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**QUESTION 1**

A patient who has colon adenocarcinoma undergoes a laparoscopic partial colectomy. The surgeon removes the proximal colon and terminal ileum and reconnects the cut ends of the distal ileum and remaining colon.

What procedure and diagnosis codes are reported?

- A. 44204, C18.2
- B. 44140, C18.9
- C. 44205, C18.9
- D. 44160, C18.2

Correct Answer: C

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**QUESTION 2**

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 foil 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?

- A. 14001
- B. 15271
- C. 14001, 11606-51, 12034-51
- D. 14001, 11606-51

Correct Answer: A

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**QUESTION 3**

Patient has undergone open surgery for a left total knee arthroplasty. While in the recovery room, he continued to have severe postoperative pain. The surgeon ordered a femoral block for postoperative pain. The anesthesiologist evaluated the patient and performed a left femoral block, which provided significant post-operative pain relief.

What CPT coding is reported?

- A. 01404, 64450, 01996
- B. 01380, 64447-59-LT
- C. 01402, 64447-59-LT
- D. 01402, 64448-59-LT, 01996

Correct Answer: D

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**QUESTION 4**

A patient presents to the labor and delivery department for a planned cesarean section for triplets. She is at 37 weeks gestation. She is given a continuous epidural for the delivery.

What anesthesia coding is reported?

- A. 01967, 01968
- B. 01958
- C. 01967
- D. 01961

Correct Answer: D

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**QUESTION 5**

View MR 003396

MR 003396

Operative Report

Preoperative Diagnosis: Acute MI, severe left main arteriosclerotic coronary artery disease

Postoperative Diagnosis: Acute MI, severe left main arteriosclerotic coronary artery disease

Procedure Performed: Placement of an intra-aortic balloon pump (IABP) right common femoral artery

Description of Procedure: Patient's right groin was prepped and draped in the usual sterile fashion. Right common femoral artery is found, and an incision is made over the artery exposing it. The artery is opened transversely, and the

tip of the

balloon catheter was placed in the right common femoral artery. The balloon pump had good waveform. The balloon pump catheter is secured to his skin after local anesthesia of 2 cc of 1% Xylocaine is used to numb the area. The balloon

pump is secured with a 0-silk suture. The patient has sterile dressing placed. The patient tolerated the procedure. There were no complications.

What CPT coding is reported for this case?

A. 33975

B. 33967

C. 33970

D. 33973

Correct Answer: C

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