

# CPC Reliable Study Plan | Exam CPC Training



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## AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<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</li><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>
Topic 2	<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 3	<ul style="list-style-type: none"><li>• 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.</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</li><li>• inner ear, as well as related diagnostic procedures.</li></ul>

Topic 5	<ul style="list-style-type: none"> <li>• <b>Accurate ICD-10-CM Coding:</b> 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>• <b>Introduction to CPT®, HCPCS Level II, and Modifiers:</b> 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 7	<ul style="list-style-type: none"> <li>• <b>Digestive System:</b> 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 8	<ul style="list-style-type: none"> <li>• <b>Hemic &amp; Lymphatic Systems, Mediastinum, Diaphragm:</b> 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.</li> </ul>
Topic 9	<ul style="list-style-type: none"> <li>• <b>Musculoskeletal System:</b> 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 10	<ul style="list-style-type: none"> <li>• <b>Respiratory System:</b> 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.</li> </ul>
Topic 11	<ul style="list-style-type: none"> <li>• <b>The Business of Medicine:</b> 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>
Topic 12	<ul style="list-style-type: none"> <li>• <b>Radiology:</b> 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 13	<ul style="list-style-type: none"> <li>• <b>Female Reproductive System and Maternity Care &amp; Delivery:</b> 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.</li> </ul>

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## Exam CPC Training | Examcollection CPC Questions Answers

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## AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q326-Q331):

### NEW QUESTION # 326

A 1-year-old is with his mom to have his scheduled vaccinations. The physician provides counseling for routine immunizations and carries out measles, mumps, rubella and varicella (MMRV) subcutaneously and dose 3 of Hepatitis B intramuscularly without

difficulty.

What CPT codes are reported?

- A. 90471, 90472, 90707, 90746
- B. 90460, 90461, 90710, 90744
- **C. 90460 x 2, 90461 x 3, 90710, 90744**
- D. 90471, 90472 x 4, 90707, 90746

**Answer: C**

Explanation:

1. Procedure and CPT Code Selection:

The physician administered the MMRV (measles, mumps, rubella, and varicella) vaccine subcutaneously and dose 3 of Hepatitis B vaccine intramuscularly. The physician also provided counseling on routine immunizations.

CPT Code 90460 is used for immunization administration with counseling by the physician for patients 18 years or younger for the first or only component of each vaccine.

CPT Code 90461 is used for each additional component in a vaccine with counseling.

90710 is the code for the MMRV vaccine.

90744 is the code for the Hepatitis B vaccine (pediatric).

2. Application of 90460 and 90461:

For the MMRV vaccine (which has four components: measles, mumps, rubella, and varicella), 90460 is reported once for the first component, and 90461 is reported three times (once for each additional component).

For the Hepatitis B vaccine, 90460 is reported again since it is a separate vaccine with one component.

3. Rationale for Excluding Other Options:

Option A (90471, 90472 x 4, 90707, 90746) uses codes for vaccine administration without counseling and incorrect vaccine codes (90707 for MMR instead of MMRV and 90746 for adult Hepatitis B instead of pediatric).

Option B and Option D also contain incorrect vaccine codes and do not correctly apply the counseling administration codes.

4. AAPC and CPT Coding Guidelines:

According to AAPC guidelines, 90460 and 90461 are the appropriate administration codes for vaccines with counseling provided to pediatric patients, with each component of a multi-component vaccine coded separately.

Therefore, the correct answer is C. 90460 x 2, 90461 x 3, 90710, 90744.

### NEW QUESTION # 327

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

**Answer: B**

Explanation:

For the procedure involving access to the subclavian vein and advancing a catheter to the inferior vena cava for injection and imaging, the following codes are used:

\* 36010 for the catheter placement.

\* 75825-26 for the supervision and interpretation of the imaging.

Modifier -26 indicates the professional component of the radiological supervision and interpretation.

References:

\* AMA's CPT Professional Edition (current year)

\* ICD-10-CM (current year)

### NEW QUESTION # 328

A 60-year-old male has three-vessel disease and supraventricular tachycardia which has been refractory to other management. He previously had pacemaker placement and stenting of LAD coronary artery stenosis, which has failed to solve the problem. He will undergo CABG with autologous saphenous vein and an extensive modified MAZE procedure to treat the tachycardia.

He is brought to the cardiac OR and placed in the supine position on the OR table. He is prepped and draped, and adequate endotracheal anesthesia is assured. A median sternotomy incision is made and cardiopulmonary bypass is initiated. The endoscope is used to harvest an adequate length of saphenous vein from his left leg. This is uneventful and bleeding is easily controlled. The vein graft is prepared and cut to the appropriate lengths for anastomosis. Two bypasses are performed: one to the circumflex and another to the obtuse marginal. The left internal mammary is then freed up and it is anastomosed to the ramus, the first diagonal, and the LAD. An extensive maze procedure is then performed and the patient is weaned from bypass. At this point, the sternum is closed with wires and the skin is reapproximated with staples. The patient tolerated the procedure without difficulty and was taken to the PACU.

Choose the procedure codes for this surgery.

- A. 33535, 33259 51, 33519-51, 33508-51
- B. 33535, 33259, 33519, 33508
- C. 33533, 33257, 33519, 33508
- D. 33533, 33257-51, 33519-51, 33508-51

**Answer: A**

Explanation:

The CABG procedure involved multiple bypasses, with the use of autologous saphenous vein grafts and the left internal mammary artery, along with an extensive modified MAZE procedure. CPT code 33535 describes a coronary artery bypass using arterial grafts, including at least three coronary artery bypasses. CPT code 33259-51 is for the MAZE procedure for supraventricular tachycardia, with the -51 modifier indicating multiple procedures. CPT code 33519-51 is for an additional vein graft, and CPT code 33508-51 describes the endoscopic harvesting of the vein.

Reference:

AMA's CPT Professional Edition (current year), Codes 33535, 33259-51, 33519-51, 33508-51

#### NEW QUESTION # 329

The surgeon performs Roux-en-Y anastomosis of the extrahepatic biliary duct to the gastrointestinal tract on a 45-year-old patient. What CPT code is reported?

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

**Answer: D**

Explanation:

The Roux-en-Y anastomosis of the extrahepatic biliary duct to the gastrointestinal tract is a specific surgical procedure that involves connecting the biliary duct to the gastrointestinal tract.

Procedure Description: Roux-en-Y anastomosis of the extrahepatic biliary duct involves creating a direct connection between the biliary duct and the gastrointestinal tract.

Procedure Specificity: The procedure is complex and involves extensive surgical technique and anastomosis.

Coding Decision:

CPT 47780 specifically describes the Roux-en-Y anastomosis of the extrahepatic biliary duct to the gastrointestinal tract.

AMA's CPT Professional Edition (current year).

CPT Assistant for detailed coding guidelines on biliary and gastrointestinal procedures.

#### NEW QUESTION # 330

A 65-year-old gentleman presents for refill of medications and follow-up for his chronic conditions. The patient indicates good medicine compliance. No new symptoms or complaints.

Appropriate history and exam are obtained. Labs that were ordered from previous visit were reviewed and discussed with patient.

The following are the diagnoses and treatment:

Hypokalemia - stable. Refill Potassium 20 MEQ

Hypertension - blood pressure remaining stable. Patient states home readings have been in line with goals. Refill prescription Lisinopril.

Esophageal Reflux - Patient denies any new symptoms. Stable condition. Continue taking over the counter Prevacid oral capsules, 1 every day.

Patient is instructed to follow up in 3 months. Labs will be obtained prior to visit.

What CPT code is reported?

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

**Answer: D**

Explanation:

The patient presented for a follow-up visit for chronic conditions, including hypokalemia, hypertension, and esophageal reflux. During this visit, the physician reviewed and discussed lab results, managed prescriptions, and noted that there were no new symptoms or complaints.

The level of service provided included an appropriate history and exam, as well as the management of multiple chronic conditions, which aligns with the criteria for CPT code 99214. This code is used for an established patient office or other outpatient visit that requires at least 2 of the following 3 key components: a detailed history, a detailed examination, and medical decision-making of moderate complexity.

CPT Professional Edition, AMA

## Evaluation and Management Coding Guidelines

### NEW QUESTION # 331

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After decades of hard work, our products are currently in a leading position in the same kind of education market, our CPC learning materials, with their excellent quality and constantly improved operating system, In many areas won the unanimous endorsement of many international customers. Advanced operating systems enable users to quickly log in and use, in constant practice and theoretical research, our CPC learning materials have come up with more efficient operating system to meet user needs, so we can assure users here , after user payment , users can perform a review of the CPC Exam in real time , because our advanced operating system will immediately send users CPC learning material to the email address where they are paying , this greatly facilitates the user, lets the user be able to save more study time.

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