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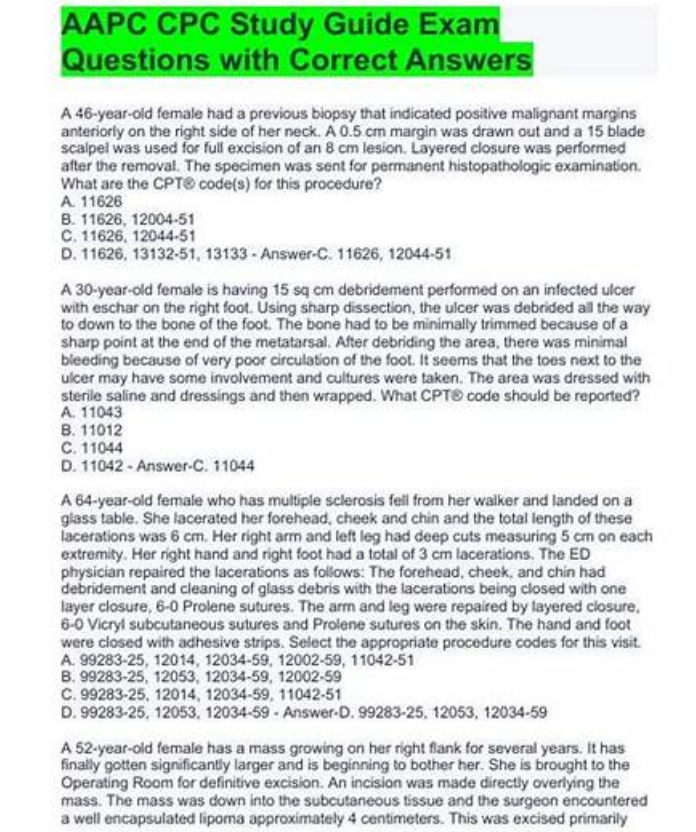

AAPC CPC Study Guide Exam Questions with Correct Answers

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 (Q91-Q96):

NEW QUESTION # 91
An established 4-year-old patient is seen by her pediatrician with complaints of pain in her left wrist after falling. The pediatrician determines the wrist is sprained and applies a splint that will keep the wrist from being able to move. The patient's mother is told to follow up if symptoms worsen. What code(s) should be reported for this encounter?

- A. 99212-25, 29126, E1805
- B. 29126, E1805
- C. 99212-25, 29125, S8451
- D. 29125, S8451

Answer: B

Explanation:
The "application of casts and strapping" guidelines located in the surgery section of the CPT book explain that a splint is reported when the physician providing the initial service does not perform, or expects to perform, any other treatment. In this case, because the visit was minimal and directed only at the sprain with no intended follow-up care, only the application of the splint would be reported. The application itself is considered static because the wrist is completely immobilized. HCPC crosswalk for a wrist splint, in addition to knowing the difference bet',veen static and dynamic, would immediately lend itself to the correct HCPC: S8451.

NEW QUESTION # 92
A patient who is experiencing rectal bleeding has a colonoscopy. Prior to the procedure, the provider administers general anesthesi a. What CPT code(s) should be reported?

- A. 45378, 0081147
- B. 45382, 00811
- C. 45378-47
- D. 0

Answer: C

Explanation:
The patient is having the colonoscopy done because they have been experiencing symptoms.
Therefore, the colonoscopy would be considered diagnostic versus screening. CPT crosswalk for a diagnostic colonoscopy is 45378. The documentation gives no indication that any bleeding was identified and controlled. When the surgeon performing the primary procedure is simultaneously administering anesthesia services, modifier 47 is appended rather than billing an additional anesthesia delivery code.

NEW QUESTION # 93
It is appropriate to use a HCPCS Level II G code, as opposed to a CPT code, to report a screening service performed on an asymptomatic patient.

- A. True
- B. False

Answer: A

Explanation:
The statement is true. G codes apply to various healthcare screenings. If a patient is experiencing any symptoms that initiate the encounter, it then becomes diagnostic, and an appropriate CPT code would be selected instead.

NEW QUESTION # 94
What is NOT a function of the kidneys?

- A. Regulate blood pressure
- B. Propel urine
- C. Filter blood
- D. Remove waste

Answer: B

Explanation:
The role ofthe kidneys is to filter blood before it is transported back to the heart, remove waste materials from food and medication, and regulate blood pressure by excreting excess sodium.
The ureters propel urine from the kidneys into the bladder.

NEW QUESTION # 95
A physician provides a GIPO 39-weeks twin gestational patient with antepartum care, delivery, and postpartum care. Baby A was delivered vaginally without complications, and Baby B was delivered by Cesarean due to fetal tachycardi a. Assign the correct ICD-IO-CM and CPT codes.

- A. 59410, Z37.2 and 59510-51, 076, Z37.2
- B. 59409, Z3A.39, Z37.o and 59510-51, 076, Z3A39, Z37.o
- C. 59400, Z37.o and 59510-51, 036.8332, Z37.o
- D. 59510, 076, Z3A39, Z37.o and 59409-51, Z3A39, Z37.o

Answer: D

Explanation:
The Cesarean delivery (59510) would be sequenced first because this code has the highest RVU and would include the antepartum and postpartum care. The vaginal delivery by itself (59409), without antepartum and postpartum care, would be reported secondary because the charges for the antepartum and postpartum care of the mother have already been included in the Cesarean delivery code.

NEW QUESTION # 96
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