

## [Jan 17, 2024 Free Certified Professional Coder CPC Exam Question [Q23-Q46]



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**Q23.** A patient with a history of chronic venous embolism in the inferior vena cava has a radiographic study to visualize any abnormalities. In outpatient surgery the physician accesses the subclavian vein and the catheter is advanced to the inferior vena cava for injection and imaging. The supervision and interpretation of the images is performed by the physician.

What codes are reported for this procedure?

- \* 36000, 75825-26
- \* 36010, 75827-26
- \* 36010, 75825-26
- \* 36000, 75827-26

**Q24.** 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?

- \* 99499
- \* 99455
- \* 99456
- \* 99450

**Q25.** A patient complains of tarry, black stool, and epigastric tightness. An esophagogastroduodenoscopy is recommended to evaluate the source of the bleeding. The endoscope is inserted orally. The esophagus appears normal on scope insertion. No evidence of bleeding in the stomach. The scope is then passed into the duodenum, where a polyp is found and removed with hot biopsy forceps. No evidence of bleeding post procedure.

What CPT code is reported?

- \* 43251
- \* 43250
- \* 43255
- \* 43270

**Q26.** View MR 007400

MR 007400

Radiology Report

Patient: J. Lowe Date of Service: 06/10/XX

Age: 45

MR#: 4589799

Account #: 3216770

Location: ABC Imaging Center

Study: Mammogram bilateral screening, all views, producing direct digital image Reason: Screen Bilateral digital mammography with computer-aided detection (CAD) No previous mammograms are available for comparison.

Clinical history: The patient has a positive family history (mother and sister) of breast cancer.

Mammogram was read with the assistance of GE iCAD (computerized diagnostic) system.

Findings: No dominant speculated mass or suspicious area of clustered pleomorphic microcalcifications is apparent Skin and nipples are seen to be normal. The axilla are unremarkable.

What CPT coding is reported for this case?

- \* 77067-50, Z80.3, Z12.31
- \* 77066, Z80.3, Z12.31
- \* 77067, Z12.31, Z80.3
- \* 77066-50, Z12.31, Z80.3

**Q27.** A 67-year-old male presents with DJD and spondylolisthesis at L4-L5 The patient is placed prone on the operating table and, after induction of general anesthesia, the lower back is sterilely prepped and draped. One incision was made over L1-L5. This was

confirmed with a probe under fluoroscopy. Laminectomies are done at vertebral segments L4 and L5 with facetectomies to relieve pressure to the nerve roots. Allograft was packed in the gutters from L1-L5 for a posterior arthrodesis. Pedicle screws were placed at L2, L3, and L4. The construct was copiously irrigated and muscle; fascia and skin were closed in layers.

Select the procedure codes for this scenario.

- \* 63005 x 2, 22612, 22614 x 3, 22842
- \* 63042, 63043, 22808, 22841 x 3
- \* 63047, 63048, 22612, 22614 x 3, 22842
- \* 63017, 63048, 22612, 22808, 22842 x 3

**Q28.** 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?

- \* 64644, 64647 x 7
- \* 64642-50, 64643-50, 64647
- \* 64642, 64643, 64647
- \* 64642 x 3, 64642 x 3, 64647 x 7

**Q29.** Dr. Burns sees newborn baby James at the birthing center on the same day after the cesarean delivery. Dr. Burns examined baby James, the maternal and newborn history, ordered appropriate blood test tests and hearing screening. He met with the family at the end of the exam.

How would Dr. Burns report his services?

- \* 99463
- \* 99460
- \* 99461
- \* 99462

**Q30.** A mother brings her 2-year-old son to the pediatrician's office because he stuck a bead up his left nostril. The pediatrician uses a nasal decongestant to open the blocked nostril and removes the bead with nasal forceps.

What CPT coding is reported?

- \* 30210-50
- \* 30210
- \* 30300
- \* 30300-50

**Q31.** View MR 099401

MR 099401

Established Patient Office Visit

Chief Complaint: Patient presents with bilateral thyroid nodules.

History of present illness: A 54-year-old patient is here for evaluation of bilateral thyroid nodules. Thyroid ultrasound was done last week which showed multiple thyroid masses likely due to multinodular goiter. Patient stated that she can feel the nodules on the left side of her thyroid. Patient denies difficulty swallowing and she denies unexplained weight loss or gain. Patient does have a family history of thyroid cancer in her maternal grandmother. She gives no other problems at this time other than a

palpable right-sided thyroid mass.

Review of Systems:

Constitutional: Negative for chills, fever, and unexpected weight change.

HENT: Negative for hearing loss, trouble swallowing and voice change.

Gastrointestinal: Negative for abdominal distention, abdominal pain, anal bleeding, blood in stool, constipation, diarrhea, nausea, rectal pain, and vomiting  
Endocrine: Negative for cold Intolerance and heat intolerance.

Physical Exam:

Vitals: BP: 140/72, Pulse: 96, Resp: 16, Temp: 97.6 °F (36.4 °C), Temporal SpO2: 97% Weight: 89.8 kg (198 lbs ), Height: 165.1 cm (65&#8243;) General Appearance: Alert, cooperative, in no acute distress Head: Normocephalic, without obvious abnormality, atraumatic Throat: No oral lesions, no thrush, oral mucosa moist Neck: No adenopathy, supple, trachea midline, thyromegaly is present, no carotid bruit, no JVD Lungs: Clear to auscultation, respirations regular, even, and unlabored Heart: Regular rhythm and normal rate, normal S1 and S2, no murmur, no gallop, no rub, no click Lymph nodes: No palpable adenopathy

ASSESSMENT/PLAN:

1) Multinodular goiter &#8211; the patient will have a percutaneous biopsy performed (minor procedure).

What E/M code is reported for this encounter?

- \* 99212
- \* 99214
- \* 99213
- \* 99215

**Q32.** An interventional radiologist performs an abdominal paracentesis in his office utilizing ultrasonic imaging guidance to remove excess fluid. What CPT coding is reported?

- \* 49082, 76942
- \* 49083, 76942-26
- \* 49083
- \* 49082, 76942-26

**Q33.** A diagnostic mammogram is performed on the left and right breasts. Computer-aided detection is also used to further analyze the image for possible lesions.

What CPT coding is reported for this radiology service?

- \* 77065-LT, 77065-RT
- \* 77066
- \* 77067-50
- \* 77066-50

**Q34.** A Medicare patient is scheduled for a screening colonoscopy.

What code is reported for Medicare?

- \* G0106
- \* G0121
- \* 45378

\* G0105

**Q35.** According to the Application of Cast and Strapping CPT guidelines, what is reported when an orthopedic provider performs initial fracture care treatment for a closed scaphoid fracture of the wrist, applies a short arm cast, and the patient will be returning for subsequent fracture care?

- \* 25622
- \* 29075
- \* 25622, 29075
- \* 29075-22

**Q36.** A 5-year-old is brought to the QuickCare in the ED to repair two lacerations: a 3 cm laceration on her right arm and 2 cm laceration on her nose. Her arm is repaired with a simple one-layer closure with sutures. Her nose is repaired with a simple repair using tissue adhesive, 2-cyanoacrylate.

How are the repairs reported?

- \* 12013
- \* 12032, 12041-59
- \* 12002
- \* 12002, 12011-59

**Q37.** The outermost protective layer of skin is called the:

- \* Epidermis
- \* Hypodermis
- \* Subcutaneous tissue
- \* Dermis

**Q38.** A 45-year-old has a dislocated patella in the left knee after a car accident. She taken to the hospital by EMS for surgical treatment. In the surgery suite, the patient is placed under general anesthesia. After being prepped and draped, the surgeon makes an incision above the knee joint in front of the patella. Dissection is carried through soft tissue and reaching the patella in attempt to reduce the dislocation. When the patella is exposed, it is severely damaged due to cartilage breakdown. The tendon is dissected and using a saw the entire patella is freed and removed. The tendon sheath is closed with sutures.

What procedure code is reported for this surgery?

- \* 27562-LT
- \* 27552-LT
- \* 27556-LT
- \* 27566-LT

**Q39.** A 5-year-old who has an allergy history experienced a possible reaction to peanuts. A quantitative, high-sensitive fluorescent enzyme immunoassay was used to measure specific IgE for recombinant peanut components. Results showed there was no reaction indicating the child has a peanut allergy.

What lab test is reported?

- \* 86001
- \* 86008
- \* 86003
- \* 86005

**Q40.** A patient is diagnosed with sepsis and associated acute respiratory failure.

What ICD-10-CM code selection is reported?

- \* A41.9, R65.20, J96.00
- \* A41.9
- \* A41.9, R65.21, J96.00
- \* A41.9, J96.00

**Q41.** View MR 001394

MR 001394

Operative Report

Procedure: Excision of 11 cm back lesion with rotation flap repair.

Preoperative Diagnosis: Basal cell carcinoma

Postoperative Diagnosis: Same

Anesthesia: 1% Xylocaine solution with epinephrine warmed and buffered and injected slowly through a 30-gauge needle for the patient's comfort.

Location: Back

Size of Excision: 11 cm

Estimated Blood Loss: Minimal

Complications: None

Specimen: Sent to the lab in saline for frozen section margin control.

Procedure: The patient was taken to our surgical suite, placed in a comfortable position, prepped and draped, and locally anesthetized in the usual sterile fashion. A #15 scalpel blade was used to excise the basal cell carcinoma plus a margin of normal skin in a circular fashion in the natural relaxed skin tension lines as much as possible. The lesion was removed full thickness including epidermis, dermis, and partial thickness subcutaneous tissues. The wound was then spot electro desiccated for hemorrhage control. The specimen was sent to the lab on saline for frozen section.

Rotation flap repair of defect created by full thickness frozen section excision of basal cell carcinoma of the back. We were able to devise a 12 sq cm flap and advance it using rotation flap closure technique. This will prevent infection, dehiscence, and help reconstruct the area to approximate the situation as it was prior to surgical excision diminishing the risk of significant pain and distortion of the anatomy in the area. This was advanced medially to close the defect with 5 0 Vicryl and 6-0 Prolene stitches.

What CPT coding is reported for this case?

- \* 14001
- \* 15271
- \* 14001, 11606-51, 12034-51
- \* 14001, 11606-51

**Q42.** An elderly patient comes into the emergency department (ED) with shortness of breath. An ECG is performed. The final diagnosis at discharge is impending myocardial infarction.

According to ICD-10-CM guidelines, how is this reported?

- \* I20.0
- \* R06.02
- \* I20.0, R06.02
- \* I21.3, R06.02

**Q43.** The human shoulder is made of which three bones?

- \* Olecranon, radius, ulna
- \* Carpal, radius, humerus
- \* Metatarsal, tibia, navicular
- \* Clavicle, scapula, humerus

**Q44.** Which one of the following is an example of a case in which a diabetes-related problem exists and the code for diabetes is never sequenced first?

- \* If the patient has hyperglycemia that is not responding to medication
- \* If the patient has an underdose of insulin due to an insulin pump malfunction
- \* If the patient is being treated for secondary diabetes
- \* If the patient is being treated for type 2 diabetes

**Q45.** A catheter was placed into the abdominal aorta via the right common femoral artery access. An abdominal aortography was performed. The right and left renal artery were adequately visualized. The catheter was used to selectively catheterize the right and left renal artery. Selective right and left renal angiography were then performed, demonstrating a widely patent right and left renal artery.

What CPT coding is reported?

- \* 36251
- \* 36252
- \* 36253, 75625-26
- \* 36252, 75625-26

**Q46.** A 25-year-old woman underwent percutaneous breast biopsy on the right breast with placement of a Gelmark clip. The procedure was performed using stereotactic imaging.

What CPT codes will be reported?

- \* 19081
- \* 19100, 76098
- \* 19101, 19283
- \* 19081, 19283

AAPC CPC Exam Syllabus Topics:

TopicDetailsTopic 1- Apply coding conventions when assigning diagnoses and procedure codes- Identify the purpose of the CPT®, ICD-10-CM, and HCPCS Level II code booksTopic 2- Identify the information in appendices of the CPT® code book- List the major features of HCPCS Level II codesTopic 3- Code a wide variety of patient services using CPT®, ICD-10-CM, and HCPCS Level II codes- Explain the determination of the levels of E- M servicesTopic 4- Provide practical application of coding operative reports and evaluation and management services- Understand and apply the official ICD-10-CM coding guidelines

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