

# Study Material For AAPC CPC Exam Questions

## AAPC CPC Study Guide Exam Questions with Correct Answers

A 46-year-old female had a previous biopsy that indicated positive malignant margins anteriorly on the right side of her neck. A 0.5 cm margin was drawn out and a 15 blade scalpel was used for full excision of an 8 cm lesion. Layered closure was performed after the removal. The specimen was sent for permanent histopathologic examination. What are the CPT® code(s) for this procedure?

- A. 11626
- B. 11626, 12004-51
- C. 11626, 12044-51
- D. 11626, 13132-51, 13133 - Answer-C: 11626, 12044-51

A 30-year-old female is having 15 sq cm debridement performed on an infected ulcer with eschar on the right foot. Using sharp dissection, the ulcer was debrided all the way to down to the bone of the foot. The bone had to be minimally trimmed because of a sharp point at the end of the metatarsal. After debriding the area, there was minimal bleeding because of very poor circulation of the foot. It seems that the toes next to the ulcer may have some involvement and cultures were taken. The area was dressed with sterile saline and dressings and then wrapped. What CPT® code should be reported?

- A. 11043
- B. 11012
- C. 11044
- D. 11042 - Answer-C: 11044

A 64-year-old female who has multiple sclerosis fell from her walker and landed on a glass table. She lacerated her forehead, cheek and chin and the total length of these lacerations was 6 cm. Her right arm and left leg had deep cuts measuring 5 cm on each extremity. Her right hand and right foot had a total of 3 cm lacerations. The ED physician repaired the lacerations as follows: The forehead, cheek, and chin had debridement and cleaning of glass debris with the lacerations being closed with one layer closure, 6-0 Prolene sutures. The arm and leg were repaired by layered closure, 6-0 Vicryl subcutaneous sutures and Prolene sutures on the skin. The hand and foot were closed with adhesive strips. Select the appropriate procedure codes for this visit.

- A. 99283-25, 12014, 12034-59, 12002-59, 11042-51
- B. 99283-25, 12053, 12034-59, 12002-59
- C. 99283-25, 12014, 12034-59, 11042-51
- D. 99283-25, 12053, 12034-59 - Answer-D: 99283-25, 12053, 12034-59

A 52-year-old female has a mass growing on her right flank for several years. It has finally gotten significantly larger and is beginning to bother her. She is brought to the Operating Room for definitive excision. An incision was made directly overlying the mass. The mass was down into the subcutaneous tissue and the surgeon encountered a well encapsulated lipoma approximately 4 centimeters. This was excised primarily

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## AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>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           <ul style="list-style-type: none"> <li>inner ear, as well as related diagnostic procedures.</li> </ul> </li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 6	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 7	<ul style="list-style-type: none"> <li>Evaluation &amp; Management Services: This section of the exam measures the skills of coding specialists and covers office visits, hospital care, consultations, and other E           <ul style="list-style-type: none"> <li>M services. It tests the understanding of time-based coding, medical decision-making, and history</li> <li>exam components per current CMS guidelines.</li> </ul> </li> </ul>
Topic 8	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 9	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 10	<ul style="list-style-type: none"> <li>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.</li> </ul>

## AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q266-Q271):

NEW QUESTION # 266

A patient with a history of chronic venous embolism in the inferior vena cava has a radiographic study to visualize any abnormalities. In outpatient surgery the physician accesses the subclavian vein and the catheter is advanced to the inferior vena cava for injection and imaging. The supervision and interpretation of the images is performed by the physician. What codes are reported for this procedure?

- A. 36010, 75827-26
- B. 36000, 75827-26
- **C. 36010, 75825-26**
- D. 36000, 75825-26

**Answer: C**

#### **NEW QUESTION # 267**

This 27-year-old male has morbid obesity with a BMI of 45 due to a high calorie diet. He has decided to have an open Roux-en-Y gastric bypass. The patient is brought to the operating room and placed in supine position.

A midline abdominal incision is made. The stomach is mobilized, and the proximal stomach is divided and stapled creating a small proximal pouch in continuity with the esophagus. A short limb of the proximal bowel of 155 cm is divided. It is brought up and anastomosed to the gastric pouch. The other end of the divided bowel is connected back into the distal small bowel to the short limb's gastric anastomosis to restore intestinal continuity. The abdominal incision is closed.

What are the procedure and diagnosis codes for this encounter?

- A. 43645, E66.8, Z68.42
- **B. 43847, E66.01, Z68.42**
- C. 43644, E66.01, Z68.43
- D. 43847, E66.9, Z68.42

**Answer: B**

Explanation:

- \* Open Roux-en-Y Gastric Bypass: The procedure involves creating a small gastric pouch and anastomosing it to the jejunum.
- \* CPT Code 43847: This code describes a surgical gastric restrictive procedure with gastric bypass for morbid obesity, open.
- \* ICD-10-CM Code E66.01: This code represents morbid (severe) obesity due to excess calories.
- \* ICD-10-CM Code Z68.42: This code indicates a BMI of 45.

References:

- \* AMA's CPT Professional Edition (current year)
- \* ICD-10-CM (current year)

#### **NEW QUESTION # 268**

A pediatric patient with a congenital double inlet ventricle undergoes corrective cardiac surgery. The surgeon performs a modified Fontan procedure to redirect systemic venous blood flow directly to the pulmonary arteries as part of staged repair for a single-ventricle physiology.

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

- A. 33615, Q20.1, Q20.2
- **B. 33615, Q20.2**
- C. 33617, Q20.4
- D. 33617, Q20.1, Q20.2

**Answer: B**

Explanation:

The procedure documented is a modified Fontan procedure # 33615 (Fontan-type single-ventricle repair per the choices given).

The congenital diagnosis documented is double inlet ventricle # Q20.2.

Why the other options are incorrect based on the statements provided:

Q20.4 is not "double inlet ventricle" as stated in the question.

Adding Q20.1 is not supported by the documentation (the question only states double inlet ventricle).

Therefore, the best match is 33615, Q20.2 # A.

### NEW QUESTION # 269

View MR 005398

MR 005398

Operative Report

Preoperative Diagnosis: Nonfunctioning right kidney with ureteral stricture.

Postoperative Diagnosis: Nonfunctioning right kidney with ureteral stricture.

Procedure: Right nephrectomy with partial ureterectomy.

Findings and Procedure: Under satisfactory general anesthesia, the patient was placed in the right flank position. Right flank and abdomen were prepared and draped out of the sterile field. Skin incision was made between the 11th and 12th ribs laterally. The incision was carried down through the underlying subcutaneous tissues, muscles, and fascia. The right retroperitoneal space was entered. Using blunt and sharp dissection, the right kidney was freed circumferentially. The right artery, vein, and ureter were identified. The ureter was dissected downward where it is completely obstructed in its distal extent. The ureter was clipped and divided distally. The right renal artery was then isolated and divided between 0 silk suture ligatures. The right renal vein was also ligated with suture ligatures and 0 silk ties. The right kidney and ureter were then submitted for pathologic evaluation. The operative field was inspected, and there was no residual bleeding noted, and then it was carefully irrigated with sterile water. Wound closure was then undertaken using 0 Vicryl for the fascial layers, 0 Vicryl for the muscular layers, 2-0 chronic for subcutaneous tissue, and clips for the skin. A Penrose drain was brought out through the dependent aspect of the incision. The patient lost minimal blood and tolerated the procedure well.

What CPT coding is reported for this case?

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

**Answer: B**

Explanation:

The procedure involves a right nephrectomy with partial ureterectomy for a nonfunctioning right kidney with ureteral stricture.

Procedure Description:

Right nephrectomy (removal of the kidney).

Partial ureterectomy (removal of part of the ureter).

CPT Coding:

50220: Nephrectomy, including partial ureterectomy, any open approach.

AMA's CPT Professional Edition (current year).

CPT Assistant for detailed coding guidelines on nephrectomy procedures.

### NEW QUESTION # 270

A cardiologist performs remote monitoring for a 30-day period via a previously implanted hemodynamic pulmonary artery pressure monitor for a patient with congestive heart failure with resulting pulmonary edema. The first month of monitoring includes weekly downloads, interpretations, trend analysis, and subsequent reports.

What CPT code is reported?

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

**Answer: B**

Explanation:

1. Procedure and CPT Code Selection:

The cardiologist provided remote monitoring over a 30-day period for a hemodynamic pulmonary artery pressure monitor implanted in a patient with congestive heart failure.

CPT Code 93264 is appropriate for remote monitoring of a hemodynamic system for up to 30 days. This code includes services such as weekly data transmissions, interpretation, trend analysis, and reporting—exactly as described in this case.

2. Rationale for Excluding Other Options:

Code 93286 is for in-person interrogation and programming of pacemakers or defibrillators, not for remote monitoring of a hemodynamic monitor, making it incorrect.

Code 93288 is for interrogation device evaluation (remote), specifically for pacemakers or defibrillators, and does not apply to a

