AAPC - CPC - Useful Latest Certified Professional Coder (CPC) Exam Exam Online

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AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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 3	• 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 4	• 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 5	• 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 6	• 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 7	• 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 8	• 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 9	• 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 10	• 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 11	• 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 12	• 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 13	• 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.

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q162-Q167):

NEW QUESTION # 162
Which one of the following is a commercial or private payer?

- A. Veterans Health Administration (VHA)
- B. Medicare
- C. Medicaid
- D. Blue Cross Blue Shield

Answer: D

Explanation:
Blue Cross Blue Shield is a commercial or private payer, which means it is an insurance company that provides health insurance plans to individuals and groups. In contrast, Medicare and Medicaid are government programs, and the Veterans Health Administration (VHA) is a federal healthcare system for military veterans.
AMA's CPT Professional Edition (current year), Appendix B: Payers and Reimbursement.

NEW QUESTION # 163
The mediastinum is:

- A. Both the heart and lungs
- B. A location in the chest, bounded by the sternum, diaphragm, and lungs
- C. A part of the lymphatic system
- D. A small endocrine organ behind the heart

Answer: B

Explanation:
The mediastinum is an anatomical region located in the thoracic cavity. It is bounded by the sternum in front, the vertebral column at the back, and is situated between the lungs. It contains the heart, trachea, esophagus, thymus, and other structures, but it is not itself an organ. Therefore, the correct answer is that it is a location in the chest.
ICD-10-CM, Medical Anatomy and Physiology textbooks

NEW QUESTION # 164
A patient has nausea with several episodes of emesis along with severe stomach pain due to dehydration. Normal saline is infused in the same bag with 2 mg ondansetron to help with the nausea. Then a dose of 15 mg ketorolac tromethamine was given for the stomach pain.
What J codes are reported for these services?

- A. J2405 x 2, J1885
- B. J2405, J1885 x 15
- C. J2405, J1885
- D. J2405 x 2, J1835 x 15

Answer: C

Explanation:
The correct J codes are selected based on the specific medications administered and their quantities:
J2405 represents "ondansetron, 1 mg," and since the patient received a 2 mg dose, J2405 is reported once with a quantity of 2 mg.
J1885 represents "ketorolac tromethamine, 15 mg," which matches the single 15 mg dose administered to the patient, so J1885 is reported once.
Each J code is billed according to the precise dosage given, as no multipliers are required beyond the single-unit codes provided in choice A, making it the correct answer.

NEW QUESTION # 165

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. 33617, Q20.4
- C. 33617, Q20.1, Q20.2
- D. 33615, Q20.2

Answer: D

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 # 166
A patient has squamous cell carcinoma lesions destroyed with cryosurgery:
0.6 cm right dorsal foot
2.0 cm left dorsal foot
What CPT coding is reported?

- A. 17262, 17261
- B. 17000, 17003
- C. 0
- D. 17272, 17271

Answer: A

Explanation:
This is destruction of malignant lesions (SCC).
17261 = Malignant lesion destruction, trunk/arms/legs, 0.6-1.0 cm
17262 = Same location, 1.1-2.0 cm
Feet are included in trunk/arms/legs.
Therefore, 17262, 17261 is correct.

NEW QUESTION # 167
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