

Reliable CPC Test Forum - CPC Exam Details

CPC Exam Outline

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Time limit: 4 hours

Total questions: 100

Question format: Multiple-choice

Delivery format: Computer-delivered

Mometrix TEST PREPARATION

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q275-Q280):

NEW QUESTION # 275

A patient that delivered her second child vaginally has a history of having a previous cesarean delivery for the first child. What CPT code is reported for the delivery of the second child with antepartum care and postpartum care with the same provider?

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

Answer: C

Explanation:

1. Procedure and CPT Code Selection:

The patient delivered her second child vaginally after having a previous cesarean delivery for her first child. This scenario describes a Vaginal Birth After Cesarean (VBAC).

CPT Code 59610 is specific for a vaginal delivery after a previous cesarean delivery, including antepartum and postpartum care with the same provider, which matches this case exactly.

2. Rationale for Excluding Other Options:

Code 59410 covers only vaginal delivery with postpartum care but does not include a history of previous cesarean delivery, so it is not appropriate for a VBAC.

Code 59400 is for routine vaginal delivery with antepartum and postpartum care but, again, does not account for a previous cesarean, so it does not apply in this VBAC scenario.

Code 59614 is for a VBAC but does not include antepartum care, making it incomplete for this scenario since the question specifies that antepartum, delivery, and postpartum care were provided by the same provider.

3. AAPC and CPT Coding Guidelines:

AAPC and CPT guidelines indicate that 59610 should be used for a complete VBAC service that includes antepartum, delivery, and postpartum care by the same provider.

Therefore, based on CPT guidelines, the correct answer is B. 59610.

NEW QUESTION # 276

A patient is taken to the radiology department for a radiological cardiac catheterization. An acute MI of the left anterior descending coronary artery is found. The cardiologist performs a suction thrombectomy, followed by atherectomy and a stent to the artery. A CRNA provides MAC for this patient, who is status P5.

What code/modifier combination would you report for the services of the CRNA?

- A. 00520-QZ-P5
- **B. 01925-QZ-QS-P5**
- C. 00520-QX-QS-P5

- D. 01925-QZ-P5

Answer: B

NEW QUESTION # 277

A 25-year-old woman underwent percutaneous breast biopsy on the right breast with placement of a Gelmark clip. The procedure was performed using stereotactic imaging.

What CPT codes will be reported?

- A. 0
- B. 19100, 76098
- C. 19081, 19283
- D. 19101, 19283

Answer: C

NEW QUESTION # 278

According to the Repair (Closure) CPT guidelines, what type of repair is reported when a single layer closure includes copious irrigation and extensive cleaning to remove particulate matter?

- A. Intermediate repair
- B. Complex repair
- C. Simple repair plus a code for irrigation
- D. Simple repair

Answer: A

NEW QUESTION # 279

An 8-year-old patient is placed under general anesthesia for treatment of a right orbital fracture due to a traumatic fall to the nose and face from a swing set. An on-call otolaryngologist is asked to perform a general otolaryngologic examination to evaluate the patient. A mild nasal fracture is the diagnosis given by the otolaryngologist.

What is the CPT and ICD-10-CM coding for the otolaryngologist's services?

- A. 0
- B. 1
- C. 2
- D. 21310, 92502-51

Answer: B

Explanation:

1. Procedure and CPT Code Selection:

The otolaryngologist was asked to perform a general otolaryngologic examination of the patient under general anesthesia to evaluate for injuries sustained from a traumatic fall.

CPT Code 92502 is appropriate for a general otolaryngologic examination under general anesthesia. This code is used specifically when an ENT examination is performed under anesthesia, as was the case here.

2. Rationale for Excluding Other Options:

Code 92512 is for nasal function studies, such as rhinomanometry, which does not apply to a general otolaryngologic examination. Code 21310 is for the treatment of a nasal fracture (closed treatment), which would only be appropriate if the otolaryngologist had performed a fracture reduction or repair. Since only an examination was performed, 21310 is not appropriate.

Code 92502-51 (option B) is incorrect because the -51 modifier (multiple procedures) is unnecessary; only a single examination was performed.

3. ICD-10-CM Code:

Since only the examination was performed and not treatment, the ICD-10-CM code for nasal fracture (likely S02.2XXA for unspecified fracture of the nasal bones, initial encounter) would be reported separately by the facility or based on final documentation.

4. AAPC and CPT Coding Guidelines:

AAPC guidelines support the use of 92502 for general ENT examinations performed under anesthesia, especially in cases of trauma evaluation without surgical intervention.
Therefore, the correct answer is D. 92502.

NEW QUESTION # 280

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