standard, Objective, Activity, Period
- C. C. Source, Opinion, Advice, Provider
- C. d. Scope, Observation, Action, Plan

6 What is a myocardial infarction?

- a. Malfunction in one of the valves in the heart, disrupting blood flow
- b. Lack of oxygen to the heart tissue, resulting in tissue death

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