

Medical Tests AAPC-CPC Pdf Braindumps, Exam AAPC-CPC Vce

[AAPC CPC Practice Exam A with Answers](#)

1: 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 8cm lesion. Layered closure was performed after the removal. The specimen was sent for permanent histopathologic examination. What are the code(s) for this procedure?

- A. 11626
- B. 11626, 12004-51
- C. 11626, 12044-51
- D. 11626, 13132-51, 13133 - ✓

2: 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 - ✓

3: 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 - ✓

4: 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 (Q148-Q153):

NEW QUESTION # 148

Code the excision of a large goiter extending into the chest cavity using a transthoracic approach.

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

Answer: D

Explanation:

A goiter is an abnormal enlargement of the thyroid gland. The removal of that gland is a thyroidectomy, represented by CPT codes 60240-60271. CPT 60270 is selected based on the approach used. CPT codes 21602 and 32900 are obtained by using the coding crosswalk for resection of the chest wall and describe the removal of a tumor and one or more ribs. CPT 32140 is a thoracotomy, which involves pulling apart the ribs to reach and remove a lung cyst.

NEW QUESTION # 149

A young man is triaged in the emergency room after sustaining multiple injuries in a car accident. The physician performs the following limited exams with image documentation: an abdominal and retroperitoneal ultrasound, a transthoracic echocardiography, and a chest ultrasound. He indicates in his report that all findings are normal. What charges should the provider submit to the insurance company?

- A. 93308-26, 76705-26, 76775-26, 76604-26
- B. 93304-26, 76705-26, 76775-26, 76604-26
- C. 93308, 76705-59, 76770-59, 76604-59
- D. 93304-TC, 76700-TC, 76770-TC, 76604-TC

Answer: A

Explanation:

CPT code 93304 describes an echocardiography used to evaluate a congenital defect. In this case, the provider is screening for any trauma-related injuries to the heart. Bearing in mind that the study is limited leads you to CPT 93308. Modifier 26 is used on all CPT codes because the procedures are being performed in a hospital setting. Therefore, only the professional component of the service should be billed. Modifier TC is reported by the entity providing the equipment, which in this case would be the hospital. Modifier 59 is not necessary because the procedures are routinely done in conjunction with each other.

NEW QUESTION # 150

A surgeon performs a craniectomy to excise a meningioma located above the tentorium cerebelli. During the procedure, an extradural hematoma is noted and removed via the same craniectomy site. How should the surgeon report the procedure?

- A. 61512, 61312-59
- B. 61519, 61314-51
- C. 61312-22
- D. 0

Answer: D

Explanation:

Surgical procedures on the nervous system are identified by where inside the skull they occur. A meningioma is being excised from above the tentorium cerebelli, otherwise known as supratentorial (CPT 61512). The removal of an extradural hematoma is inclusive to the primary craniectomy code because the finding is incidental and the same surgical site is used for its removal.

If the surgeon had to create a separate incision to access the extradural hematoma, that excision could be reported separately with modifier 59.

NEW QUESTION # 151

A patient with preexisting hypertension presents to the office at 23-weeks' gestation for prenatal care. Her blood pressure is slightly elevated, and a transabdominal ultrasound shows the fetus is small for dates. The provider advises rest and to follow up as normal. How would the provider code the visit if the patient has an insurance that accepts the global obstetrical package?

- A. 99213-25, 76815, 010.012, 036.5920, Z3A. 23
- B. 99213-25, 76816, 010.012, Z3A. 23
- **C. 0502F, 76816, 010.012, Z3A. 23**
- D. 0502F, 76815, 010.012, 036.5920, Z3A 23

Answer: C

Explanation:

The global obstetrical package includes routine prenatal care visits and blood pressure checks, so a placeholder code (0500F-0503F) is used to report that a visit occurred instead of an E/M code. CPT 76816 is reported when biometric measurements are taken of the fetus, whereas CPT 76815 is limited to one element of the fetus, such as the position or heartbeat. Per ICD-10-CM, codes beginning with 035- and 036- are reported only "when the fetal condition is actually responsible for modifying the management of the mother."

NEW QUESTION # 152

A urologist performs a laparoscopic adrenalectomy and excises a retroperitoneal mass in the same session. How should this be coded?

- A. 0
- B. 60650, 49203-51
- C. 1
- **D. 60650-22**

Answer: D

Explanation:

CPT 60650 describes a laparoscopic adrenalectomy with a biopsy but not the complete removal of a retroperitoneal mass. In contrast, adding modifier 22 indicates increased work and complexity and can be used because there is no CPT to describe a laparoscopic retroperitoneal mass resection. CPT 49329 represents an unlisted laparoscopy procedure that can be used to describe the removal of a retroperitoneal mass but would have to be used in conjunction with CPT 60650 to describe the adrenalectomy procedure. CPT 60545 describes an adrenalectomy with excision of a retroperitoneal mass by means of an abdominal or posterior incision. CPT 49203 also does not describe the procedure because it involves an open excision of an intra-abdominal tumor.

NEW QUESTION # 153

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