Vendor: AAPC

Exam Code: CPC

Exam Name: Certified Professional Coder

Version: DEMO

QUESTION 1
According to the Repair (Closure) CPT® guidelines, what type of repair is reported when a single layer closure includes copious irrigation and extensive cleaning to remove particulate matter?

A. Simple repair
B. Complex repair
C. Intermediate repair
D. Simple repair plus a code for irrigation

Answer: C
Explanation:
According to the CPT® guidelines for Repair (Closure), an intermediate repair includes the closure of a wound with one or more layers of subcutaneous tissue and superficial fascia in addition to the skin (epidermal and dermal) closure. It also involves extensive cleaning of the wound, which includes copious irrigation and the removal of particulate matter.

QUESTION 2
The CPT® code book provides full descriptions of medical procedures, although some descriptions require the use of a semicolon (;) to distinguish among closely related procedures.

What is the full description of CPT® code 69644?

A. Tympanoplasty with mastoidectomy (including canalplasty. middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
B. Without ossicular chain reconstruction with intact or reconstructed canal wall, with ossicular chain reconstruction
C. With intact or reconstructed canal wall with ossicular chain reconstruction
D. Tympanoplasty with mastoidectomy (including canalplasty. middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction with intact or reconstructed canal wall, with ossicular chain reconstruction

Answer: A
Explanation:
CPT® code 69644 refers to a tympanoplasty with mastoidectomy, which includes canalplasty, middle ear surgery, and tympanic membrane repair. The specific procedure described by this code is performed with an intact or reconstructed canal wall and includes ossicular chain reconstruction. The use of a semicolon in the CPT® description helps distinguish between different variations of the procedure.

QUESTION 3
Which statement regarding lesion excision is TRUE?

A. Lesion excision codes include removal of a lesion, with margins, and simple (nonlayered) closure when performed
B. Lesion excision codes are selected by measuring the greatest clinical diameter of a lesion excluding the margins required to complete the excision
C. Lesion excision codes include removal of a lesion, with margins, and intermediate closure when performed
D. Lesion excision codes include removal of a lesion with margins, and complex closure when performed

Answer: A

Explanation:
Lesion excision codes in the CPT® codebook include the removal of the lesion along with the necessary margins and a simple (nonlayered) closure when performed. These codes do not cover intermediate or complex closures, which are reported separately if performed. The measurement for selecting the appropriate lesion excision code includes the lesion and the margins required for complete excision.

QUESTION 4
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?

A. If the patient has hyperglycemia that Is not responding to medication
B. If the patient has an underdose of insulin due to an insulin pump malfunction
C. If the patient is being treated for secondary diabetes
D. If the patient is being treated for type 2 diabetes

Answer: B
Explanation:
When a patient experiences an underdose of insulin due to an insulin pump malfunction, the primary reason for the encounter would be the malfunction itself, which is coded first. The resulting hyperglycemia or hypoglycemia due to the pump failure is a secondary condition. According to ICD-10-CM guidelines, the code for the mechanical complication of the pump (T85.633-) is sequenced first, followed by a code for the diabetes with complication (E11.65 for type 2 diabetes with hyperglycemia).

QUESTION 5
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?

A. 64644, 64647 x 7
B. 64642-50, 64643-50, 64647
C. 64642, 64643, 64647
D. 64642 x 3, 64642 x 3, 64647 x 7

Answer: B
Explanation:
For the injections, CPT® code 64642 is used for chemodenervation of one extremity; 64643 for each additional extremity, and 64647 for chemodenervation of muscles in the paraspinal region. The modifier -50 is added to 64642 and 64643 to indicate bilateral procedures. According to CPT® guidelines, when multiple sites are treated, each site is coded separately, and appropriate modifiers are used.

QUESTION 6
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?

A. 25622

B. 29075
C. 25622, 29075
D. 29075-22

Answer: A
Explanation:
For initial fracture care of a closed scaphoid fracture, code 25622 is used, which includes treatment and initial casting. The application of the cast is part of the fracture care and is not reported separately. CPT® guidelines specify that casting or strapping performed as part of the fracture care is included in the fracture care code.

QUESTION 7
A patient is diagnosed with diabetic polyneuropathy.

Using ICD-10-CM coding guidelines, what ICD-10-CM coding is reported?

A. E10.42
B. E11.9, G62.9
C. E10.9, G62.9
D. E11.42

Answer: D
Explanation:
Diabetic polyneuropathy is coded as E11.42, which indicates type 2 diabetes mellitus with diabetic polyneuropathy. The ICD-10-CM guidelines direct that when a patient has both diabetes and polyneuropathy, a single combination code is used to capture both conditions.

QUESTION 8
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?

A. I20.0
B. R06.02
C. I20.0, R06.02
D. I21.3, R06.02

Answer: D
Explanation:
Impending myocardial infarction is reported with I21.3 for a myocardial infarction (acute). The shortness of breath, which is a symptom, is coded separately as R06.02. According to ICD-10-CM guidelines, when a definitive diagnosis is established, the diagnosis code is sequenced first followed by symptom codes.

QUESTION 9
Patient had polyps removed on a previous colonoscopy. The patient returns three months later for a follow-up examination for another colonoscopy. No new polyps are seen.

What diagnosis coding is reported for the second colonoscopy?

A. Z09, Z86.010
B. K63.5
C. Z86.010, K63.5
D. Z09, K63.5

Answer: A
Explanation:
For a follow-up examination after the removal of polyps with no new polyps found, the appropriate diagnosis codes are:
Z09: Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm.
Z86.010: Personal history of colonic polyps.
Using Z09 indicates that the follow-up exam is to check the patient after treatment, and Z86.010 indicates a history of colonic polyps, which is relevant to the patient's medical history.

QUESTION 10
A patient is diagnosed with sepsis and associated acute respiratory failure.

What ICD-10-CM code selection is reported?

A. A41.9, R65.20, J96.00
B. A41.9
C. A41.9, R65.21, J96.00
D. A41.9, J96.00

Answer: C
Explanation:
For a patient diagnosed with sepsis and associated acute respiratory failure, the ICD-10-CM codes are:
A41.9: Sepsis, unspecified organism.
R65.21: Severe sepsis with septic shock.
J96.00: Acute respiratory failure, unspecified whether with hypoxia or hypercapnia.
These codes appropriately capture the severity of the sepsis and the presence of acute respiratory failure.

QUESTION 11
A 44-year-old female patient with chest pains had a CT of her chest that identified a mass in her left lower lung. The patient currently has ovarian cancer with metastases to the liver. The radiologist suspects the cancer has spread to her lungs. The physician performed an outpatient bronchoscopic biopsy and the pathology report documents the mass as a tumor of uncertain behavior.

What ICD-10-CM codes are reported for this patient?

A. R91.8, C56.9, C78.7
B. C56.9, C78.7, C78.02
C. C78.02, C22.9, C79.82
D. D38.1, C56.9, C78.7

Answer: D
Explanation:
For a patient with a mass in the left lower lung suspected to be cancer that is currently

documented as a tumor of uncertain behavior, with existing ovarian cancer with metastases to the liver, the ICD- 10-CM codes are:
D38.1: Neoplasm of uncertain behavior of bronchus and lung.
C56.9: Malignant neoplasm of unspecified ovary.
C78.7: Secondary malignant neoplasm of liver and intrahepatic bile duct.
D38.1 is used because the behavior of the lung tumor is uncertain, and C56.9 and C78.7 are used to document the known primary and metastatic cancers.

QUESTION 12
A 35-year-old female has cancer in her left breast. The surgeon performs a mastectomy, removing the breast tissue, skin, pectoral muscles, and surrounding tissue, including the axillary and internal mammary lymph nodes.

Which mastectomy code is reported?

A. 19303
B. 19305
C. 19306
D. 19307

Answer: C
Explanation:
For a mastectomy that involves removing the breast tissue, skin, pectoral muscles, and surrounding tissue, including the axillary and internal mammary lymph nodes, the appropriate CPT® code is:
19306: Mastectomy, radical, including pectoral muscles, axillary lymph nodes.
This code captures the extent of the surgery, including the removal of the breast tissue, skin, pectoral muscles, and lymph nodes.

QUESTION 13
A 30-year-old patient with a scalp defect is having plastic surgery to insert tissue expanders. The provider inserts the implants, closes the skin, and increases the volume of the expanders by injecting saline solution. Tissue is expanded until a satisfactory aesthetic outcome is obtained to repair the scalp defect.

What CPT® code is reported?

A. 11960
B. 11970
C. 15777
D. 19357

Answer: A
Explanation:
The CPT code 11960 is used for the insertion of tissue expanders for other than breast, which includes the scalp in this case. The procedure involves inserting the tissue expanders, closing the skin, and gradually increasing the volume of the expanders until a satisfactory outcome is achieved for repairing the scalp defect. The other options do not accurately describe the procedure performed on the scalp.

Thank You for Trying Our Product

Passleader Certification Exam Features:

★ More than **99,900** Satisfied Customers Worldwide.

★ Average **99.9%** Success Rate.

★ **Free Update** to match latest and real exam scenarios.

★ **Instant Download** Access! No Setup required.

★ Questions & Answers are downloadable in **PDF** format and **VCE** test engine format.

★ Multi-Platform capabilities - **Windows, Laptop, Mac, Android, iPhone, iPod, iPad**.

★ **100%** Guaranteed Success or **100%** Money Back Guarantee.

★ **Fast**, helpful support **24x7**.

View list of all certification exams: http://www.passleader.com/all-products.html

10% Discount Coupon Code: **ASTR14**