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QUESTION 1

A 47-year-old female presents to the operating room for a partial corpectomy on one upper thoracic vertebral body, T3. Two surgeons are performing the surgery. One surgeon performs the transthoracic approach and excises the damaged portion of the vertebral body. The second surgeon inserts a bone graft into the vertebral gap, closing the gap, and inserts a metal plate. Both surgeons work together, each as a primary surgeon.

How does each surgeon report their portion of the surgery?

- A. 63090-66, 63091-66
- B. 63087-62, 63088-62
- C. 63090-80, 63091-80
- D. 63085-62, 63086-62

Correct Answer: D

QUESTION 2

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?

- A. 36251
- B. 36252
- C. 36253, 75625-26
- D. 36252, 75625-26

Correct Answer: B

QUESTION 3

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

Correct Answer: B

QUESTION 4

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

QUESTION 5

The procedure is performed at an outpatient radiology department. From a left femoral access, the catheter is placed in the abdominal aorta and is then selectively placed in the celiac trunk and manipulated up into the common hepatic artery for an abdominal angiography. Dye is injected, and imaging is obtained. The provider performs the supervision and interpretation.

What CPT codes are reported?

- A. 36246, 75716-26
- B. 36246, 75726-26
- C. 36246, 75635-26

D. 36246, 75741-26

Correct Answer: B

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