

Sample test questions for the CPC exam

The following 20 questions were developed by Lisa Rae Roper, MHA, CPC, CCS-P, an 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 CPT, ICD-9-CM, and HCPCS Level II manuals.

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1. Jill is a 29-year-old patient of Dr. Marks. She is seen by Dr. Marks for a cough with wheezing and yellow-colored mucus of three days' duration, as well as four days of external bleeding hemorrhoids and diarrhea. Dr. Marks gives Jill Amoxicillin for acute viral bronchitis, instructions for care of external hemorrhoids, and a diet plan to assist with the diarrhea. What diagnoses should Dr. Marks use for this encounter?
 - a. 466.0, 455.5, 787.91
 - b. 787.91, 466.11, 455.5
 - c. 466.11, 787.91, 455.2
 - d. 466.0, 455.8, 787.91

2. What HCPCS Level II code describes Ensure HN therapy with an enteral infusion pump with alarm?
 - a. B4150, B9002
 - b. B4152, B9000
 - c. B4150
 - d. None of the above

3. Which types of joints are considered synovial?
 - a. Suture joint, medial joint, and articulation joint
 - b. Ball-and-socket joint, hinge joint, and saddle joint
 - c. Pivot joint, talus joint, and cranial joint
 - d. Ball-and socket joint, nasal joint, and elevation joint

4. A physician applied a cast and also provided all of the subsequent fracture care. The same physician may report the application of the cast separately from the fracture care.
 - a. True
 - b. False

5. Immediately prior to inserting a permanent pacemaker and placing an electrode in the ventricle, the same physician surgically created a pocket to hold the pulse generator. How should the physician report the creation of the pocket?
 - a. Skin pocket is included
 - b. 33222
 - c. 33222, 33215-51
 - d. 33233

6. What modifier should be used for an incomplete colonoscopy when the patient was prepared for a full colonoscopy?
 - a. 78
 - b. 52
 - c. 24
 - d. None of the above

7. A physician inserts a single temporary transvenous pacing catheter into the right atrium and connects the electrode to an external pulse generator. How should the physician report these services?
 - a. 33214
 - b. 33206
 - c. 33210
 - d. 33211-52

8. A surgeon performs a diagnostic laparoscopy followed by a laparoscopic nephrectomy (including partial ureterectomy). How should the physician report these services?
 - a. 50546
 - b. 49320, 50546-51
 - c. 49320
 - d. 50549

9. It is appropriate to separately report a visceral repair when a closure of an ureterovisceral fistula is performed during the same surgical session.
 - a. True
 - b. False

10. A dermatologist excises a 3.5 cm benign lesion from a patient's back. After the lesion is successfully removed, the dermatologist performs an intermediate 3.5 cm layered closure. How should you report these services?

- a. 11404, 12031
 - b. 11404, 12032-51
 - c. 11404
 - d. 11404, 12032-57
11. How would a physician report a bilateral diagnostic nasal endoscopy followed by endoscopic debridement of the nasal cavity during the same operative session?
- a. 31240, 31237
 - b. 31254
 - c. 31237-50
 - d. 31237
12. What is the name of a procedure that involves the passage of an endoscope down through the esophagus?
- a. Septoplasty
 - b. Sinusotomy
 - c. Laryngoscopy
 - d. Esophagoscopy
13. A physician excises a lesion from the iris of the right eye. How should the physician report these services?
- a. 66761-50
 - b. 66770-RT
 - c. 66635-52
 - d. 66600-RT
14. A patient presents to have corns removed from his foot. The physician performs paring to successfully remove four lesions. How should the physician report these services?
- a. 11056
 - b. 11056, 12000
 - c. 11056 x 4
 - d. 11704
15. The subsection microbiology in the Pathology and Laboratory section of the CPT Manual includes codes for bacteriology, mycology, parasitology, and virology.
- a. True
 - b. False
16. A 13-year-old patient suffering from end-stage renal disease received a full month of services, including growth and development assessment, parent counseling, and

monitoring of adequate nutrition. These services were completed in an outpatient facility. How would the physician report these services?

- a. 90999
- b. 97803, 90924
- c. 90920
- d. 90924

17. A patient is admitted to the hospital for insertion of 15 interstitial radiation ribbons. How would the facility report the radiology services?

- a. 77778
- b. 99222, 77763
- c. 77777-TC
- d. 77762 x 15

18. Mrs. Smith was seen by her family physician, Dr. Marks. Mrs. Smith complains she has had a sore throat, breathing problems, and a fever for five days. She is a diabetic patient and has been taking over-the-counter medications that have interfered with her insulin medication. Dr. Marks documented a detailed history, detailed examination, and moderately complex decision-making. Dr. Marks spent 35 minutes with the patient during the examination. How should the physician report this service?

- a. 99215
- b. 99204
- c. 99205
- d. 99214

19. Pediatric critical care patient transport codes include vascular access procedures, blood gases, and review of information data stored in computer.

- a. True
- b. False

20. An anesthesiologist administers anesthesia for a male patient prior to the surgeon performing a total hip replacement. The patient is 75 years old and suffers from mild hypertension. How should you code the anesthesia services?

- a. 01214, 99100-59
- b. 01214-47
- c. 01214-P2, 99100
- d. 01214-P3

Answers to sample test questions for the CPC exam

1. “a” Hemorrhoids are external with bleeding and the bronchitis is not specific to the type of virus.
2. “a” Report both the supplement and the pump.
3. “b” There are six types of freely moving or synovial joints: ball-and-socket, hinge, pivot, condyloid, saddle, and gilding joints.
4. “b” When a physician applies the initial cast and assumes all of the subsequent fracture care, the physician cannot report the application of the cast separately because it is included in the treatment of the fracture.
5. “a” This procedure is included with insertion of the pacemaker.
6. “b” A colonoscopy is the examination of the entire colon from the rectum to the cecum, and may include the examination of the terminal ileum. You can find this description in the surgery section of the *CPT Professional Edition* under digestive endoscopy procedures.
7. “c” Reports a temporary pacemaker.
8. “a” The diagnostic laparoscopy is bundled into the surgical laparoscopy.
9. “b” A visceral repair is included in a closure of a ureterovisceral fistula. The code for this procedure is 50930.
10. “b” The guidelines with excision–benign lesion provide directions to code additionally for intermediate and complex closures.
11. “c” The guidelines for codes 31231–31294 report unilateral procedures unless otherwise stated.
12. “d” Esophagoscopy
13. “d” The surgical term for this procedure is iridectomy.
14. “a” Code 11056 includes “two to four lesions.”
15. “a” True. Review the subcategory guidelines of *CPT Professional Edition* under microbiology.

16. “c” The guidelines of *CPT Professional Edition* listed with Dialysis services clearly define inpatient and outpatient services.
17. “a” The guidelines for clinical brachytherapy indicate that admission to the hospital is included with these services. There are definitions of simple, intermediate, and complex, with numbers of ribbons or sources.
18. “d” This is an established visit. The documentation lists all three of the key components for a 99214 visit. Only two of the three key components must be met to qualify for this level of visit.
19. “a” A list of codes and services included are listed in this subcategory guideline of the *CPT Professional Edition*.
20. “c” Anesthesia codes must have a physical status modifier. This question has qualifying circumstances based on the patient age.