

# Welcome from Medical Coding Pro

Our goal is to help as many people as possible pass the Medical Coding CPC Exam. That is why we are offering this FREE 20 question practice exam. Most people don't know what to expect when they enter into the exam and this should give you a good snap shot of what to look for.

Time management is a main opportunity in passing the exam so we recommend that you try to answer each question within two minutes. This should give you a good feel for the pace of the exam and if you will finish on time.

After speaking with many exam participants, an alarming number did not pass the exam the first time. The majority of these people referenced time as being the major factor responsible for them not passing. They didn't have the time to complete all the questions, or, they had to hurry through the last twenty or thirty questions to finish.

The actual exam is five hours and forty minutes long (including breaks) and consists of 150 questions. This is a long time to remain focused so be sure to get plenty of sleep the night before. If you would like to practice on a full length exam (150 questions just like the actual exam) we offer one for a very reasonable cost. [Click here to take a look.](#)

One of the programs people requested that we develop was the [Exam Strategy](#) on how to pass the exam. This made a lot of sense after reviewing the data and feedback from people who took medical coding certification exam.

Looking into the opportunity even further revealed that it wasn't "knowledge of the material" that most were lacking, it was a "game plan" on how to take the exam, a roadmap guiding you through exactly how to take the exam.

So we developed a simple, yet powerful, method to help you get your medical coding certification. It doesn't matter if this time is your first or fourth time. This time can be your last!

For a limited time we are offering the 150 Question CPC Practice Exam and the Medical Coding Exam Strategy as a bundle for one low price! [Take a look here.](#)

## 20 Question Medical Coding CPC Practice Exam

These questions are for preparation for the Certified Professional Coder (CPC) exam. Recommended complete time is two minutes for complete each question. No outside materials may be used for this exam other than the CPT, ICD-9-CM, and HCPCS Level II manuals.

1. When a person suffocates or drowns, carbon dioxide in the blood causes the blood to take on a bluish tinge. This bluish discoloration of the skin is referred to as?

- a. Cyanosis
- b. Xanthosis
- c. Hemotosis
- d. Hypodermis

2. The inner ear could also be referred to as the \_\_\_\_\_?

- a. Cochlea
- b. Staples
- c. Otitis
- d. Labyrinth

3. Nancy underwent a surgical hysteroscopy with unilateral fallopian tube cannulation with permanent implants. How would you code this service?

- a. 58671-50
- b. 58565-52
- c. 58565
- d. 58600

4. Injection of intravascular contrast material is part of the “with contrast” for CT, computed tomographic angiography, magnetic resonance imaging, and magnetic resonance angiography procedures.

- a. True
- b. False

5. Jason suffered an acute MI to the anterolateral wall after taking an overdose of Valium in an attempted suicide. He was rushed to the hospital for treatment. Jason had no history of heart problems prior to this event. How would you code the diagnoses for this service?

- a. 969.4, 410.62, E853.2
- b. 414.8, 977.9, E858.9

- c. E950.3, 969.4, 410.2
- d. 969.4, 410.01, E950.3

6. The diagnosis of edema includes which of the following?

- a. Ascites and hydrops fetalis
- b. Nutritional edema and fluid retention
- c. Newborn NOS and ascites
- d. None of the above

7. Jane went to see her physician after working in her garden. Jane told her physician that her lower back and left leg started to hurt and seemed to be getting worse. She reported pulling weeds and working in a stooped position over the course of several weeks. Dr. Peterson reports a diagnosis of an old strain to the lumbosacral region of the spine and neuritis of the sciatic nerve. How would you code this service?

- a. 724.9, 724.2
- b. 724.6, 724.3
- c. 846.0, 724.3, 722.10
- d. 846.0, 722.10, 724.2

8. A patient was fitted and had adjustments on a left elbow wrist hand orthosis with two non-torsion joints, elastic bands, turnbuckles, soft interface, with straps and custom fabrication. An additional upper extremity joint wrist concentric adjustable torsion style mechanism was placed at the same time. How would you code the device?

- a. L3764-LT, L3890-LT
- b. L3766-LT, L3810-LT
- c. E1800, L3890
- d. L3764, E1800, L3890-LT

9. According to the HCPCS Level II manual, you can administer Methotrexate 5 mg. by which of the following routes?

- a. IV, IM, oral
- b. Oral, IT, IM, IV
- c. IA, IT, IM, IV
- d. Oral

10. A patient with a burn on his back had three collagen dressing pads of 8 sq. in. placed over a single area. How would you code this supply?

- a. A6021 X 3
- b. A6024 X 3
- c. A6154-52
- d. A6206-A3

11. Howard was admitted by Dr. Smith to the hospital on Monday. Tuesday, Dr. Smith provided a follow-up hospital visit, which consisted of an expanded problem focused examination and medical decision-making of moderate complexity. He reviewed Howard's medical records and test results from the previous day. How would you report the visit on Tuesday?

- a. 99204
- b. 99232
- c. 99222
- d. 99213

12. A comprehensive history obtained as part of the preventive medicine Evaluation and Management service is not problem-oriented and does not involve a chief complaint or present illness.

- a. True b. False

13. If a patient is diagnosed with a myosarcoma, which heading would you refer to in the ICD-9 manual to start coding?

- a. Neoplasm, connective tissue, malignant
- b. Neoplasm, primary, ca in situ
- c. Neoplasm, connective tissue, benign
- d. Mass unknown

14. What is removed by a pneumonectomy?

- a. The pleural sac
- b. A tumor of the inner ear
- c. The lung
- d. A cyst in the muscle of the foot

15. Gerry had the following laboratory tests completed. How should you code these services?

Cholesterol, serum, total  
Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol)  
Triglycerides  
Urea nitrogen, quantitative

- a. 84520, 84478, 80076, 82465
- b. 80076-91
- c. 82465, 83718, 84478
- d. 80061, 84520

16. Stephanie underwent an endoscopic lysis of epidural adhesions, with direct visualization using a spinal endoscopic catheter system, including radiologic localization and epidurography. How would you code this procedure?

- a. 72245
- b. 64999, 72245
- c. 0027T
- d. 62263, 72275, 70033

17. Andrea fell down while skateboarding and broke her acetabulum. Her physician performed a closed manipulation with skeletal traction. How would you code this procedure?

- a. 27220, 27222-59
- b. 27227, 27222-51
- c. 27220
- d. 27222

18. Which of the following terms defines a closed fracture?

- a. Simple, spiral, greenstick, comminuted, depressed
- b. Linear, impacted, compound, puncture, elevated
- c. Missile, unspecified, fissured, simple, infected
- d. Slipped epiphysis, spiral, infected, compound

19. Terry decided to obtain a second opinion from an orthopedic specialist for a wrist injury. He made an appointment with Dr. Berry, who provided an initial evaluation. Dr. Berry documented the request for the consult and documented a comprehensive history, comprehensive examination, multiple management options, reviewed a moderate amount of data brought in by the patient, and discussed the risk of complications, which he judged as moderate. After the consultation, Dr. Berry sent a written report to Terry and his primary care physician. How would you code this encounter with Dr. Berry?

- a. 99215
- b. 99244
- c. 99204
- d. 99243

20. A six-year-old patient received an initial dose of Rotavirus orally, an intramuscular dose of diphtheria, tetanus toxoids, and acellular pertussis (DTaP), and an intranasal dose of live influenza. A nurse administered these immunizations, as ordered by the physician; the physician was present in the office but was seeing other patients at the time of this service. How would you code the immunizations?

- a. 90680, 90700-51, 90701-51, 90473 X 2

- b. 90680, 90473, 90700, 90472, 90660, 90474
- c. 90471, 90472-59, G0008, J9999, 90473
- d. 90680, 90660-51, 90474, 90465, 90466 X 2

# Answers

1. “a” Those who understand medical terminology could figure out the root word cyan/o means blue.
2. “d” You can find this answer by referencing the CPT Professional edition index under Ear, Inner, Labyrinth or through the study of medical terminology.
3. “b” See the parenthetical note regarding the unilateral procedure and modifier -52 under code 58565 in CPT Professional edition.
4. “a” You can find this answer by referencing the Radiology guidelines (see, Administration of Contrast Materials) in the CPT Professional edition.
5. “d” You can find sequencing for poisoning in the Injury and Poisoning coding guidelines of the ICD-9 CM book under Chapter 17. The acute myocardial infarction is identified by the location in the heart and a 5th digit to describe the episode of care.
6. “d” You can find this answer by looking up the term “edema” in the index of the ICD-9-CM manual. Cross reference the code 782.3 and you will see that all of the diagnoses listed in this question are excluded.
7. “b” You would report both the sciatica and lumbosacral sprain. The pain codes are not reported in addition to the definitive diagnoses. This rule is in the ICD-9 Official Guidelines Section 1B – General Coding Guidelines number 7.
8. “a” You can find the base device in the HCPCS Level II manual in the index under Orthotic devices, elbow. You can find the additional code in the index under Orthotic additions, upper limb.
9. “c” You can find this answer in the drug table of the HCPCS Level II manual under the drug name.
10. “a” You can find this answer in the index of the HCPCS Level II manual under Dressing—see also Bandage, A6021–A6404. This cross reference leads you to the correct code range.
11. “b” This is a subsequent hospital care visit. This answer can be found in the CPT Professional Edition in the Evaluation and Management section. The review of medical records and tests results are bundled (see note in the subtext guidelines of this category). Two of the three key components are required to meet this level of care.
12. “a” True. You can find this answer in the CPT Professional edition in the Evaluation and Management Services Guidelines. Review the section under Determine the Extent of History Obtained, under the heading Comprehensive.

13. “a” According to the index of diseases in the ICD-9 CM manual, myosarcoma is listed as “see Neoplasm, connective tissue, malignant.” This diagnosis is incomplete

without an anatomic site; however, at this point you should know which column to use in the Neoplasm table.

14. “c” A pneumonectomy is the surgical removal of all or part of a lung. You can find this answer by looking first in the index of the CPT Professional manual under Pneumonectomy, and then by looking up code 32440, removal of lung, total pneumonectomy. Also, remember that pneumon- means lung and -ectomy means surgical removal.

15. “d” Code 80061 (Lipid Panel) represents the first three tests in this question. There is an additional test listed in this question. According to the CPT Professional guidelines in the Pathology and Laboratory section under Organ or Disease-Oriented Panels, “...panel components are not intended to limit the performance of other tests. If one performs tests in addition to those specifically indicated for a particular panel, those tests should be reported separately in addition to the panel code.”

16. “c” One way to find this answer is in the index of the CPT Professional edition under Lysis, Adhesions, Epidural. According to the guidelines listed with Category III Codes, “If a Category III code is available, this code must be reported instead of a Category I unlisted code.”

17. “d” One way to find this answer is in the index of the CPT Professional edition under Manipulation, Dislocation and/or Fracture, Acetabulum. Another option is to look in the index under Fracture, Acetabulum then look down to Closed Treatment. Remember, the CPT index can list procedures under one or more main terms.

18. “a” One way to find this answer is in the ICD-9-CM manual index of diseases under the term Fracture. The note in the index provides the descriptions of closed fractures. Another option is through the study of medical terminology.

19. “c” This is a new patient visit. If a “consultation” is initiated by a patient and not requested by a physician or other appropriate source, it is not reported with consult codes. You can find this information in the CPT Professional edition under the Evaluation and Management Services Guidelines in the subcategory guidelines under the heading Consultation. The three key components for code 99204 apply to this question with the use of Table 2 in the Evaluation and Management Services Guidelines to determine the complexity of medical decision-making.

20. “b” This question is only for immunization coding. There is no information documented for an office visit. The routes of administrations are different; therefore, you should code each route in addition to the administration to account for the medication delivered.



## Resources

We hope you found the sample practice exam helpful. Below are additional exam preparation material available for people who would like a more comprehensive review.

Store - <http://medicalcodingpro.com/store/>

Practice Exam Bundle Specials - <http://medicalcodingpro.com/cpc-exam-email.html>

CPC Exam Deluxe Package - <http://www.medicalcodingpro.com/cpc-exam-deluxe.html>

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