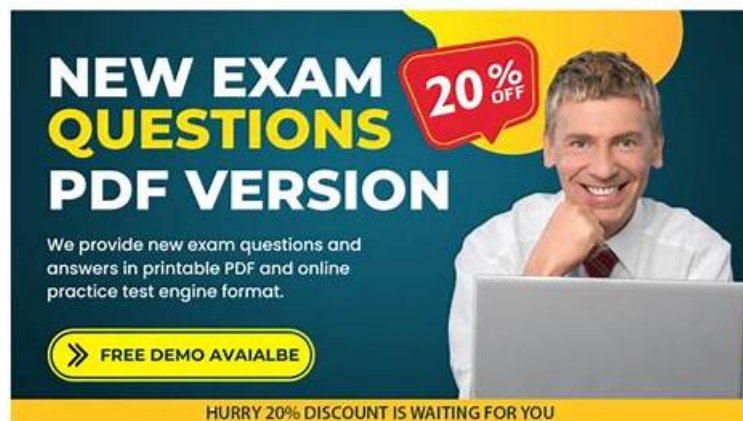


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AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">Overview of ICD-10-CM: This section of the exam measures the skills of medical coders and introduces the structure, format, and usage of the ICD-10-CM coding system. It reviews the purpose of ICD-10-CM in diagnosis reporting and prepares candidates to interpret chapters, code ranges, and conventions embedded in the system.
Topic 2	<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 3	<ul style="list-style-type: none">Cardiovascular System: This section of the exam measures the skills of coding specialists and addresses services related to the heart, arteries, and veins. It involves the coding of diagnostic and therapeutic procedures, including catheterizations, bypasses, and repairs.:
Topic 4	<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 5	<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 6	<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 7	<ul style="list-style-type: none"> • Female Reproductive System and Maternity Care & Delivery: This section of the exam measures the skills of coding specialists and evaluates coding accuracy for gynecological and obstetric procedures. It includes deliveries, antepartum care, cesarean sections, and surgical procedures involving female reproductive anatomy.
Topic 8	<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 9	<ul style="list-style-type: none"> • Radiology: This section of the exam measures the skills of coding specialists and focuses on diagnostic imaging procedures including X-rays, CT scans, MRIs, ultrasounds, and nuclear medicine. It emphasizes proper selection of codes based on anatomical site and modality used.
Topic 10	<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 11	<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 12	<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 13	<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 14	<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 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"> • 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.

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q99-Q104):

NEW QUESTION # 99

A witness of a traffic accident called 911. An ambulance with emergency basic life support arrived at the scene of the accident. The injured party was stabilized and taken to the hospital. What HCPCS Level II coding is reported for the ambulance's service?

- A. A0428-QM-HS
- B. A0427-QM-HS
- **C. A0429-QN-SH**
- D. A0426-QN-SH

Answer: C

NEW QUESTION # 100

A Medicare patient that is on dialysis for ESRD is seen by the nurse for a Hep B vaccination. This patient is given a dialysis patient dosage as part of a three-dose schedule. The nurse administers the Hep B vaccine in the right deltoid. The physician reviews the chart and signs off on the nurse's note.

What procedure and diagnosis codes are reported for the scheduled vaccine injection for this Medicare patient?

- A. 90471, 90746, Z23, B19.10, N18.6, Z99.2
- B. 90471, 90746, Z23, N18.6, Z99.2
- C. 99211-25, G0010, 90740, B19.10, N18.6, Z99.2
- **D. G0010, 90740, Z23, N18.6, Z99.2**

Answer: D

Explanation:

* Procedure: Hepatitis B vaccine administration for a Medicare patient on dialysis.

* CPT and HCPCS Codes:

* G0010: Administration of Hepatitis B vaccine.

* 90740: Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 3-dose schedule.

* ICD-10-CM Codes:

* Z23: Encounter for immunization.

* N18.6: End-stage renal disease.

* Z99.2: Dependence on renal dialysis.

* Code Selection Justification: G0010 is used for the administration of the vaccine for Medicare patients, and 90740 captures the specific vaccine for dialysis patients. The ICD-10 codes represent the encounter for vaccination and the patient's dialysis status.

References:

* AMA CPT Professional Edition (current year)

* ICD-10-CM (current year)

* HCPCS Level II (current year)

NEW QUESTION # 101

Provider performs staged procedures for gender reassignment surgery converting female anatomy to male anatomy.

What CPT code is reported?

- A. 0
- B. 1
- **C. 2**
- D. 3

Answer: C

Explanation:

55970 = Female-to-male sex transformation

55980 is for male-to-female transformation
Unlisted codes (58999, 55899) are not used when a specific CPT code exists

NEW QUESTION # 102

What is the muscular ring around a lumen that contracts to control flow through that lumen called?

- A. Sphincter
- B. Sinus
- C. Snare
- D. Stricture

Answer: A

Explanation:

A sphincter is a muscular ring that encircles a lumen (or passage) and contracts to control the flow of substances through it. Sphincters are found throughout the body in areas such as the gastrointestinal tract (e.g., the lower esophageal sphincter, pyloric sphincter, anal sphincter) and the urinary system (e.g., urethral sphincter), where they regulate the passage of food, waste, and other materials.

A: Stricture refers to an abnormal narrowing of a passage or duct in the body, often due to scarring or disease, not a muscular ring.

B: Snare is a surgical instrument, not a structure within the body.

D: Sinus refers to a cavity or channel within bone or tissue, unrelated to muscle control of flow.

Therefore, the correct answer is C. Sphincter.

NEW QUESTION # 103

A 6-French sheath and catheter is placed into the coronary artery and is advanced to the left side of the heart into the ventricle.

Ventriculography is performed using power injection of contrast agent. Pressures in the left heart are obtained. The coronary arteries are also selected and imaged.

What CPT code is reported?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: A

NEW QUESTION # 104

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