

Sample test questions for the CPC® exam

The following 20 questions were developed by Lisa Rae Roper, MHA, PCS, CPC, CPC-I, CCS-P, an adjunct instructor for HCPro's Certified Coder Boot Camp®, for preparation of the Certified Professional Coder (CPC) exam.

Unless the question states otherwise, assume that a physician documented all the information provided. You have two minutes to complete each question. You may not use any outside materials for this exam other than the 2012 CPT, ICD-9-CM, and HCPCS Level II manuals.

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1. A 74-year-old patient underwent an esophagotomy via cervical approach with removal of a foreign body. The patient was placed under general anesthesia for this procedure. The anesthesiologist's preoperative note indicated that this was the first visit with this patient. She dictated a detailed history, detailed examination, and low-complexity decision-making due to mild hypertension, controlled diabetes, and several medications. How should the anesthesiologist report her services?
 - a. 00500-AA-P2, 99100
 - b. 43020, 99100
 - c. 99143, 00500-AA-P2, 99100
 - d. 00500-AA-P3, 99100-51

2. A 52-year-old patient had a right breast reconstruction with free flap. The surgeon used a microsurgical technique requiring an operating microscope. How would you report this procedure?
 - a. 19364-RT, 69990
 - b. 19357
 - c. 19361, 69990
 - d. 19364-RT

3. Baby Smith was delivered by cesarean in the hospital. She was premature, weighing 1200 grams at 27.5 weeks gestation. She was also treated for wet lung syndrome. How would the diagnoses be reported for this newborn?
 - a. V30.01, 765.14, 765.24, 770.6
 - b. V30.0, 765.14, 765.25, 769
 - c. V27.0, 765.14, 765.24, 770.6

- d. V30.01, 765.15, 765.24, 769
4. Ben suffered second-degree burns to his chest and third-degree burns to his groin. These burns occurred when a butane burner exploded while he was cooking in his apartment. How would you report the diagnosis codes for Ben's condition?
- a. 942.39, E923.2, E015.2, E000.8, E849.0
 - b. 942.22, 942.33, E923.8, E849.4
 - c. 942.49, E849.1, E924.2
 - d. 942.49, 942.24, 922.34, E849.1, E849.0
5. Dr. Aaron, an oncologist, completed a consult for Sarah, who has metastatic malignant melanoma in the anterior stomach wall. At this time, the primary site is unknown and testing will continue during treatment. Today, Sarah started chemotherapy treatments. What diagnosis codes would Dr. Aaron report for today's treatment?
- a. V58.0, 151.8, 197.8
 - b. 151.8, 197.8, V58.0
 - c. 199.1, 197.8, V58.11
 - d. V58.11, 197.8, 199.1
6. A 75-year-old patient with a history of malignant neoplasm of the lower gastrointestinal tract presents for his follow-up colorectal cancer screening. He was instructed to complete the 24-hour prep and be ready to undergo the screening colonoscopy. Which HCPCS Level II code describes this colonoscopy procedure?
- a. G0104
 - b. G0105
 - c. G0120
 - d. G0121
7. Dr. Gavin, a pediatrician, continues to follow Baby Girl Laura, who is not critically ill but requires intensive observation for lung function and respiratory and oxygen monitoring. Laura is 14 days old with a current weight of 1,200 grams. Dr. Gavin initially provided care on Monday. He continued to see her on Tuesday and Wednesday. How should Dr. Gavin report all three days of care?
- a. 99468 x 3
 - b. 99460, 99479 x 2
 - c. 99477 x 3
 - d. 99477, 99478 x 2

8. Three individual tissue specimens from a partial left breast mastectomy were submitted for surgical pathology gross and microscopic evaluation. The reason for surgery was lesions in the breast. Each specimen required an independent comprehensive examination, report, and decalcification. Which code(s) should be reported for the laboratory services?
- a. 88307 x 3, 88311
 - b. 88307, 88331, 88323 x 3
 - c. 88305
 - d. 88305, 88331, 88323 x 3
9. A foreign body was removed during an excisional debridement procedure involving the subcutaneous tissue of Robert's left elbow. Robert suffered an open dislocation to this site. How should the physician code this procedure?
- a. 11012-LT
 - b. 11042-LT, 11045-51
 - c. 11010-LT
 - d. 11044-LT, 10120-51
10. Which modifier would be attached to the code for a surgical salpingostomy if the surgeon provided regional anesthesia and completed the procedure?
- a. P1
 - b. 47
 - c. 25
 - d. 59
11. Which of the following best describes the location of the cerebrum of the brain?
- a. Below the corpus callosum
 - b. Above the corpus callosum
 - c. Beside the brain stem
 - d. Beside the cerebellum
12. If the starting point is catheterization of the aorta, which order branch in vascular family reporting would the left internal carotid belong to?
- a. First
 - b. Second
 - c. Third

- d. Beyond third
13. A patient had somatosensory testing completed on the upper right limb. How should this procedure be coded?
- a. 95928-RT
 - b. 95928
 - c. 95925-52
 - d. 95926-RT
14. Which add-on code should you report for the injection procedure with a unilateral selective pulmonary angiography?
- a. 93568
 - b. 93567
 - c. 36000
 - d. 36005
15. A physician designed and prepared a prosthesis for palatal lift prosthesis. How should you report the physician's professional service for this process?
- a. 21083
 - b. 21083-26
 - c. L9900
 - d. L8699-26
16. A _____ is a concise statement describing the symptom, problem, condition, diagnosis, or other factor that is the reason for the encounter, usually stated in the patient's words.
- a. special report
 - b. key component
 - c. family history
 - d. chief complaint
17. Which of the following means "to destroy or break down"?
- a. -pnea
 - b. -lysis
 - c. ambi-
 - d. iso-
18. What is the crackling sound heard when bone or irregular cartilage surfaces rub together?

- a. Bradycardia
 - b. Bruit
 - c. Crepitation
 - d. Croupous
19. How could a hiatal hernia be described?
- a. A protrusion of part of the stomach through the diaphragm
 - b. A protrusion of part of the esophagus through the larynx
 - c. A protrusion of part of the stomach through the rectum
 - d. A protrusion of part of the esophagus through the oropharynx
20. Which term describes the surgical creation of an opening into the chest cavity for drainage?
- a. Thoraplasty
 - b. Thoracotomy
 - c. Tracheotomy
 - d. Thoracostomy

Answers to 20 sample test questions for the CPC exam

1. **a.** The *CPT® Professional Edition* guidelines for anesthesia codes provide reporting instructions for physical status modifiers, add-on codes for qualifying circumstances, and bundled services. The preoperative visit would not be reported due to bundling rules.
2. **d.** One way to find this answer in the *CPT® Professional Edition* index is under the main term “Breast,” then “Reconstruction,” and “with free flap.” The operating microscope is bundled with this procedure. Notice the parenthetical note following the surgical code.
3. **a.** It is important to watch the weight and weeks of gestation when reporting ICD-9 codes for premature babies. You can find this instruction with the diagnosis codes for premature or low birth weight newborns.
4. **a.** Burns to multiple sites in the same anatomic location are reported with a fifth digit of “9” (multiple sites). Additionally, burns with more than one degree by anatomic site are listed to the highest degree. Refer to the *ICD-9* guidelines related to burns for further reporting rules. It is important to code for the cause of the burn and place of occurrence. Also, remember to assign the activity and external cause status based on current coding guidelines.
5. **d.** According to Chapter 2 in the *ICD-9* guidelines, when a patient is being treated with chemotherapy, that code should be listed first, followed by the site being treated. At this point, the primary location is unknown, so code 199.1 is reported for tracking purposes.
6. **b.** The description of code G0105 is specific regarding conditions or diagnoses for high-risk patients.
7. **d.** The *CPT® Professional Edition* subcategory guidelines with initial and continuing intensive care service provide information related to reporting visits per calendar day, age, and weight requirements.
8. **a.** Refer to the subcategory guidelines in the *CPT® Professional Edition*, which indicate that accession, examination, and reporting are included. The add-on code 88311 is reported separately when decalcification is completed. Additionally, the number of specimens is defined in these same guidelines.
9. **c.** One way to find this answer in the index of the *CPT® Professional Edition*, is under the main term “Removal,” then “Foreign Body,”

Subcutaneous Tissue,” and “with Debridement.” Code 11010 includes removal of foreign body per CPT® description.

10. **b.** Find this answer by reviewing Appendix A in the *CPT® Professional Edition* for definitions of modifiers.
11. **b.** You can find this answer in the *CPT® Professional Edition* with review of the anatomical illustration of the brain at the beginning of the nervous system.
12. **b.** You can find this answer in Appendix L, Vascular Families, of the *CPT® Professional Edition*.
13. **c.** A parenthetical note with this code set indicated that unilateral study should be reported with modifier 52.
14. **a.** One way to find this answer in the *CPT® Professional Edition* index is under the main term “Angiography” then “Pulmonary.” The codes for radiology and injection procedures are listed. Once these are located in the index, cross-reference to ensure code selection.
15. **a.** One way to find this answer in the *CPT® Professional Edition* index is under the main term “Impression,” then “Maxillofacial,” and “Palatal Lift Prosthesis.” The subcategory guidelines provide direction for reporting these codes.
16. **d.** You can find this answer in the evaluation and management guidelines of the *CPT® Professional Edition*.
17. **b.** There are many prefixes, suffixes, and root words listed at the beginning of the *CPT® Professional Edition* in the illustrated anatomical and procedural review section.
18. **c.** One way to find this answer in the *ICD-9* index of diseases and injuries is under “Crepitus,” then cross-reference to “Joint” and read the definitions and/or diagnosis codes.
19. **a.** One way to find this answer in the *ICD-9* index of diseases and injuries is under “Hernia, hiatal,” then cross-reference to this code set and review the codes for definitions.
20. **d.** One way to select this answer is by breaking down the word and concentrating on the suffixes. The suffix -ostomy or -stoma is the surgical creation of an opening for drainage.