

Quiz Medical Tests - AAPC-CPC - American Academy of Professional Coders: Certified Professional Coder Latest Mock Test



AAPC-CPC Certification Exam Mock Test Form. The form is titled 'American Academy of Professional Coders AAPC' and 'AAPC Certified Professional Coder (CPC®) AAPC CPC Medical Coding + Medical Billing Training AAPC CPC Certification Exam'. It includes fields for Course Title and Number, Exam Title, Exam Date, Instructor, Student Name, and Student ID. Below these fields is an 'Examination' section with a time limit and instructions. At the bottom, there is a 'Good Luck.....!' message and a promotional banner for 'Your Assignment Handlers' with a link to their website.

American Academy of Professional Coders
AAPC

AAPC Certified Professional Coder (CPC®)
AAPC CPC Medical Coding + Medical Billing Training
AAPC CPC Certification Exam

Course Title and Number: AAPC CPC Certification Exams
Exam Title: Midterm, Finals, Certification and Assessment
Exam Date: Exam 2025- 2026
Instructor: [Insert Instructor's Name]
Student Name: [Insert Student's Name]
Student ID: [Insert Student ID]

Examination
Time: - ____ Hours: ____ Minutes

Instructions:

1. Read each question carefully and Answer All Questions
2. Use the provided answer sheet to mark your responses.
3. Please Ensure all you answer each question below and click Submit when you have completed the Exam.
4. This test has a time limit, The test will save and submit automatically when the time expires
5. This is Exam which will assess your knowledge on the course Learning Resources.

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q16-Q21):

NEW QUESTION # 16

A patient is scheduled for a total knee replacement. The assigned anesthesiologist performs a femoral nerve block using an ultrasound machine just prior to entering the operating room to aid in postoperative pain control. Once in the operating room, general anesthesia is administered to the patient. What CPT code(s) should the anesthesiologist report?

- A. 01400, 01991, 76942
- B. 01400, 01991-59
- C. 01402
- **D. 01402, 64447_59, 76942**

Answer: D

Explanation:

CPT crosswalk for anesthesia administered during a total knee replacement is 01402.

Although CPT 01991 does describe a nerve block, it is considered monitored anesthesia care because the patient is awake.

However, in this scenario, general anesthesia is being used for the primary procedure, and the femoral nerve block is administered for postoperative pain management. Therefore, the nerve block would be billed as CPT 64447 with modifier 59 to indicate that it is separately reportable from the primary procedure. If, on the other hand, the nerve block was being used as a component of the general anesthesia, CPT 64447 would be considered inclusive to the general anesthesia and not reported separately. Ultrasound guidance is not currently bundled with the administration of a nerve block and, when used, should be reported separately with CPT 76942.

NEW QUESTION # 17

A 92-year old female with Medicare part A coverage receives ongoing hospice care due to dementia. She goes to a physician's office to receive closed treatment of a hip dislocation following a fall. No anesthesia was used. How should the provider submit this claim?

- A. 27250-GW, 99202-25, S73.003A W19XXYuA
- B. 27250, S73.003A, W19XXXA
- **C. 27250-GW, S73.003A, W19XXXA**
- D. 27250, 99213-25, S73.003A

Answer: C

Explanation:

When a patient is receiving hospice care, Medicare will not reimburse the physician for services rendered that are unrelated to the terminal illness unless submitted with modifier GW. In Answers C and D, a separate, identifiable E/M is not to be billed because the procedure is considered minor (1- to 10-day global period) and includes an inherent E/M component.

NEW QUESTION # 18

What would NOT be included in critical care services?

- A. Ventilator management
- **B. CPR**
- C. Pulse oximetry
- D. Gastric intubation

Answer: B

Explanation:

CPR is not a bundled service to critical care and should be reported separately with CPT code

92950.

NEW QUESTION # 19

A radiation oncologist reviews the port films, dose delivery, and treatment parameters of a 52-year-old female patient who has received external beam therapy three times in the current week. He also spends 15 minutes examining the patient and collecting an intake of her response to the treatment program. Which CPT code(s) should the physician report?

- **A. 0**
- B. 1
- C. 99213-25, 77401x3units
- D. 77435, 99213-25

Answer: A

Explanation:

Treatment management of a patient undergoing radiation therapy is reimbursed by reporting CPT codes 77427-77470. Treatment management includes a review of the port films, dosimetry, dose delivery, treatment parameters, a physical examination, and related counseling. It would therefore not be appropriate to bill for a separate evaluation and management. CPT 77435 describes treatment management for a course of stereotactic body radiation therapy (SBRT), which the patient is not receiving. CPT 77401 describes the actual radiation and not the evaluation from the physician. CPT 77431 is reported when the entire course of therapy consists of one or two treatment sessions; however, a coder can infer from the documentation that the patient in this scenario has or will receive multiple sessions over the course of one or more weeks. Additionally, CPT guidelines advise that only three treatment sessions must occur to support the face-to-face encounter described in CPT 77427.

NEW QUESTION # 20

A sternal closure using sutures is considered inclusive to CPT 33255 and should not be reported separately.

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

Answer: A

Explanation:

The statement is true. Regardless of how a sternal closure is performed, it would be considered integral to this, and any other open cardiac procedure, when a sternal approach is used as the method of exposure. If a sternal closure were performed as the only procedure to repair an injury, the closure would then be reported.

NEW QUESTION # 21

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