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Question 1

Question Type: MultipleChoice

A patient with empyema requires a Schede thoracoplasty.

What CPT code is reported for this procedure?

Options:

A- 32906

B- 32999

C- 32905

D- 32900

Answer:

C

Explanation:

The Schede thoracoplasty for empyema is accurately described by CPT code 32905, which covers the radical procedure involving the resection of multiple ribs and often the obliteration of the pleural cavity to treat chronic empyema.

AMA's CPT Professional Edition (current year)

Question 2

Question Type: MultipleChoice

A 67-year-old male presents with DJD and spondylolisthesis at L4-L5. The patient is placed prone on the operating table and, after induction of general anesthesia, the lower back is sterilely prepped and draped. One incision was made over L1-L5. This was confirmed with a probe under fluoroscopy. Laminectomies are done at vertebral segments L4 and L5 with facetectomies to relieve pressure to the nerve roots. Allograft was packed in the gutters from L1-L5 for a posterior arthrodesis. Pedicle screws were placed at L2, L3, and L4. The construct was copiously irrigated and muscle, fascia and skin were closed in layers.

Select the procedure codes for this scenario.

Options:

A- 63005 x 2, 22612, 22614 x 3, 22842

B- 63042, 63043, 22808, 22841 x 3

C- 63047, 63048, 22612, 22614 x 3, 22842

D- 63017, 63048, 22612, 22808, 22842 x 3

Answer:

C

Explanation:

Laminectomy and Facetectomy (63047 and 63048): The laminectomies at L4 and L5 with facetectomies fall under CPT codes 63047 (for the initial segment) and 63048 (for each additional segment).

Posterior Arthrodesis (22612 and 22614 x 3): The posterior arthrodesis from L1-L5 is coded with 22612 for the primary segment (L4-L5) and 22614 for each additional segment (L1-L4).

Placement of Pedicle Screws (22842): The placement of pedicle screws at L2, L3, and L4 is captured under CPT code 22842 for segmental instrumentation.

AMA's CPT Professional Edition (current year)

ICD-10-CM (current year)

HCPCS Level II (current year)

Question 3

Question Type: MultipleChoice

A 60-year-old male suffering from degenerative disc disease at the L3-L4 and L5-S1 levels was placed under general anesthi

a. Using an anterior approach, the L3-L4 disc space was exposed. Using blunt dissection, the disc space was cleaned. The disc space was then sized and trialed. Excellent placement and insertion of the artificial disc at L3-L4 was noted. The area was inspected and there was no compression of any nerve roots. Same procedure was performed on L5-S1 level. Peritoneum was then allowed to return to normal anatomic position and entire area was copiously irrigated. The wound was closed in a layered fashion. The patient tolerated the discectomy and arthroplasty well and was returned to recovery in good condition. What CPT coding is reported for this procedure?

Options:

A- 22857 x 2

B- 22857, 22860

C- 22857

D- 22899

Answer:

A

Explanation:

This scenario describes an anterior discectomy and arthroplasty at two levels (L3-L4 and L5-S1) using artificial discs. CPT code 22857 describes total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar. Since the procedure was performed at two levels, the code should be reported twice.

AMA's CPT Professional Edition (current year), Code 22857

Question 4

Question Type: MultipleChoice

A 42-year-old with chronic left trochanteric bursitis is scheduled to receive an injection at the Pain Clinic. A 22-gauge spinal needle is introduced into the trochanteric bursa under ultrasonic guidance, and a total volume of 8 cc of normal saline and 40 mg of Kenalog was injected.

What CPT code should be reported for the surgical procedure?

Options:

A- 20610-LT

B- 20611-LT, 76942

C- 20611-LT

D- 20610-LT, 76942

Answer:

C

Explanation:

The injection into the trochanteric bursa under ultrasonic guidance is coded with CPT 20611, which describes an injection of a major joint or bursa with ultrasound guidance. The modifier -LT indicates the procedure was performed on the left side.

AMA's CPT Professional Edition (current year), Code 20611

Question 5

Question Type: MultipleChoice

A 45-year-old has a dislocated patella in the left knee after a car accident. She taken to the hospital by EMS for surgical treatment. In the surgery suite, the patient is placed under general anesthese

a. After being prepped and draped, the surgeon makes an incision above the knee joint in front of the patella. Dissection is carried through soft tissue and reaching the patella in attempt to reduce the dislocation. When the patella is exposed, it is severely damaged due to cartilage breakdown. The tendon is dissected and using a saw the entire patella is freed and removed. The tendon sheath is closed with sutures.

What procedure code is reported for this surgery?

Options:

A- 27562-LT

B- 27552-LT

C- 27556-LT

D- 27566-LT

Answer:

D

Explanation:

CPT code 27566 involves excision of the patella. Given the surgical description provided, this code is appropriate as the patella was severely damaged and removed entirely.

Patient's Condition: Dislocated patella with cartilage breakdown and severe damage.

Surgical Procedure: The surgeon made an incision, dissected through soft tissue, exposed, and completely removed the patella.

Coding Decision: CPT 27566 is chosen because it specifies excision of the patella. The modifier LT indicates the procedure was performed on the left side.

AMA's CPT Professional Edition (current year).

ICD-10-CM for corresponding diagnosis codes if needed.

Question 6

Question Type: MultipleChoice

A patient had surgery a year ago to repair two flexor tendons in his forearm. He is in surgery for a secondary repair for the same two tendons.

Which CPT coding is reported?

Options:

A- 25263

B- 25272 x 2

C- 25272

D- 25263 x 2

Answer:

C

Explanation:

The scenario involves a secondary repair of two flexor tendons in the forearm. CPT code 25272 describes the repair of a secondary flexor tendon injury, including a graft, in the forearm and/or wrist, which fits the description provided. This code should be reported once, as the procedure encompasses the repair of multiple tendons.

AMA's CPT Professional Edition (current year), Code 25272

Question 7

Question Type: MultipleChoice

A surgeon performs midface LeFort I reconstruction on a patient's facial bones to correct a congenital deformity. The reconstruction is performed in two pieces in moving the upper jawbone forward and repositioning the teeth of the maxilla of the mid face.

What CPT code is reported?

Options:

A- 21146

B- 21141

C- 21142

D- 21145

Answer:

A

Explanation:

The procedure described involves a LeFort I reconstruction, which is a type of orthognathic surgery performed to correct deformities of the midface. In this scenario, the surgeon performed the reconstruction in two pieces, moving the upper jawbone forward and repositioning the teeth of the maxilla. According to the CPT guidelines, CPT code 21146 describes a LeFort I (maxilla only) osteotomy, two-piece segment, including bone grafts (includes obtaining autografts). This code matches the description provided.

AMA's CPT Professional Edition (current year), Code 21146

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