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AAPC CPC FINAL EXAM PRACTICE QUESTIONS | 231 REAL QUESTIONS WITH 100% CORRECT ANSWERS | LATEST UPDATED 2023/2024 |

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

Correct 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

Correct 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

Correct 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 bluntly with a few attachments divided with electrocautery. What CPT® and ICD-10-CM codes are reported?

- A. 21932, D17.39

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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q38-Q43):

NEW QUESTION # 38

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

Answer: D

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-IO-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 # 39

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 tachycardia. Assign the correct ICD-IO-CM and CPT codes.

- A. 59409, Z3A.39, Z37.o and 59510-51, 076, Z3A39, Z37.o
- B. 59410, Z37.2 and 59510-51, 076, Z37.2
- 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 # 40

Which is NOT considered inclusive to hydration services?

- **A. Catheter declotting**
- B. Flush solution
- C. Subcutaneous catheter access
- D. Catheter flush

Answer: A

Explanation:

Catheter access, standard supplies such as a flush solution, and the flush at the end of the infusion are all considered necessary to facilitate the infusion and are inclusive to CPT codes 96360-96361. Declotting a catheter involves the injection of a thrombolytic agent to dissolve the clot and is separately reportable

with CPT 36593.

NEW QUESTION # 41

A 22-year-old patient presents with a 5.5 cm gaping laceration on the right forearm and a 2 cm superficial laceration on the right wrist caused by a table saw. A local anesthetic is injected around both laceration sites. The physician irrigates the laceration on the wrist before closing the wound with a tissue adhesive and then performs an extensive cleaning and single-layer closure with sutures on the forearm. What should be coded for this encounter?

- A. 12001, 12032-59, S61.411A S41.111A W31.2XXA
- B. 12032, S41.111A, S61.411A, W31.2kX.A
- C. 12032, 12001-59, S41.111A S61.411A W31.2XXA
- D. 12032, 97597, G0168, S41.111A, S61.411A W31.2XXA

Answer: C

Explanation:

A "gaping" injury and/or "single-layer closure" is indicative of an intermediate repair and a "superficial" injury and/or use of a "tissue adhesive" is indicative of a simple repair. Because the repairs are not in the same classification, each repair is reported in a single code, sequenced from the most to the least severe (eliminating answers B and D), with modifier 59 appended to the less complicated procedure(s). Local anesthesia is included in these procedures, as is debridement unless the provider specifically indicates that it is extensive. In answer A, an HCPC's code for tissue adhesive would be reported only if the patient had Medicare.

NEW QUESTION # 42

What is NOT a function of the kidneys?

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

Answer: D

Explanation:

The role of the 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 # 43

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