



# AAPC-CPC<sup>Q&As</sup>

Certified Professional Coder (CPC) Exam

**Pass AAPC AAPC-CPC Exam with 100% Guarantee**

Free Download Real Questions & Answers **PDF** and **VCE** file from:

<https://www.passapply.com/aapc-cpc.html>

100% Passing Guarantee  
100% Money Back Assurance

Following Questions and Answers are all new published by AAPC  
Official Exam Center

- ⚙️ **Instant Download** After Purchase
- ⚙️ **100% Money Back** Guarantee
- ⚙️ **365 Days** Free Update
- ⚙️ **800,000+** Satisfied Customers





### QUESTION 1

A patient with malignant lymphoma is administered the antineoplastic drug Rituximab 800 mg and then 100 mg of Benadryl. Which HCPCS Level II codes are reported for both drugs administered intravenously?

- A. J9312 x 80, J1200 x 2
- B. J9312, J1200
- C. J9312, Q0163
- D. J9312 x 80, 00163 x 2

Correct Answer: D

---

### QUESTION 2

A 55-year-old patient was recently diagnosed with an enlarged goiter. It has been two years since her last visit to the endocrinologist. A new doctor in the exact same specialty group will be examining her. The physician performs a medically appropriate history and exam. The provider reviewed the TSH results and ultrasound. The provider orders a fine needle aspiration biopsy which is a minor procedure.

What E/M code is reported?

- A. 99202
- B. 99214
- C. 99205
- D. 99213

Correct Answer: B

---

### QUESTION 3

A Medicare patient in a partial hospitalization program received occupational therapy services from a qualified occupational therapist. What is the HCPCS Level II code for this service?

- A. G0128
- B. G0153
- C. G0152
- D. G0129

Correct Answer: B

---



#### QUESTION 4

The patient presents to the operating room for repair of a right proximal humerus fracture. The surgeon incises the skin over the fractured bone, the fracture is identified, adjusts the bone, and realigns the fracture. Next, the upper end of the humerus bone is replaced with a synthetic humerus bone implant.

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

- A. 23616-RT, S42.201B
- B. 23600-RT, S42.211B
- C. 23616-RT, S42.201A
- D. 23615-RT, S42.211A

Correct Answer: C

---

#### QUESTION 5

View MR 099403

MR 099403

New Patient Office Visit

Patient presents for initial 1-week well-child visit. Had jaundice since birth but now is resolved. Mother does not have any current concerns, but wants to talk about blood-work. Baby has home health nurse x 1 visit to date. Baby eating well:

approximately 15 minutes each breast.

Having BM qd. Urination: Normal.

Patient accompanied by both parents and older sister; parents have no specific concerns.

Newborn screening is normal.

Diet: Breastfeeds q 2 to 3 hrs. Breastfeeding is going well overall. Patient is interested in nursing. Awakens to nursing regularly: left side 15 minutes, right side 15 minutes. Audible signs of milk transfer. Patient appears satisfied after

breastfeeding; is alternating breasts. Mother does not use feeding supplement. Patient experiencing 6 to 8 wet diapers per day. Stools appear yellow glow and seedy. No difficulties with constipation or diarrhea. Sleeps on back and side.

Wakes up to feed every 2 to 4 hours. Patient alert. Cries intermittently but is easily consoled. Infant able to lift head, turn head side to side and exhibit equal movements on extremities. Patient is able to startle to sound. Alert to voice.

Discussed feeding schedule and feeding tips with parents. Advised no bottle propping. Discussed bathing tips. Discussed: Noisy breathing, burping, cool mist humidifier use, hiccups and immunizations. Discussed bonding and use of pacifier.

Emphasized importance of proper usage of car seat. Also reminded importance of patient sleeping on back. Discussed animals in home and proper precautions.

Past Family Medical and Social History: Reviewed and updated.



Exam:

Weight: 7 lbs. 9 oz. Rectal Temp: 97.9. Height: 19 inches. Head Circ: 18.7

Healthy appearing infant. Well-nourished and alert. Weight: Within normal range for stated age. Mucus membranes: Moist and pink. Capillary refill: Brisk-less than two seconds. Respiratory pattern: Unremarkable. No grunting or nasal flaring.

Umbilical cord: Not present.

Head proportion: Normal. Head: Normocephalic and symmetrical. Palpation reveals smooth, symmetric skull.

Anterior fontanelle: Slightly concave and soft. Posterior fontanelle is present.

PERRLA: EOMI ENMT: External ears: Inspection reveals ears normal in size, position and alignment. Auditory canals are patent. Tympanic membranes: Normal landmarks. No fluid or erythema. Nares: Bilaterally are patent.

Nasal mucosa: No discharge. Palate: Normal in appearance. Rooting reflex: Present. Sucking reflex: Present.

Neck: Supple, no masses.

Resp: Lungs clear bilaterally.

CV: PMI is not displaced. Rhythm: Regular. No heart murmur. Pulses: Femorals 2+ bilaterally.

GI: Abdomen: Non-distended, nontender and soft. Umbilicus: Inverted and absent.

Bowel sounds: Normal and active. No palpable hepatosplenomegaly.

Anus/Perineum: Normal

Musculoskeletal:

Spine: Spinal contour: Normal. Gluteal fold: Normal. Upper Extremities: Normal to inspection and palpation.

Shoulders: Palpate smooth. Clavicles: Normal, stable.

Skin: No rash, lesions or petechiae. No jaundice.

Neurological: Babinski reflex: Present bilaterally. Moro reflex: Present.

Assessment: Routine infant child check: Patient doing well post-op with no obvious sign of jaundice.

What E/M code is reported?

A. 99381

B. 99203

C. 99213

D. 99391

Correct Answer: A



VCE & PDF

PassApply.com

<https://www.passapply.com/aapc-cpc.html>

2024 Latest passapply AAPC-CPC PDF and VCE dumps Download

---

[Latest AAPC-CPC Dumps](#)

[AAPC-CPC PDF Dumps](#)

[AAPC-CPC Study Guide](#)