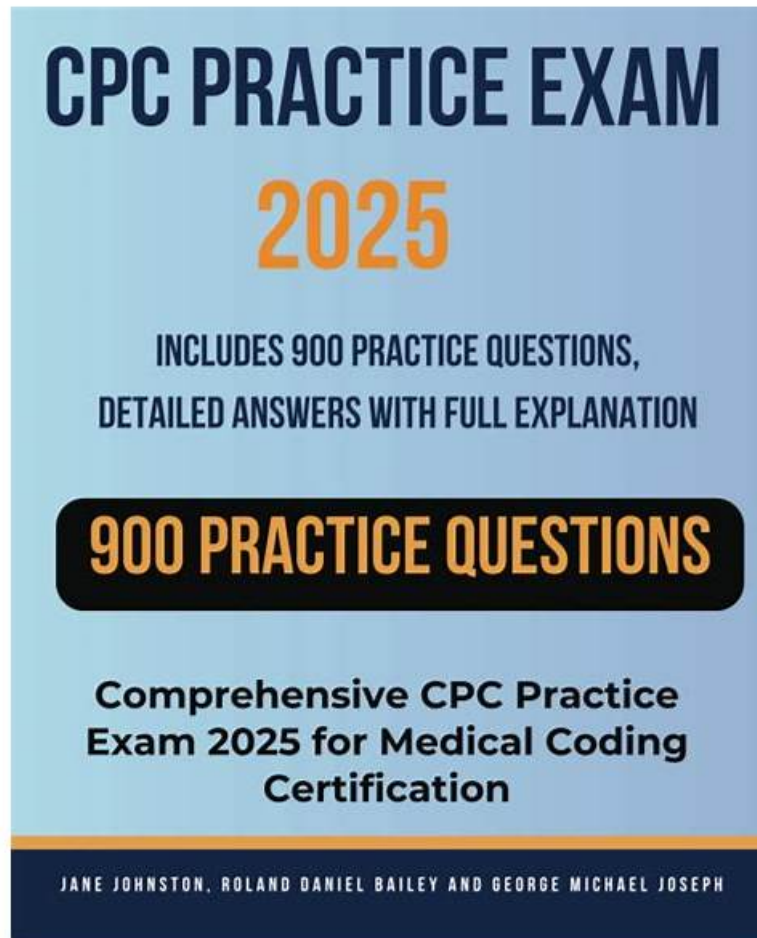


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## AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q187-Q192):

### NEW QUESTION # 187

Eric is buying his first life insurance policy from XYZ Life Insurance Company. The company requires Eric have a physical exam prior to issuance of the policy. Eric sees his primary care provider who completes the required documentation and forms provided by the insurance company.

How does the primary care provider report his services?

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

**Answer: D**

Explanation:

CPT code 99450 is used for the examination of a patient for the purpose of establishing medical baseline information or for insurance purposes. Since Eric's primary care provider completed the required physical exam documentation for his life insurance policy, this is appropriately reported with code 99450. Reference: CPT Professional Edition (current year), AMA.

### NEW QUESTION # 188

In rhinoplasty:

- A. The nose is reconstructed
- B. The chin is reconstructed
- C. The brow is reconstructed
- D. The lips are reconstructed

**Answer: A**

### NEW QUESTION # 189

When a patient has ESRD, which system is affected?

- A. Respiratory
- B. Neurologic
- C. Cardiovascular
- D. Genitourinary

**Answer: D**

Explanation:

End-Stage Renal Disease (ESRD) is a condition in which the kidneys fail to work effectively to remove waste products and excess fluids from the blood. This primarily affects the genitourinary system, which includes the kidneys, ureters, bladder, and urethra.

Patients with ESRD often require dialysis or a kidney transplant.

ICD-10-CM (current year), Chapter 14: Diseases of the Genitourinary System (N00-N99).

### NEW QUESTION # 190

A 3-day-old died in her sleep. The pediatrician determined this was the result of crib death syndrome. The parents give permission to refer the newborn for a necropsy. The pathologist receives the newborn with her brain and performs a gross and microscopic examination. The physician issues the findings and reports they are consistent with a normal female newborn.

What CPT code is reported?

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

**Answer: D**

Explanation:

\* Procedure: Gross and microscopic examination of a newborn autopsy.

\* CPT Code:

\* 88028: This code is for the autopsy, gross and microscopic examination of a stillborn or newborn.

\* Code Selection Justification: The procedure described matches the comprehensive postmortem examination of a newborn.

References:

\* AMA CPT Professional Edition (current year)

\* ICD-10-CM (current year)

\* HCPCS Level II (current year)

**NEW QUESTION # 191**

(A patient is seen for nausea, vomiting, and sharp right lower abdominal pain. CT and labs support a diagnosis of chronic appendicitis. The physician schedules an open appendectomy and removes the appendix.

What CPT and diagnosis codes are reported?)

- A. 44970, K35.80
- B. 44950, K36, R11.2, R10.31
- **C. 44950, K36**
- D. 44950, K35.80

**Answer: C**

Explanation:

The operative approach is explicitly open surgery, so the correct CPT procedure code is 44950 (appendectomy, open).

Code 44970 is the laparoscopic appendectomy code and is not supported because the scenario states

"open surgery." For diagnosis, the physician's final diagnosis is chronic appendicitis, which is reported with K36 (other appendicitis) in the context of this question's choices; K35.80 represents acute appendicitis (unspecified acute) and does not match "chronic." You also do not report symptom codes (nausea/vomiting

/abdominal pain) once a definitive diagnosis is established and documented as the reason for the surgery, unless a guideline or scenario specifically requires them as additional reporting (this question does not).

Therefore, the correct pairing is 44950 with K36 only. CPC exam tip: always match approach (open vs laparoscopic) and code the final confirmed diagnosis rather than presenting symptoms when the definitive diagnosis is known.

**NEW QUESTION # 192**

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