

# AAPC-CPCQ&As

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### **QUESTION 1**

A patient is diagnosed with diabetic polyneuropathy.

Using ICD-10-CM coding guidelines, what ICD-10-CM coding is reported?

A. E10.42

B. E11.9, G62.9

C. E10.9, G62.9

D. E11.42

Correct Answer: D

#### **QUESTION 2**

View MR 001394 MR 001394 Operative Report Procedure: Excision of 11 cm back lesion with rotation flap repair. Preoperative Diagnosis: Basal cell carcinoma Postoperative Diagnosis: Same Anesthesia: 1% Xylocaine solution with epinephrine warmed and buffered and injected slowly through a 30-gauge needle for the patient\\'s comfort. Location: Back Size of Excision: 11 cm Estimated Blood Loss: Minimal Complications: None Specimen: Sent to the lab in saline for frozen section margin control. Procedure: The patient was taken to our surgical suite, placed in a comfortable position, prepped and draped, and locally anesthetized in the usual sterile fashion. A #15 scalpel blade was used to excise the basal cell carcinoma plus a margin

of normal skin in a circular fashion in the natural relaxed skin tension lines as much as possible The lesion was removed full thickness including epidermis, dermis, and partial thickness subcutaneous tissues. The wound was then spot electro

desiccated for hemorrhage control. The specimen was sent to the lab on saline for frozen section.

Rotation flap repair of defect created by foil thickness frozen section excision of basal cell carcinoma of the back. We were able to devise a 12 sq cm flap and advance it using rotation flap closure technique. This will prevent infection,

dehiscence, and help reconstruct the area to approximate the situation as it was prior to surgical excision diminishing the risk of significant pain and distortion of the anatomy in the area. This was advanced medially to close the defect with 5 0

Vicryl and 6-0 Prolene stitches.

What CPT?coding is reported for this case?

A. 14001

B. 15271

C. 14001, 11606-51, 12034-51

D. 14001, 11606-51

Correct Answer: A

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### **QUESTION 3**

A couple presents to the freestanding fertility clinic to start in vitro fertilization. Under radiologic guidance, an aspiration needle is inserted (by aid of a superimposed guiding-line) puncturing the ovary and preovulatory follicle and withdrawing fluid from the follicle containing the egg.

What is the correct CPT?code for this procedure	?
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B. 58974

C. 58999

D. 58970

Correct Answer: D

### **QUESTION 4**

Mr. Woolridge has had a suspicious lesion on his left shoulder for approximately eight weeks that is not healing. On the dermatologist\\'s exam of left shoulder blade, there is excoriation and scabbing and the lesion not healing. Patient agrees and wishes to proceed with a punch biopsy of the lesion. A punch biopsy is taken of the lesion and sent to pathology. A simple repair is performed at the biopsy site.

What CPT?and ICD-10-CM codes are reported?

A. 11102, 12001-51, D49.2

B. 11102, L98.9

C. 11104, D49.2

D. 11104,12001-51, L98.9

Correct Answer: C

### **QUESTION 5**

From a left femoral access, the catheter is placed within the proper hepatic artery, dye is injected, and imaging is obtained. A stenosis within this artery is identified. A percutaneous transluminal angioplasty is performed on the proper hepatic (visceral) artery in the outpatient radiology department.

What CPT?coding is reported?

A. 36247, 75736-26-59, 37248-51

B. 36247, 75726-26-59, 37246-51

C. 36253, 75726-26-59, 37246-51



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D. 36253, 75736-26-59, 37248-51

Correct Answer: D

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