

# Professional CPC Free Braindumps Supply you Practical Latest Exam Test for CPC: Certified Professional Coder (CPC) Exam to Study casually

## CPC Exam Outline

Content Domains	Questions
1. 10,000 Series CPT	6
2. 20,000 Series CPT	6
3. 30,000 Series CPT	6
4. 40,000 Series CPT	6
5. 50,000 Series CPT	6
6. 60,000 Series CPT	6
7. Evaluation and Management	6
8. Anesthesia	4
9. Radiology	6
10. Laboratory/Pathology	6
11. Medicine	6
12. Medical Terminology	4
13. Anatomy	4
14. ICD-10-CM/Diagnosis	5
15. HCPCS Level II	3
16. Coding Guidelines	7
17. Compliance and Regulatory	3
18. Cases	10

---

**Time limit:** 4 hours

**Total questions:** 100

**Question format:** Multiple-choice

**Delivery format:** Computer-delivered

P.S. Free 2026 AAPC CPC dumps are available on Google Drive shared by Exams4sures: <https://drive.google.com/open?id=1FI0PuFEKWmOFrjSBVCyfkHJ27B0ShIVW>

It is known to us that getting the CPC certification is not easy for a lot of people, but we are glad to tell you good news. The study materials from our company can help you get the CPC certification in a short time. Now we are willing to introduce our CPC practice questions to you in detail, we hope that you can spare your valuable time to have a look to our CPC Exam questions. Please believe that we will not let you down. You can just free download the demo of our CPC training guide on the web to know the excellent quality.

## AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 2	<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 3	<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 inner ear, as well as related diagnostic procedures.</li> </ul>
Topic 4	<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>
Topic 5	<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 6	<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 7	<ul style="list-style-type: none"> <li>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.</li> </ul>
Topic 8	<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 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>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.:</li> </ul>

Topic 11	<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 12	<ul style="list-style-type: none"> <li>• <b>Pathology &amp; Laboratory:</b> 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.</li> </ul>
Topic 13	<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 14	<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>

>> **CPC Free Braindumps** <<

## **Professional CPC Free Braindumps & Leader in Certification Exams Materials & Trustworthy CPC Latest Exam Test**

Our users are all over the world, and users in many countries all value privacy. Our CPC simulating exam' global system of privacy protection standards has reached the world's leading position. No matter where you are, you don't have to worry about your privacy being leaked if you ask questions about our CPC Exam Braindumps or you pay for our CPC practice guide by your credit card. It is safe for our customers to buy our CPC learning materials!

### **AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q337-Q342):**

#### **NEW QUESTION # 337**

Patient has undergone open surgery for a left total knee arthroplasty. While in the recovery room, he continued to have severe postoperative pain. The surgeon ordered a femoral block for postoperative pain. The anesthesiologist evaluated the patient and performed a left femoral block, which provided significant post-operative pain relief.

What CPT coding is reported?

- A. 01402, 64448-59-LT, 01996
- B. 01380, 64447-59-LT
- **C. 01402, 64447-59-LT**
- D. 01404, 64450, 01996

**Answer: C**

**Explanation:**

The patient has undergone a left total knee arthroplasty and subsequently received a femoral nerve block for postoperative pain management. CPT code 01402 is used for anesthesia for total knee arthroplasty. Code 64447-59-LT is for a femoral nerve block (single injection) for postoperative pain management, with modifier 59 indicating a distinct procedural service and LT indicating the left side. Therefore, the appropriate codes are 01402 and 64447-59-LT. References: CPT Professional Edition (current year), AMA.

#### **NEW QUESTION # 338**

A 32-year-old vialled a provider due to skin itching and ongoing irritation and watering of the eyes.

Suspecting an allergy, the provider suspects an allergic reaction and decides to conduct allergy testing. A prick on the skin of the patient's forearm is performed by introducing a small amount of an allergen and monitored for signs of an allergic reaction.

What CPT code is reported?

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

**Answer: D**

Explanation:

93280 - In-person interrogation device evaluation with programming; dual-chamber pacemaker Includes:

Full electronic analysis

Lead function

Battery status

Threshold testing

Programming changes

Why others are incorrect:

93281 - Single-chamber pacemaker

93283 / 93284 - ICD device codes

### NEW QUESTION # 339

(Full Case:Procedure:Excision of 6.0 cm malignant lesion of the right forearm with adjacent tissue transfer using a rotation flap. Pre/Post-op Dx: Basal cell carcinoma, right forearm. Anesthesia: local (1% Xylocaine with epi).

Defect size: 8 sq cm. Specimens sent for frozen section margin control; margins confirmed clear. Closure: rotation flap from adjacent healthy tissue, total area 8 sq cm, secured with layered closure (5-0 Vicryl/6-0 Prolene).

Question: What CPT coding is reported? )

- **A. 0**
- B. 1
- C. 14040, 11606-51
- D. 14020, 11606-51

**Answer: A**

Explanation:

The operative report documents a malignant lesion excision (basal cell carcinoma) on the right forearm followed by reconstruction with an adjacent tissue transfer (rotation flap) after frozen section confirmed clear margins. In CPT, when a defect is repaired with adjacent tissue transfer/rearrangement, the flap code includes the work of excision (including necessary undermining and preparation of the recipient site) performed as part of creating and closing the defect; therefore the malignant excision code (e.g., 11606) is not separately reported in this same session when the excision is integral to the flap repair. Code selection for adjacent tissue transfer is based on the anatomic site and the total defect area (primary + secondary defects). The documented total area is 8 sq cm, and the site is the forearm (arm/leg grouping). For arms/legs, 10 sq cm or less is reported with 14020.

Codes 14040 apply to a different anatomic region grouping and do not match the forearm. Frozen section pathology/margin control does not change the primary surgical coding here. Therefore, report 14020 only.

### NEW QUESTION # 340

Where is a Warthin's tumor found?

- **A. Salivary gland**
- B. Ovary
- C. Back of eye
- D. Bone

**Answer: A**

### NEW QUESTION # 341

A patient is diagnosed with a healing pressure ulcer on her left heel that is currently being treated.

What ICD-10-CM coding is reported?

