

**2014**

# Practice Test for the AAPC CPC<sup>®</sup> Exam

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**2014**

**Practice Test  
for the  
AAPC  
CPC<sup>®</sup> Exam**

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Access the practice test and answer key when you purchase this product.



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## 2014 CPC® Practice Test

The following Certified Professional Coder (CPC) practice exam was developed by Lisa Rae Roper, MHA, MS, PCS, CCS-P, CPC, CPC-I, an adjunct instructor for HCPro's Certified Coder Boot Camp®.

Unless the question states otherwise, assume that a physician documented all the information provided. You have approximately two minutes to complete each question. You may not use any outside materials for this exam other than the 2014 CPT®, ICD-9-CM, and HCPCS Level II manuals.

**Integumentary System (9 questions)**

1. Dr. Armstrong, a plastic surgeon, completed a bilateral rhytidectomy of the neck and a suction-assisted lipectomy of the right upper arm. Which code(s) should be reported for Dr. Armstrong's services?
  - a. 15828-50, 15879-RT-59
  - b. 15826-59, 15879-RT-59
  - c. 15828-50, 15878-RT-59
  - d. 15826-RT, 15828-50, 15878-RT-59
  
2. Which code describes a cutaneous flap, transposed into a nearby but not immediately adjacent defect, with a pedicle that incorporates an axial vessel into its design?
  - a. 15757
  - b. 15758
  - c. 15750
  - d. 15740
  
3. Edith had a dermal lesion on her left foot. Dr. Roger completed a biopsy and then removed the lesion by shaving during the same session. The lesion diameter was documented as 3.6 cm. The defect was covered by a sterile dressing. Edith was instructed to follow up in three days with Dr. Roger. Which code(s) should Dr. Roger use to report these services?
  - a. 11308-LT
  - b. 11308-LT, 11100-59
  - c. 11303-LT
  - d. 11424-LT, 11100-59
  
4. Dr. Long completed an excision of a malignant lesion from the scalp of a 45-year-old patient. The patient was prepped and draped in the usual sterile fashion and lidocaine locally injected. Dr. Long documented the size of the lesion as 2.0 cm. The lesion was excised and marked at the 12 o'clock cephalad portion with a silk suture. The total excised diameter of lesion and margins was 4.0 cm. The defect created by the excision was 5.4 cm and closed with layer 3-0 Prolene™ sutures. How should Dr. Long report her services?
  - a. 11624, 12032-51, 96372, J2001
  - b. 11624, 12032-51
  - c. 11422, 12032-51, 96372, J2001
  - d. 11626, 12032-51

- 
5. A 61-year-old patient had a benign 1-cm lesion excised from his right arm, a benign 2.5-cm lesion excised from his trunk, and a benign 2.1-cm lesion excised from his neck. The final excised diameters were documented at 1.9 cm right arm, 3.1 cm trunk, and 2.1 cm neck. The defect created on the arm by the excision was 2.8 cm, defect trunk 3.8 cm, and neck 2.8 cm. All defects were closed by simple suture technique. How should you report these services?
- a. 11422, 11404-59, 11402-RT-59
  - b. 11422, 12004-51, 11404-59, 11402-59
  - c. 11401, 11403-51, 11423-51
  - d. 11602-RT, 11604-59, 11622-59
6. A 55-year-old patient had seven toenails debrided. How should you report this service?
- a. 11000, 11721-59
  - b. 11000, 11001-51
  - c. 11720, 11721-51
  - d. 11721
7. A patient had a pressure ulcer on his left ischial tuberosity. After examination, a decision was made to complete debridement. The documented area debrided was 32 sq cm, including muscle and subcutaneous tissue. How should you report this service?
- a. 97597-LT, 97598-LT-51
  - b. 11044-LT, 11047-LT-51
  - c. 11043-LT, 11046-LT
  - d. 11043-LT, 11046-LT, 97597-LT-59, 97598-LT-51
8. Which of the following statements best describes reporting Mohs micrographic surgery procedure codes?
- a. Mohs micrographic surgery codes are reported by anatomic site
  - b. Biopsy of suspected skin cancer performed on the same day as Mohs surgery should always be reported separately
  - c. Mohs requires a single physician to act in two integrated but separate and distinct capacities: surgeon and consultant to a histologist
  - d. Biopsy with prior pathology confirmation should be reported with modifier -57



9. Amy, a 45-year-old patient, was scheduled for a biopsy following a diagnostic mammogram that showed a mass in the right breast. Dr. Tapper completed a percutaneous image-guided biopsy and placement of a localized clip in the right breast under ultrasonic guidance. The biopsy revealed a primary neoplasm of the lower outer quadrant. How should you report Dr. Tapper's professional services?
- a. 174.5, 19081, 19084-51, 77002-26
  - b. 611.72, 174.3, 19085, 76942-26
  - c. 611.72, 19101, 19100-51, 77012-26
  - d. 174.5, 19803

### Musculoskeletal System (10 questions)

10. Jack fell from a ladder six months ago and broke his left radius. The fracture is not healing as expected and the implant needs to be replaced. Today, Jack underwent a secondary procedure. Dr. Gene completed an open treatment with internal fixation of the radial neck, including replacement of the prosthetic radial head. How should you report Dr. Gene's services?
- a. 24666-LT
  - b. 24366-LT
  - c. 25607-LT
  - d. 24587-LT
11. A patient underwent a mini-open repair of her right rotator cuff. How should you report this procedure?
- a. 29827-RT
  - b. 23410-RT
  - c. 23412-RT
  - d. 23410-RT, 29827-RT-59

12. Which code(s) should you report for Dr. West in the following case?

**Preoperative diagnosis:** Right knee medial meniscal tear

**Postoperative diagnosis:** Current, right knee medial meniscal tear with mild grade-three chondral change in the medial femoral condyle

**Procedure:** Right knee arthroscopy with medial meniscectomy

**Summary of procedures:** A 52-year-old male patient signed consent forms and was taken to the surgical suite. After adequate anesthesia was obtained, a tourniquet was applied to the right thigh. Examination of the right knee under anesthesia showed full range of motion. No instability to provocative testing. The left lower extremity was placed in a well leg holder. The right lower extremity was then prepped and draped in usual sterile fashion.

Anteromedial and anterolateral portals were established after distention of soft tissues with 20 cc of 0.5% Marcaine® with epinephrine. The arthroscope was inserted with a blunt trocar and the joint distended with lactated Ringer's solution. Examination of the medial compartment showed a tear in the posterior root of the medial meniscus right at the intersection that was unstable to probing. This area was debrided with punch, motorized shaver, and electrocautery unit until stable.

There was a mild grade-three change on the medial lateral compartment that showed normal articular cartilage and a stable lateral meniscus to probing. The anterior compartment showed normal articular cartilage and no loose bodies. The joint was copiously irrigated with lactated Ringer's and the instruments were removed. The wounds were closed with 4-0 nylon suture in an interrupted fashion. The joint was injected with additional 10 cc of 0.5% Marcaine with epinephrine and 2 mg of estradiol. Sterile dressings were applied. The patient was awakened and brought to recovery room in stable condition. The tourniquet was applied but not inflated and blood loss was minimal. The patient tolerated the procedure well.

- a. 717.0, 29880-RT
- b. 717.0, 29881-RT
- c. 836.0, 29881-RT
- d. 836.0, 29880-RT

13. A patient, under general anesthesia, underwent a primary repair to the left ankle for a disrupted ligament. During the same procedure, the patient required a percutaneous tenotomy to lengthen the Achilles tendon. How should you report the surgeon's services?

- a. 27695-LT, 27606-59-LT
- b. 27698-LT, 27685-59-LT, 01472-47
- c. 27695-LT, 27685-59-LT, 01472-47
- d. 27698-LT, 27605-59-LT

14. Dr. Hewes completed an anterior arthrodesis fusion, with a structural allograft, and minimal discectomy at L1-2, L3-4, and L4-5. Anterior instrumentation was required and inserted for stabilization of the entire lumbar region. How should Dr. Hewes report this procedure?
- a. 22612, 22614 x 2, 20931, 22846
  - b. 22558, 22585 x 2, 20931, 22846
  - c. 22558, 22585 x 2, 20931-51, 22846-62
  - d. 63075, 22558, 22614 x 2, 20931-51, 22846-62
15. A patient was stabbed in the right arm. The stab wound was enlarged and cleaned, foreign materials were removed and inspected, and coagulation of minor blood vessels was completed. Which code(s) should you report for this service?
- a. 20103, 24200
  - b. 20103
  - c. 24200, 24000-59
  - d. 24000, 20103-59
16. Reese suffered a dislocation to his right fourth carpometacarpal. Dr. Lewis completed a closed manipulation under anesthesia and repaired Reese's injury. Which code should Dr. Lewis report for her services?
- a. 26605
  - b. 26641
  - c. 26670
  - d. 26675
17. Which is the correct CPT<sup>®</sup> definition of external fixation?
- a. The usage of skeletal pins plus an attaching mechanism/device used for temporary or definitive treatment of acute or chronic bony deformity
  - b. The usage of skin application for force by an attaching mechanism/device used for permanent or definitive treatment of acute bone deformity
  - c. The usage of skeletal pins plus an attaching mechanism/device used for permanent or definitive treatment of chronic bony deformity
  - d. The usage of skin and skeletal pins plus an application of mechanism/device used for temporary treatment of acute or chronic bony deformity

18. A 62-year-old female patient was referred to Dr. Stegman for increased right groin pain. The patient described the pain as worse when sitting and rising from a seated position. The pain was temporarily relieved with intra-articular corticosteroid injections. Dr. Stegman's physical examination on Monday documented loss of hip internal rotation, suspected cam lesion, and referral for x-ray with arthrography followed by CT with contrast. Both the x-ray and CT scan verified a cam lesion. Today, one week after the initial consultation, Dr. Stegman completed a surgical right hip arthroscopy, including a femoroplasty to repair the cam lesion. How should Dr. Stegman report today's services?
- a. 29860-RT, 73525-26, 73701-26
  - b. 29914-RT, 73525, 73701
  - c. 29914-RT
  - d. 27130-RT
19. Christina is a 52-year-old patient who underwent a subcutaneous excision of an 8-cm spongy tumor on her upper abdominal wall. How should you report this procedure?
- a. 22902
  - b. 22903
  - c. 22900
  - d. 22905

### Respiratory and Cardiovascular Systems (10 questions)

20. A 20-year-old smoker had a single 8.2-mm lung nodule reported on CT of the chest. The peripheral nodule was not amenable to biopsy by routine bronchoscopy. The patient agreed to undergo a diagnostic bronchoscopy with computer-assisted navigation under moderate sedation. Dr. Smith completed the procedure and provided moderate sedation with a trained observer. The intra-service time was documented as 45 minutes. How should Dr. Smith report her codes for this procedure?
- a. 31622, 31627
  - b. 31622, 31627-51
  - c. 31622, 31627-51, 76376, 99144, 99145
  - d. 31622, 31627, 99144, 99145

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# Practice Test for the AAPC CPC® Exam

## Nervous about taking the exam for your CPC credential? Don't be!

The team at **JustCoding.com** presents this 150-question practice exam updated for 2014 that you can use to study for the AAPC CPC exam.

The practice exam mimics the actual CPC exam in a number of ways. Its 150 multiple-choice questions, including detailed operative-type questions, are based on information covered in HCPro's *Certified Coder Boot Camp®*, which also prepares students for the CPC exam.

The exam, written by Certified Coder Boot Camp instructor Lisa Rae Roper, covers specific topics on which you'll be tested for your CPC credential, including:

- Integumentary system
- Musculoskeletal system
- Respiratory and cardiovascular systems
- Digestive system
- Urinary system, male and female genital systems
- Nervous system, eye and ocular adnexa, and auditory system
- Evaluation and management
- Anesthesia
- Radiology
- Laboratory and pathology
- Medicine
- Medical terminology and anatomy/physiology
- ICD-9-CM
- HCPCS Level II
- Coding guidelines
- Practice management

We wish you good luck as you prepare to earn your CPC credential. Your colleagues at **JustCoding.com** are proud to be part of your practice team and look forward to helping you succeed in the years to come.

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