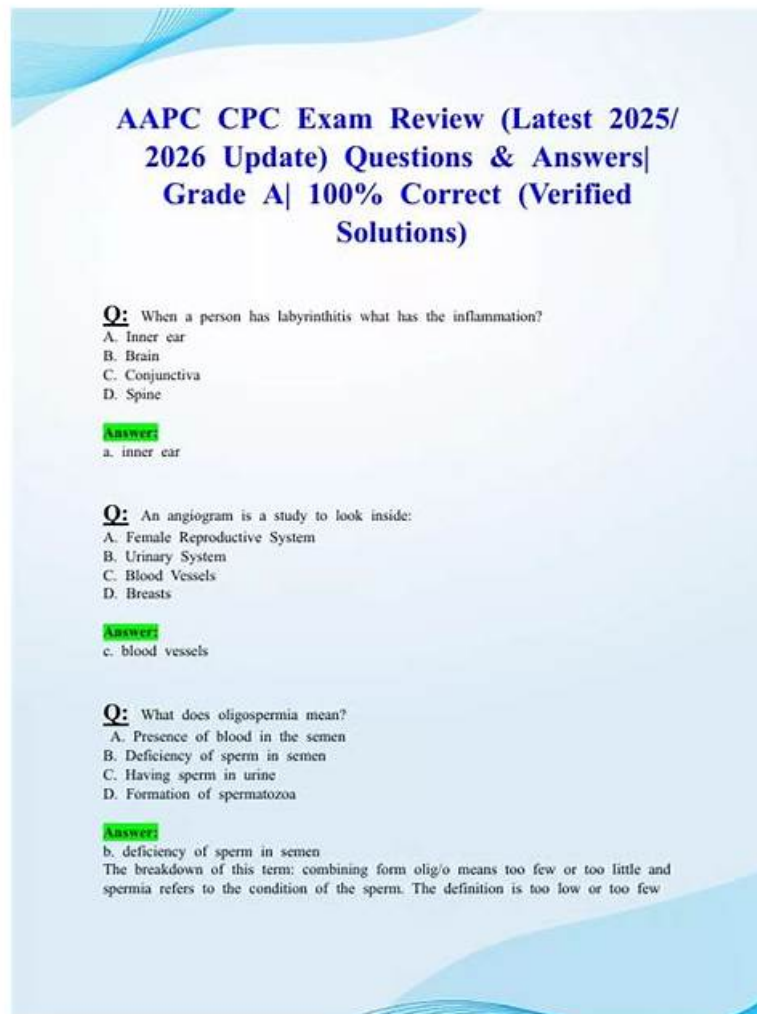


CPC Boot Camp - New CPC Exam Review



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AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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 4	<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 5	<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 6	<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 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"> • 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 10	<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.

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q156-Q161):

NEW QUESTION # 156

A patient is taken to the radiology department for a radiological cardiac catheterization. An acute MI of the left anterior descending coronary artery is found. The cardiologist performs a suction thrombectomy, followed by atherectomy and a stent to the artery. A CRNA provides MAC for this patient, who is status P5.

What code/modifier combination would you report for the services of the CRNA?

- A. 01925-QZ-P5

- B. 01925-QZ-QS-P5
- **C. 00520-QX-QS-P5**
- D. 00520-QZ-P5

Answer: C

Explanation:

The patient is undergoing a cardiac catheterization with a CRNA providing monitored anesthesia care (MAC).

Code 00520 is for anesthesia for heart catheterization procedures. Modifier QX indicates CRNA service with medical direction by a physician, QS indicates MAC, and P5 indicates a patient with a severe systemic disease that is a constant threat to life. Thus, the correct code and modifier combination is

00520-QX-QS-P5. References: CPT Professional Edition (current year), AMA.

NEW QUESTION # 157

A provider orders LC-MS definitive drug testing for suspected acetaminophen overdose.

What CPT code is reported?

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

Answer: A

Explanation:

80143 = Acetaminophen level

80324/80329 = Drug classes, not specific analytes

80299 = Unlisted therapeutic drug assay

NEW QUESTION # 158

The knee joint consists of which three compartments?

- A. Medial, lateral, and cochlea
- B. Medial, trochlea groove, and vestibular
- C. Posterior malleolus, scapula, and fibular facet
- **D. Medial, lateral, and patellofemoral**

Answer: D

Explanation:

The knee joint consists of three primary compartments:

1. Medial compartment: The inside part of the knee, which includes the femur and tibia interaction on the inner side.
2. Lateral compartment: The outside part of the knee, where the femur and tibia meet on the outer side.
3. Patellofemoral compartment: The area between the patella (kneecap) and the femur.

These three compartments are essential for knee joint stability and function, allowing movement and weight-bearing activities.

B: Trochlea groove and vestibular are not associated with knee anatomy.

C: Posterior malleolus, scapula, and fibular facet do not relate to knee compartments; the malleolus is in the ankle, scapula in the shoulder, and fibular facet is not part of the primary knee compartments.

D: Cochlea is unrelated to knee anatomy and refers to a part of the inner ear.

Thus, the correct answer is A. Medial, lateral, and patellofemoral.

NEW QUESTION # 159

The mediastinum is:

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

Answer: A

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 # 160

A 57-year-old woman with a physical status of 3 received general endotracheal anesthesia for a panniculectomy. The anesthesiologist personally performed the entire anesthesia service.

What CPT® coding is reported for the anesthesia?

- **A. 00800-AA-P3**
- B. 00802, 99140-AA-P3
- C. 00802-AA-P3
- D. 00800-P3, 99140-P3

Answer: A

Explanation:

To code for anesthesia services, we select the correct CPT anesthesia code based on the procedure, modifiers, and physical status of the patient:

00800 represents "Anesthesia for procedures on the lower abdomen not otherwise specified," which includes procedures like a panniculectomy. The code 00802 is not appropriate here because it is used for lower abdominal procedures involving "major lower abdominal vessels," which does not apply to a panniculectomy.

AA Modifier indicates that the anesthesia services were personally performed by the anesthesiologist, as stated in the scenario.

P3 Modifier reflects a physical status of 3, which indicates a patient with a "severe systemic disease," matching the patient's documented condition.

The emergency modifier 99140 is not appropriate here, as there is no indication that the procedure was performed under emergency conditions.

Thus, the correct answer is 00800-AA-P3.

NEW QUESTION # 161

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