

Free PDF Quiz AAPC - Accurate CPC - Test Certified Professional Coder (CPC) Exam Cram Review

CPC Exam Outline

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Time limit: 4 hours
Total questions: 100
Question format: Multiple-choice
Delivery format: Computer-delivered

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q189-Q194):

NEW QUESTION # 189

A 13-year-old established patient is seen for an annual preventive exam. Last visit was two years ago. What CPT code is reported?

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

Answer: B

Explanation:

99393 = Preventive visit, established patient, age 5-11

Preventive codes are based on age and patient status, not time since last visit

NEW QUESTION # 190

A patient arrives with stridor and respiratory distress. The provider performs a micro laryngoscopy using a Parson's laryngoscope and magnifying telescope. A bronchoscopy was also performed using a 2.5 Storz bronchoscope. The findings include subglottic web and stenosis with laryngeal edema suggestive of reflux. There was also significant collapse of the trachea at the carina and into the main bronchi bilaterally.

What CPT coding is reported?

- A. 31622, 31526-51, 69990
- B. 31622, 69990
- **C. 31622, 31526-51**
- D. 31629, 31526-51

Answer: C

Explanation:

1. Procedure and CPT Code Selection:

The provider performed both a bronchoscopy and a microlaryngoscopy to evaluate the patient's airway due to respiratory distress and stridor.

Code 31622 is used for a diagnostic bronchoscopy, which includes the inspection of the trachea, carina, and bronchial structures. Since the bronchoscopy was diagnostic and no additional therapeutic procedures were performed, this is the appropriate code. Code 31526 is for direct laryngoscopy with the use of an operating microscope or telescope (microlaryngoscopy). This code is

appropriate given the use of a Parson's laryngoscope and magnifying telescope to inspect the larynx.

2. Modifier 51:

Modifier 51 is added to 31526 to indicate that it was performed in conjunction with another procedure (31622, bronchoscopy).

Modifier 51 denotes multiple procedures without the necessity of a separate incision.

3. Exclusion of Code 69990:

Code 69990 is used for the use of an operating microscope in microsurgery but is not coded separately when the procedure (such as microlaryngoscopy) already includes visualization with a microscope or telescope as part of the CPT descriptor. Thus, 69990 is not separately reported in this scenario, per CPT guidelines.

4. AAPC and CPT Coding Guidelines:

The guidelines specify that when visualization or microlaryngoscopy is inherently part of the procedure (as in

31526), 69990 should not be billed separately. Also, the use of Modifier 51 for multiple procedures in the same session is appropriate.

Therefore, the verified answer, following the CPT and AAPC coding rules, is A. 31622, 31526-51.

NEW QUESTION # 191

A 67-year-old male presents with DJD and spondylolisthesis at L4-L5. The patient is placed prone on the operating table and, after induction of general anesthesia, the lower back is steriley prepped and draped. One incision was made over L1-L5. This was confirmed with a probe under fluoroscopy. Laminectomies are done at vertebral segments L4 and L5 with facetectomies to relieve pressure to the nerve roots. Allograft was packed in the gutters from L1-L5 for a posterior arthrodesis. Pedicle screws were placed at L2, L3, and L4. The construct was copiously irrigated and muscle, fascia and skin were closed in layers.

Select the procedure codes for this scenario.

- A. 63005 x 2, 22612, 22614 x 3, 22842
- B. **63047, 63048, 22612, 22614 x 3, 22842**
- C. 63017, 63048, 22612, 22808, 22842 x 3
- D. 63042, 63043, 22808, 22841 x 3

Answer: B

Explanation:

Laminectomy and Facetectomy (63047 and 63048): The laminectomies at L4 and L5 with facetectomies fall under CPT codes 63047 (for the initial segment) and 63048 (for each additional segment).

Posterior Arthrodesis (22612 and 22614 x 3): The posterior arthrodesis from L1-L5 is coded with 22612 for the primary segment (L4-L5) and 22614 for each additional segment (L1-L4).

Placement of Pedicle Screws (22842): The placement of pedicle screws at L2, L3, and L4 is captured under CPT code 22842 for segmental instrumentation.

Reference:

AMA's CPT Professional Edition (current year)

ICD-10-CM (current year)

HCPCS Level II (current year)

NEW QUESTION # 192

A patient with end-stage renal disease (ESRD) receives hemodialysis 3x weekly in the office for one month. The nephrologist performs a comprehensive exam and supervises dialysis.

What CPT and ICD-10-CM codes are reported?

- A. 90966, N18.5
- B. 90966, N18.6
- C. 90960, N18.5, Z99.2
- D. **90960, N18.6, Z99.2**

Answer: D

Explanation:

90960 = ESRD services, 4 or more visits/month

N18.6 = End-stage renal disease

Z99.2 = Dependence on renal dialysis

NEW QUESTION # 193

Patient is diagnosed with dacryocystitis, which is the inflammation of?

- A. Lacrimal sac
- B. Eardrum
- C. Fingernail
- D. Cornea

Answer: A

Explanation:

Dacryocystitis is the inflammation of the lacrimal sac, which is part of the tear drainage system located in the inner corner of the eye. The lacrimal sac is connected to the nasolacrimal duct, which drains tears into the nasal cavity. Inflammation in this area can cause pain, redness, and swelling near the inner corner of the eye.

References: ICD-10-CM, medical dictionaries

NEW QUESTION # 194

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