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AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">• Special Senses (Ocular and Auditory): This section of the exam measures the skills of coding specialists and covers the coding of procedures related to the eyes and ears. Topics include surgeries on the cornea, retina, and middle• inner ear, as well as related diagnostic procedures.
Topic 2	<ul style="list-style-type: none">• Integumentary System: This section of the exam measures the skills of medical coders and covers procedures related to the skin and related structures. Topics include excisions, biopsies, repairs, and destruction services, focusing on accurate code selection and modifier usage for integumentary interventions.
Topic 3	<ul style="list-style-type: none">• Applying the ICD-10-CM Guidelines: This section of the exam measures the skills of coding specialists and covers how to apply official ICD-10-CM guidelines to real-world coding scenarios. It emphasizes the hierarchy of instructional notes, general and chapter-specific rules, and how to make judgment calls within compliant coding frameworks.

Topic 4	<ul style="list-style-type: none"> • Anesthesia: This section of the exam measures the skills of medical coders and involves coding anesthesia services based on surgical site, complexity, and time. It tests the understanding of anesthesia modifiers and the importance of linking anesthesia codes with the correct primary procedures.
Topic 5	<ul style="list-style-type: none"> • Digestive System: This section of the exam measures the skills of coding specialists and evaluates the coding of surgeries and procedures involving the oral cavity, pharynx, esophagus, stomach, intestines, liver, pancreas, and related organs. Understanding endoscopic procedures is particularly critical here.
Topic 6	<ul style="list-style-type: none"> • Review of Anatomy: This section of the exam measures the skills of coding specialists and covers a high-level understanding of human anatomy. It includes organs, systems, directional terminology, and anatomical locations, enabling coders to link procedures and diagnoses to the correct bodily structures with accuracy and consistency.
Topic 7	<ul style="list-style-type: none"> • Urinary System and Male Genital System: This section of the exam measures the skills of medical coders and assesses understanding of procedures on kidneys, bladder, ureters, prostate, and male reproductive organs. Proper use of CPT codes for surgical and diagnostic interventions is tested.
Topic 8	<ul style="list-style-type: none"> • Accurate ICD-10-CM Coding: This section of the exam measures the skills of medical coders and focuses on the precise assignment of diagnosis codes using the ICD-10-CM system. The goal is to ensure accurate representation of patient conditions, proper sequencing, and a clear linkage between diagnoses and services.
Topic 9	<ul style="list-style-type: none"> • Pathology & Laboratory: This section of the exam measures the skills of medical coders and includes lab tests, specimen analysis, and pathological examination procedures. It ensures that coders understand how to apply codes for chemistry panels, cultures, and histopathological diagnostics.
Topic 10	<ul style="list-style-type: none"> • The Business of Medicine: This section of the exam measures the skills of medical coders and covers foundational knowledge regarding the healthcare system, reimbursement models, insurance payers, HIPAA compliance, and the ethical responsibilities coders hold within clinical and billing environments. It establishes the context in which coding decisions directly affect healthcare operations and financial outcomes.
Topic 11	<ul style="list-style-type: none"> • Hemic & Lymphatic Systems, Mediastinum, Diaphragm: This section of the exam measures the skills of medical coders and includes procedures related to the spleen, lymph nodes, bone marrow, as well as surgical interventions in the mediastinum and diaphragm. Coders must differentiate procedures by region and system accurately.
Topic 12	<ul style="list-style-type: none"> • Respiratory System: This section of the exam measures the skills of medical coders and evaluates the ability to code procedures involving the nose, sinuses, larynx, trachea, bronchi, and lungs. Attention is given to services like endoscopies, excisions, and resections within the respiratory tract.
Topic 13	<ul style="list-style-type: none"> • Endocrine System and Nervous System: This section of the exam measures the skills of medical coders and assesses the ability to assign codes for surgeries involving glands, the brain, spinal cord, and peripheral nerves. Procedures like resections and electrical stimulation are part of the evaluated content.
Topic 14	<ul style="list-style-type: none"> • Musculoskeletal System: This section of the exam measures the skills of coding specialists and focuses on coding procedures involving bones, joints, muscles, and tendons. It covers surgeries, reductions, arthroscopies, and fracture treatments, emphasizing accurate mapping of procedures to anatomical areas.
Topic 15	<ul style="list-style-type: none"> • Evaluation & Management Services: This section of the exam measures the skills of coding specialists and covers office visits, hospital care, consultations, and other E • M services. It tests the understanding of time-based coding, medical decision-making, and history • exam components per current CMS guidelines.
Topic 16	<ul style="list-style-type: none"> • Introduction to CPT®, HCPCS Level II, and Modifiers: This section of the exam measures the skills of coding specialists and introduces candidates to CPT® coding for procedures, HCPCS Level II for supplies and services, and the correct use of modifiers. It helps learners distinguish between different code sets and understand their place in medical billing.

AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q312-Q317):

NEW QUESTION # 312

(A patient is seen for nausea, vomiting, and sharp right lower abdominal pain. CT and labs support a diagnosis of chronic appendicitis. The physician schedules an open appendectomy and removes the appendix. What CPT and diagnosis codes are reported?)

- A. 44950, K36, R11.2, R10.31
- **B. 44950, K36**
- C. 44970, K35.80
- D. 44950, K35.80

Answer: B

Explanation:

The operative approach is explicitly open surgery, so the correct CPT procedure code is 44950 (appendectomy; open).

Code 44970 is the laparoscopic appendectomy code and is not supported because the scenario states

"open surgery." For diagnosis, the physician's final diagnosis is chronic appendicitis, which is reported with K36 (other appendicitis) in the context of this question's choices; K35.80 represents acute appendicitis (unspecified acute) and does not match "chronic." You also do not report symptom codes (nausea/vomiting

/abdominal pain) once a definitive diagnosis is established and documented as the reason for the surgery, unless a guideline or scenario specifically requires them as additional reporting (this question does not).

Therefore, the correct pairing is 44950 with K36 only. CPC exam tip: always match approach (open vs laparoscopic) and code the final confirmed diagnosis rather than presenting symptoms when the definitive diagnosis is known.

NEW QUESTION # 313

A 47-year-old female presents to the operating room for a partial corpectomy on one upper thoracic vertebral body, T3. Two surgeons are performing the surgery. One surgeon performs the transthoracic approach and excises the damaged portion of the vertebral body. The second surgeon inserts a bone graft into the vertebral gap, closing the gap, and inserts a metal plate. Both surgeons work together, each as a primary surgeon.

How does each surgeon report their portion of the surgery?

- A. 63090-80, 63091-80
- B. 63090-66, 63091-66
- C. 63087-62, 63088-62
- **D. 63085-62, 63086-62**

Answer: D

NEW QUESTION # 314

A woman at 36-weeks gestation goes into labor with twins. Fetus 1 is in an oblique position, and the decision is made to perform a cesarean section to deliver the twins. The obstetrician who delivered the twins, provided the antepartum care, and will provide the postpartum care.

What CPT coding is reported for the twin delivery?

- A. 59510, 59514, 59515
- **B. 0**
- C. 59510 x 2
- D. 59510, 59515

Answer: B

Explanation:

Cesarean Delivery with Antepartum and Postpartum Care: The procedure involved the cesarean section delivery of twins, including antepartum and postpartum care.

CPT Code 59510: This code is used for routine obstetric care including antepartum care, cesarean delivery, and postpartum care.

The code is not reported per fetus but per delivery, even when delivering multiples.

Reference:

AMA's CPT Professional Edition (current year)

NEW QUESTION # 315

A temporary steroid-releasing sinus implant is placed in the ethmoid sinus. What HCPCS Level II code is reported?

- A. C1877
- **B. C2617**
- C. C9600
- D. S1091

Answer: B

Explanation:

C2617 = Implant, sinus, drug-eluting, absorbable

NEW QUESTION # 316

(Miranda is in her provider's office for follow up of her diabetes. Her blood sugars remain at goal with continuing her prescribed medications. When referring to the MDM Table for number and complexity of problems addressed, what type of problem is this considered?)

- A. Stable, acute illness
- B. Acute, uncomplicated illness or injury
- C. Minimal problem
- **D. Stable, chronic illness**

Answer: D

Explanation:

Diabetes mellitus is a chronic illness. In the MDM framework, the "number and complexity of problems addressed" considers whether a chronic condition is stable, whether it is exacerbated, and whether it requires significant management changes. The vignette says this is a follow-up for diabetes with blood sugars at goal and continuing current medications—this describes a stable chronic illness being managed. It is not an acute illness or injury, and it is not "minimal problem," because diabetes generally requires ongoing monitoring and management and is not considered trivial. "Stable, acute illness" is internally inconsistent; "acute uncomplicated illness/injury" is also incorrect because diabetes is not acute in this context. CPC exam tip: "stable on meds" + chronic disease follow-up = stable chronic illness (often supporting at least a low-to-moderate problem complexity depending on other MDM elements). Therefore, the correct selection is Stable, chronic illness.

NEW QUESTION # 317

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