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## Free PDF 2026 High Pass-Rate AAPC CPC: Certified Professional Coder (CPC) Exam Latest Dumps Pdf

The AAPC CPC certification exam offers a great opportunity for AAPC professionals to demonstrate their expertise and knowledge level. In return, they can become competitive and updated with the latest technologies and trends. To do this they just need to enroll in Certified Professional Coder (CPC) Exam (CPC) certification exam and have to put all efforts and resources to pass this challenging CPC exam. You should also keep in mind that to get success in the AAPC CPC exam is not an easy task.

### AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li><b>Anesthesia:</b> 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.</li> </ul>
Topic 2	<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 3	<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 4	<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 5	<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 6	<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 7	<ul style="list-style-type: none"> <li>• Female Reproductive System and Maternity Care &amp; 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.</li> </ul>
Topic 8	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 9	<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 10	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 11	<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 12	<ul style="list-style-type: none"> <li>• Hemic &amp; Lymphatic Systems, Mediastinum, Diaphragm: 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 13	<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 14	<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>

## AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q106-

## Q111):

### NEW QUESTION # 106

(Which one of the following is NOT a cardiac valve?)

- A. Aortic valve
- **B. Femoral valve**
- C. Mitral valve
- D. Tricuspid valve

**Answer: B**

Explanation:

The human heart has four cardiac valves: tricuspid, pulmonic, mitral (bicuspid), and aortic. These valves regulate one-way blood flow through the heart's chambers and into the great vessels. The mitral valve lies between the left atrium and left ventricle; the tricuspid valve lies between the right atrium and right ventricle; the aortic valve controls flow from the left ventricle to the aorta. "Femoral" refers to the femur (thigh bone) and the femoral artery/vein in the groin/thigh region, not a structure of the heart. While veins can contain valves (e.g., in the legs), the term "femoral valve" is not recognized as a standard named cardiac valve. On CPC-style anatomy questions, distractors often use real anatomical words from other body regions to test whether you know the specific list of true cardiac valves.

### NEW QUESTION # 107

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: A**

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.

References:

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

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

### NEW QUESTION # 108

View MR 002395

MR 002395

Operative Report

Pre-operative Diagnosis: Acute rotator cuff tear

Post-operative Diagnosis: Acute rotator cuff tear, synovitis

Procedures:

- 1) Rotator cuff repair
- 2) Biceps Tenodesis
- 3) Claviclectomy
- 4) Coracoacromial ligament release

Indication: Rotator cuff injury of a 32-year-old male, sustained while playing soccer.

Findings: Complete tear of the right rotator cuff, synovitis, impingement.

Procedure: The patient was prepared for surgery and placed in left lateral decubitus position. Standard posterior arthroscopy portals

were made followed by an anterior-superior portal. Diagnostic arthroscopy was performed. Significant synovitis was carefully debrided. There was a full-thickness upper 3rd subscapularis tear, which was repaired. The lesser tuberosity was debrided back to bleeding healthy bone and a Mitek 4.5 mm helix anchor was placed in the lesser tuberosity. Sutures were passed through the subscapularis in a combination of horizontal mattress and simple interrupted fashion and then tied. There was a partial-thickness tearing of the long head of the biceps. The biceps were released and then anchored in the intertubercular groove with a screw. There was a large anterior acromial spur with subacromial impingement. A CA ligament was released and acromioplasty was performed. Attention was then directed to the supraspinatus tendon tear. The tear was V-shaped and measured approximately 2.5 cm from anterior to posterior. Two Smith & Nephew PEEK anchors were used for the medial row utilizing Healicoil anchors. Side-to-side stitches were placed. One set of suture tape from each of the medial anchors was then placed through a laterally placed Mitek helix PEEK knotless anchor which was fully inserted after tensioning the tapes. A solid repair was obtained. Next there were severe degenerative changes at the AC joint of approximately 8 to 10 mm. The distal clavicle was resected taking care to preserve the superior AC joint capsule. The shoulder was thoroughly lavaged. The instruments were removed and the incisions were closed in routine fashion. Sterile dressing was applied. The patient was transferred to recovery in stable condition. What CPT coding is reported for this case?

- A. 29827, 29828-51, 29824-51, 29826
- B. 29827, 29828-51, 29824-51, 29826, 29805-59
- C. 29827, 29824-51, 29826-51, 29805-59
- D. 29827, 29824-51, 29826-51

**Answer: A**

Explanation:

\* 29827: Arthroscopic rotator cuff repair is correctly coded as 29827.

\* 29828: Arthroscopic biceps tenodesis is an additional procedure and should be coded as 29828 with modifier -51 (Multiple Procedures).

\* 29824: Arthroscopic claviclectomy (partial resection of the distal clavicle) is coded as 29824 with modifier -51.

\* 29826: Arthroscopic subacromial decompression, including coracoacromial ligament release, is coded as 29826.

\* All these procedures were performed arthroscopically and documented in the operative report, justifying the use of these codes and the use of modifier -51 for multiple procedures.

References:

\* CPT Professional Edition, AMA

#### NEW QUESTION # 109

(A 1-year-old patient was born with two supernumerary digits, one extending from the right pinky and one extending from the left pinky. The digit from his left pinky is larger and includes the metacarpal bone with a joint and is amputated. The one on the right is a nubbin and contains no bony structure. The hand surgeon removes the extra digit containing soft tissue by a simple excision. What is the CPT coding for the procedures performed?)

- A. 26951-50, 11200-50
- B. 26910-LT, 11200-RT
- C. 26587-LT, 11200-RT
- D. 26910-50

**Answer: B**

Explanation:

Supernumerary digit removal coding depends on whether the extra digit has bone/joint or is a soft-tissue tag/nubbin. The left-hand extra digit includes a metacarpal bone with a joint, so it is treated as removal of an accessory digit with bony involvement, reported with 26910 (removal of extra digit, hand/foot; with bone and joint reconstruction elements implied by the code family context). Because it is the left side, append-LT. The right-hand extra digit is described as a nubbin with no bony structure, removed by simple excision—this aligns with skin tag-like removal code, 11200, for removal of benign skin tags/lesions by simple excision (as represented in the answer options) with-RT for laterality. You should not bill both sides with a single "-50" here because the procedures are not the same on each side (bony digit vs soft-tissue nubbin). Therefore, 26910-LT and 11200-RT is correct.

#### NEW QUESTION # 110

View MR 003396

MR 003396

Operative Report

Preoperative Diagnosis: Acute MI, severe left main arteriosclerotic coronary artery disease Postoperative Diagnosis: Acute MI, severe left main arteriosclerotic coronary artery disease Procedure Performed: Placement of an intra-aortic balloon pump (IABP) right common femoral artery Description of Procedure: Patient's right groin was prepped and draped in the usual sterile fashion. Right common femoral artery is found, and an incision is made over the artery exposing it. The artery is opened transversely, and the tip of the balloon catheter was placed in the right common femoral artery. The balloon pump had good waveform. The balloon pump catheter is secured to his skin after local anesthesia of 2 cc of 1% Xylocaine is used to numb the area. The balloon pump is secured with a 0-silk suture. The patient has sterile dressing placed. The patient tolerated the procedure. There were no complications. What CPT coding is reported for this case?

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

**Answer: C**

Explanation:

The procedure involved the placement of an intra-aortic balloon pump (IABP) through the right common femoral artery for a patient with acute MI and severe left main arteriosclerotic coronary artery disease.

Procedure Description:

Placement of an intra-aortic balloon pump (IABP).

Right common femoral artery approach.

Confirmation of good waveform and securement of the catheter.

CPT Coding:

33975: Insertion of intra-aortic balloon assist device, percutaneous.

AMA's CPT Professional Edition (current year).

CPT Assistant for detailed coding guidelines on cardiac procedures.

## NEW QUESTION # 111

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