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## AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q177-Q182):

NEW QUESTION # 177

(A patient presents to the urgent care facility with multiple burns acquired while burning debris in his backyard. After examination the physician determines the patient has third-degree burns of the left and right posterior thighs (10%). He also has second-degree burns of the anterior portion of the right side of his chest wall (8%) and upper back (6%). TBSA is 24% with third-degree burns totaling 10%. What ICD-10-CM codes are reported, according to ICD-10-CM coding guidelines?)

- A. T24.311A, T24.312A, T21.21XA, T21.23XA, T31.31
- B. T24.711A, T24.712A, T21.61XA, T31.63XA, T32.21
- C. T24.311A, T24.312A, T21.21XA, T21.23XA, T31.21
- D. T21.21XA, T21.23XA, T24.311A, T24.312A, T31.21

**Answer: C**

Explanation:

Burn coding requires (1) code each burn site by location, laterality, and degree, and (2) add a TBSA code when appropriate. The patient has third-degree burns of both thighs (right and left), so the correct site/degree codes are T24.311A (third-degree burn of right thigh, initial encounter) and T24.312A (third-degree burn of left thigh, initial encounter). He also has second-degree burns of the right anterior chest wall and the upper back, reported with T21.21XA (second-degree burn of chest wall, initial encounter) and T21.23XA (second-degree burn of back wall, initial encounter). TBSA is 24% (falls in the 20-29% category), and third-degree is 10% (falls in the 10-19% third-degree category), so the correct TBSA code is T31.21. Option D matches the required site/degree codes and the correct TBSA/third-degree percentage code pairing.

#### NEW QUESTION # 178

Which one of the following is correct to report an intermediate repair code (12031-12037)?

- A. A right leg laceration that involves extensive cleaning with removal of debris and is closed in a single layer with sutures.
- B. A chest laceration that involves the epidermis skin layer and is repaired with adhesive strips and medical glue.
- C. A traumatic laceration involving the upper left arm that requires deep layered closure with debridement of wound edges.
- D. A scalp laceration that involves extensive undermining and is closed in a single layer with staples.

**Answer: A**

Explanation:

Intermediate repair includes single-layer closure with extensive cleaning, debridement, or removal of debris, or layered closure of one or more deeper layers.

Option B meets the definition due to extensive cleaning and debris removal.

Option C would be a complex repair.

Option D is a simple repair.

Extensive undermining alone does not define intermediate repair.

#### NEW QUESTION # 179

A patient suffering from idiopathic dystonia is seen today and receives the following Botulinum injections: three muscle injections in both upper extremities and seven injections in six paraspinal muscles.

How are these injections reported according to the CPT guidelines?

- A. 64644, 64647 x 7
- B. 64642, 64643, 64647
- C. 64642-50, 64643-50, 64647
- D. 64642 x 3, 64642 x 3, 64647 x 7

**Answer: C**

Explanation:

For the injections, CPT code 64642 is used for chemodenervation of one extremity; 64643 for each additional extremity, and 64647 for chemodenervation of muscles in the paraspinal region. The modifier -50 is added to 64642 and 64643 to indicate bilateral procedures. According to CPT guidelines, when multiple sites are treated, each site is coded separately, and appropriate modifiers are used. References: AMA's CPT Professional Edition (current year), Surgery section, Nervous System.

### NEW QUESTION # 180

A 64-year-old with congestive heart failure (CHF) has pericardial effusion. The provider inserts a needle under ultrasound guidance, aspirating the fluid from the pericardial sac.

What CPT coding is reported?

- A. 0
- B. 33016, 76942
- C. 1
- D. 33017, 76942

**Answer: A**

Explanation:

33016 = Pericardiocentesis, including imaging guidance (e.g., ultrasound) when performed. Because the code already includes imaging guidance, you do not separately report 76942. So the correct coding is 33016 only → B.

### NEW QUESTION # 181

A physician sees a patient for the first observation visit, spends 85 minutes, with moderate MDM.

What CPT code is reported?

- A. 99223, 99418
- B. 0
- C. 99222, 99418
- D. 1

**Answer: D**

Explanation:

99223 = Initial hospital/observation care with high time (75+ min) or high MDM Prolonged service 99418 is bundled into observation services

### NEW QUESTION # 182

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