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AAPC CPC Study Guide Exam Questions with Correct Answers

A 46-year-old female had a previous biopsy that indicated positive malignant margins anteriorly on the right side of her neck. A 0.5 cm margin was drawn out and a 15 blade scalpel was used for full excision of an 8 cm lesion. Layered closure was performed after the removal. The specimen was sent for permanent histopathologic examination. What are the CPT® code(s) for this procedure?

- A. 11626
- B. 11626, 12004-51
- C. 11626, 12044-51
- D. 11626, 13132-51, 13133 - Answer-C: 11626, 12044-51

A 30-year-old female is having 15 sq cm debridement performed on an infected ulcer with eschar on the right foot. Using sharp dissection, the ulcer was debrided all the way to down to the bone of the foot. The bone had to be minimally trimmed because of a sharp point at the end of the metatarsal. After debriding the area, there was minimal bleeding because of very poor circulation of the foot. It seems that the toes next to the ulcer may have some involvement and cultures were taken. The area was dressed with sterile saline and dressings and then wrapped. What CPT® code should be reported?

- A. 11043
- B. 11012
- C. 11044
- D. 11042 - Answer-C: 11044

A 64-year-old female who has multiple sclerosis fell from her walker and landed on a glass table. She lacerated her forehead, cheek and chin and the total length of these lacerations was 6 cm. Her right arm and left leg had deep cuts measuring 5 cm on each extremity. Her right hand and right foot had a total of 3 cm lacerations. The ED physician repaired the lacerations as follows: The forehead, cheek, and chin had debridement and cleaning of glass debris with the lacerations being closed with one layer closure, 6-0 Prolene sutures. The arm and leg were repaired by layered closure, 6-0 Vicryl subcutaneous sutures and Prolene sutures on the skin. The hand and foot were closed with adhesive strips. Select the appropriate procedure codes for this visit.

- A. 99283-25, 12014, 12034-59, 12002-59, 11042-51
- B. 99283-25, 12053, 12034-59, 12002-59
- C. 99283-25, 12014, 12034-59, 11042-51
- D. 99283-25, 12053, 12034-59 - Answer-D: 99283-25, 12053, 12034-59

A 52-year-old female has a mass growing on her right flank for several years. It has finally gotten significantly larger and is beginning to bother her. She is brought to the Operating Room for definitive excision. An incision was made directly overlying the mass. The mass was down into the subcutaneous tissue and the surgeon encountered a well encapsulated lipoma approximately 4 centimeters. This was excised primarily

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q42-Q47):

NEW QUESTION # 42

When seen next to a diagnosis code, the term "Excludes 2" indicates that the condition excluded is not part of the condition represented by the code and that the patient may have both conditions simultaneously.

- A. b False
- **B. True**

Answer: B

Explanation:

The statement is true. The term "Excludes 2" shows that two seemingly related conditions can be billed in the same encounter. See Section I of the Coding Guidelines in the ICD-IO-CM 2020 edition for reference.

NEW QUESTION # 43

Diagnostic endoscopy is always inclusive to a surgical endoscopy.

- A. False
- **B. True**

Answer: B

Explanation:

The statement is true. When multiple endoscopic procedures are performed in the same session, only the most extensive service should be reported. In this case, it would be the surgical endoscopy because it has a higher revenue value.

NEW QUESTION # 44

A patient develops an infection within the global period of a knee replacement. It is determined that the infection originated from the incision site and needs to be surgically removed. Which modifier should be appended to the secondary surgery?

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

Answer: A

Explanation:

Modifier 78 represents an additional, unplanned surgery during the global period for a complication arising for the initial procedure. In this case, the complication would be the infection.

Modifier 58 is generally used when a secondary procedure is planned prior to or during the time of the initial procedure. Modifier 79 is used to indicate two unrelated procedures. Modifier 25 is for use on E/M codes only.

NEW QUESTION # 45

Which service is NOT bundled into pediatric critical care CPT 99475?

- A. A suprapubic aspiration is performed on a 3-year-old patient who has blood in her urine.
- **B. A central line is inserted to stabilize a 5-year-old patient in respiratory arrest.**
- C. The doctor suspects meningitis on a 4-year-old patient and performs a lumbar puncture to test the fluid around the spinal cord.
- D. A blood transfusion is given to a 2-year-old patient with sickle cell disease.

Answer: B

Explanation:

A blood transfusion (CPT 36430, 36440), lumbar puncture (CPT 62270), and suprapubic aspiration (CPT 51100) are all considered inclusive to pediatric critical care services rendered on patients between the age of 2 and 5 years old. A complete list of all additional services can be found in the CPT Section Guidelines for Newborn and Pediatric Services. A central line insertion (CPT 36556) is not bundled into critical care services and may be reported separately.

NEW QUESTION # 46

A physician performs a simple repair on a Medicare patient who comes in with a 2.7 cm cut, an open wound, on the neck. The repair is made with Dermabond. Which CPT code(s) should be reported?

- **A. G0168**
- B. 99213-25, G0168
- C. 0
- D. 12002, G0168

Answer: A

Explanation:

When a wound is repaired with a tissue adhesive, Medicare accepts only the HCPC code G0168. Answers B and C accurately reflect the repair code for a commercial carrier. An E/M would not be added as an additional charge because the patient's encounter was only for the repair, thus eliminating answer D.

NEW QUESTION # 47

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