

## Sample test questions for the CPC exam

The following 20 questions were developed by Lisa Rae Roper, MHA, CPC-I, CCS-P, adjunct instructor of HCPro's Certified Coder Boot Camp<sup>®</sup>, for preparation of the American Academy of Professional Coders' CPC<sup>®</sup> exam.

Unless the question states otherwise, assume that a physician documented all the provided information. You have two minutes to complete each question. You may not use any outside materials for this exam other than the 2009 CPT, ICD-9-CM, and HCPCS Level II manuals.

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1. Dr. Smith provided one hour and 42 minutes of critical care via remote real-time interactive videoconference to a 24-year-old patient who was injured while hiking and transported to a rural hospital. The facility is linked to a major metropolitan trauma center that allows it complete access to all of its computer records and the ability to speak to patients and/or family members via videoconferencing. Dr. Smith was the only physician involved in this care. How would Dr. Smith report her services?
  - a. 99291, 99292
  - b. 99291, 99292 x 2
  - c. 0188T, 0189T
  - d. 99291, 0188T, 0189T x 2
  
2. How would you report the detection by nucleic acid with amplified probe technique of *Streptococcus*, Group B?
  - a. 87798
  - b. 87802
  - c. 87650
  - d. 87653
  
3. What is the time limit when assigning late effect diagnosis codes?
  - a. There is a five-year time limit for late effect codes
  - b. There is no time limit for when you can use a late effect code
  - c. There is a one-year time limit for late effect injury codes
  - d. There is no time limit for late effect codes if the same provider who cared for the patient during the acute phase reports the late effect code

4. Larry fell down a staircase in a restaurant. The fall caused a greenstick fracture to his triquetral bone in the right wrist. How should you report the diagnosis codes for this injury?
- 814.03, E880.9, E849.6
  - 814.10, E880.9, E849.6
  - 814.02, E880.0, E849.8
  - 733.12, E881.0, E849.6
5. Which one of these is an antidiuretic hormone secreted by the pituitary gland?
- Cytarabine
  - Hexadimethrine
  - Vasopressin
  - Primidone
6. For which set of codes can you use modifier -92 when HIV antibody immunoassay is performed by a kit or transportable instrument, which consists in part or wholly of a single-use disposable analytical chamber?
- 87390–87391
  - 86648–86653
  - 86701–86703
  - 89352–89356
7. Which muscles comprise the quadriceps?
- Flexor hallucis longus, sartorius, extensor digitorum longus
  - Abductor pollicis longus, anconeus, gracilis
  - Trapezius, deltoid, teres minor
  - Rectus femoris, vastus medialis, vastus lateralis
8. A patient suffering from blepharospasm underwent electrodiagnostic blink reflex testing on the left eye. Which codes should you use to report the diagnosis and procedure for this patient?
- 95930-LT, 333.81
  - 95933-LT, 333.81
  - 95868, 95920-59, 333.85
  - 95933, 333.85

9. John went to see his primary physician due to urinary tract problems. During this exam, the physician diagnosed John with nocturia and hyperplasia of the prostate with urinary obstruction and lower urinary tract symptoms. Which diagnosis codes should you report for his diagnosed condition?
- a. 788.43, 600.91
  - b. 600.90, 788.41
  - c. 788.91, 600.21
  - d. 600.91, 788.43
10. Which syndrome has symptoms of abnormal sounds heard from the chest when listening with a stethoscope, which indicate that the mitral valve is not closing properly? Chest pain, dyspnea, and fatigue are other symptoms.
- a. Sotos' syndrome
  - b. Thibierge-Weissenbach syndrome
  - c. Barlow syndrome
  - d. Zahorsky's syndrome
11. The category HCPCS Level II codes that begin with the letter L describe which type of services?
- a. Orthotic and prosthetic
  - b. Visual and hearing
  - c. Durable medical and surgical supplies
  - d. Drugs and chemicals
12. A biopsy conducted last week confirmed that Nancy had an ill-defined skin cancer near her right shoulder blade. Dr. Johnson scheduled a Mohs surgery to remove the skin cancer. Today, Dr. Johnson removed the lesion, which required three stages for complete removal. Dr. Johnson acted as surgeon and pathologist for this procedure and took an additional three blocks after the first five in stage two to confirm the margins. How should Dr. Johnson report her services for the work completed today?
- a. 17313, 17314, 17315, 11100-59
  - b. 17311, 17312 x 2, 17315 x 3
  - c. 17313, 17314 x 2, 17315 x 3
  - d. 11100, 17311-59, 17312-59, 17315-59

13. Ben underwent a laparoscopic cholecystectomy with exploration of the common duct. How should you report this procedure?
- a. 47562, 47564-59
  - b. 47610
  - c. 47564
  - d. 47600, 47715-51
14. In which way must radiology procedures performed using contrast for imaging enhanced materials be administered to qualify for the phrase "with contrast"?
- a. Intravascularly, intra-articularly, or intrathecally
  - b. Oral and/or rectal
  - c. Oral, intravascularly, or intrathecally
  - d. Intra-articularly, oral, or rectal
15. Dr. Roberts delivered a session of insight-oriented psychotherapy in his office to Mr. Brown. During this session, Dr. Roberts took an expanded problem-focused history, made changes to Mr. Brown's anxiety medications, reviewed drug interactions regarding his insulin and hypertensive medications, and provided interpretation of laboratory tests. Dr. Roberts spent 45 minutes with Mr. Brown. How should Dr. Roberts report his services?
- a. 90812
  - b. 99215-25, 90812
  - c. 99204, 90807-25
  - d. 90807
16. An anesthesiologist placed an 11-month-old healthy child under general anesthesia for biopsy to her larynx. How should the anesthesiologist report his services?
- a. 00326-P1, 99100
  - b. 00320-P1, 31510, 99100-59
  - c. 00326-P1
  - d. 31576, 00326-P1

17. Sue was burned by steam and boiling water on her hands and arm while making dinner at a local church. She suffered second- and third-degree burns to her palms and wrists and a second-degree burn to her right forearm. How would you report the diagnosis codes for this injury?
- a. 944.38, 943.21, E924.0, E849.6
  - b. 943.21, 944.38, E924.2, E849.6
  - c. 946.3, 946.2, E849.6
  - d. 944.35, 944.37, 943.21, 946.2, E924.0, E849.6
18. On Tuesday, an established patient, Manuel, went to Dr. Cord's office complaining of a cough, difficulty breathing, dizziness, and a fever. In the office, Dr. Cord documented an expanded problem-focused history, expanded problem-focused examination, and moderate complexity decision-making. He spent 25 minutes with Manuel in the office. During the office visit, Dr. Cord admitted Manuel to the hospital with a diagnosis of dehydration and the flu. Dr. Cord dictated an admission note with a comprehensive history, comprehensive examination, and moderate complexity decision-making. Dr. Cord saw Manuel on Wednesday during his rounds and dictated a follow-up hospital note with an expanded problem-focused examination and history, with moderate complexity decision-making. Which code(s) should Dr. Cord report for the evaluation and management (E/M) services provided on Tuesday and Wednesday?
- a. 99203, 99223, 99233-25
  - b. 99213
  - c. 99213, 99222-25, 99232
  - d. 99222, 99232
19. Today, Don presents to the radiation oncologists solely to receive radiation treatment for his secondary stomach wall cancer. The primary neoplasm was diagnosed as anal sphincter cancer. How should you report these diagnoses codes?
- a. 151.9, 197.8
  - b. V58.0, 197.8, 154.2
  - c. 154.2, 197.8, V58.0
  - d. 197.8, 151.9
20. Diana is a type 1, uncontrolled diabetic who is now suffering from visual changes, with moderate impairment to the left eye and normal vision in the right eye. How should you report this condition?
- a. 250.53, 369.76
  - b. 250.03, 369.25

c. 250.51, 369.69  
d. 369.76, 250.53

## Answers to 20 sample test questions for the CPC exam

1. **C.** You can find this answer in the index of the *2009 CPT Professional Edition* under Critical Care Services, Remote. These codes are new to the 2009 edition. Carefully review the guidelines of this section to provide correct coding.
2. **D.** One way to find this answer is in the index of the *2009 CPT Professional Edition* under Infectious Agent, Detection, by Nucleic Acid, *Streptococcus*, Group B.
3. **B.** According the *ICD-9-CM Manual's* official guidelines, listed under General Coding Guidelines for late effects, "there is no time limit when a late effect code can be used."
4. **A.** The fracture code would be reported first, followed by E codes to describe the fall and the location of the accident. Remember, you can locate E codes by referring to the *ICD-9-CM Manual's* alphabetic listing in section three or the Index of External Causes of Injury.
5. **C.** You can find the term "Vasopressin" in the *ICD-9-CM Manual* (Table of Drugs and Chemicals, section two) and the index of the *CPT Professional* manuals. Once you've located these terms, cross-reference the codes for help with medical terminology and anatomy questions.
6. **C.** One way to find this answer is Appendix A (modifier description) in the *2009 CPT Professional Edition*. Also, there is a parenthetical note that lists modifier -92 under the codes 86701–86703.
7. **D.** The *2009 CPT Professional Edition* has illustrations in the front of the book that are helpful with terminology and anatomy questions, such as Figure 4A's illustration of the muscular system, which shows the quadricep muscles.
8. **B.** One way to find the procedure code is by referencing the index of the *2009 CPT Professional Edition* under Reflex Test. The modifier –LT gives more specification to the eye that was tested. You can find the diagnosis code under Blepharospasm in the index of the *ICD-9-CM Manual*, volume 2.
9. **D.** First list the code for hyperplasia of the prostate, followed by nocturia. You can find this code sequencing note under code 788.4—frequency of urination and polyuria. You must use the fifth digit to describe nocturia (code 788.43).

10. **C.** One way to find this answer is by referencing the index of *ICD-9-CM Manual*, volume 2, under Syndrome. By cross-referencing the codes and reviewing the code descriptions, you'll discover that Barlow syndrome is the correct choice.
11. **A.** Codes that begin with the letter L in the *HCPCS Level II* manual describe orthotic and prosthetic services.
12. **C.** The Mohs surgery guidelines indicate that you can only report a biopsy on the same day of surgery if there is no prior pathology confirmation. In this question, the biopsy was completed prior to the surgery; therefore, you would not report a biopsy code. When selecting codes for Mohs surgery, the first step is to confirm the body site for surgery, then confirm how many stages were completed, and finally confirm whether there were any additional blocks after the first five tissue blocks at any stage. In this question, there were three stages (17313, 17314 x 2) and three additional blocks in the second stage (17315 x 3).
13. **C.** The code 47564 would report a laparoscopic procedure. The code 47610 would report an open procedure.
14. **A.** You can find the answer to this question in the *2009 CPT Professional Edition's* guidelines for Radiology under the heading Administration of Contrast Material(s): "Oral and/or rectal contrast administration alone does not qualify as a study 'with contrast.'" "
15. **D.** You can find the answer to this question in the *2009 CPT Professional Edition's* Medicine/Psychiatry guidelines for Psychiatric Therapeutic Procedures, which define the elements required to select a code from this section. These codes are assigned based on the type of service, place of service, face-to-face time, and whether evaluation and management (E/M) services were furnished on the same date of the psychotherapy service. You can report an E/M when the services are furnished on a different day than psychiatric services.
16. **C.** One way to find this code is in the index of the *2009 CPT Professional Edition* under Anesthesia, Larynx and cross-reference the codes listed. Pay attention to the parenthetical note under the code 00326.
17. **A.** When reporting diagnosis codes for burns, refer to the *ICD-9-CM Manual* coding guidelines in Chapter 17, c. 1, Sequencing of burn and related conditions. It states: "Sequence first the code that reflects the highest degree of burn when more than one burn is present. When a burn to the same local site has more than one degree of burn, report to the highest degree present." Chapter 17, c.

5, states that “when coding burns assign separate codes for each burn site, Category 946 Burns of Multiple specified sites should only be used when the location of the burns is not documented. Also, the burns of the wrist(s) and hand(s) have multiple sites so you should report the fifth digit 8.”

18. **D.** Note the dates of services in this question. Also, the *2009 CPT Professional Edition* guidelines for initial hospital care codes indicate that “when the patient is admitted to the hospital as an inpatient in the course of an encounter in another site of service, all evaluation and management services provided by that physician in conjunction with the admission are considered part of the initial hospital care when performed on the same day as the admission.” Therefore, you would not report the office visit code for the same date of service.
19. **B.** General guidelines in the *ICD-9-CM Manual*, Chapter 2, state that neoplasms give specific details related to sequencing order to report codes. Notice, under Chapter 2, a., that “treatment directed at the malignancy indicates assignment of the appropriate treatment code (radiation) as first listed followed by site being treated.” Notice, under Chapter 2, b., that “treatment of secondary site would be reported next, followed by primary site that still exists.”
20. **A.** You would report the diabetic code first as 250.53 (type 1, uncontrolled) with the visual manifestation reported in the second position. Pay attention to the visual manifestation codes related to eyes and vision reported.