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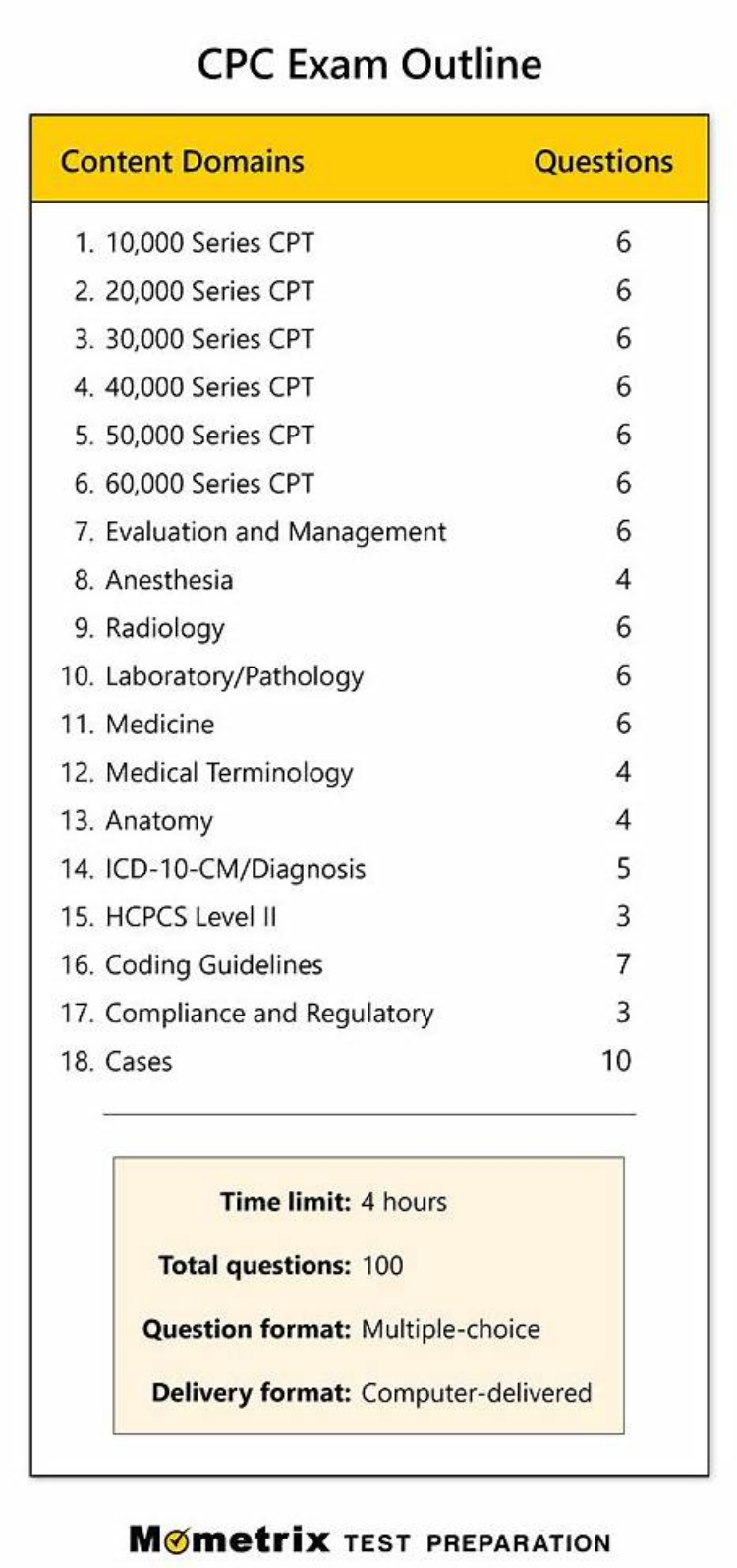

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PassLeaderVCE field is leaping up day by day and more people are pursuing it as a career than ever. Due to these reasons, candidates find it difficult to land their dream job and often face difficulty in finding the right career opportunities. But to overcome this issue, the CPC Exam is introduced by AAPC that provides candidates with a sustainable platform to examine their true capabilities and surf through their desired opportunities.

AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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 3	• 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 4	• 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 5	• 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.
Topic 6	• 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 7	• 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 8	• 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 9	• 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 10	• 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 11	• Hemic & 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.
Topic 12	• 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 13	• 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 14	• 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 15	• 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 16	• 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.

AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q185-Q190):

NEW QUESTION # 185
A cardiologist performs remote monitoring for a 30-day period via a previously implanted hemodynamic pulmonary artery pressure monitor for a patient with congestive heart failure with resulting pulmonary edema. The first month of monitoring includes weekly downloads, interpretations, trend analysis, and subsequent reports.
What CPT code is reported?

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

Answer: B

Explanation:
1. Procedure and CPT Code Selection:
The cardiologist provided remote monitoring over a 30-day period for a hemodynamic pulmonary artery pressure monitor implanted in a patient with congestive heart failure.
CPT Code 93264 is appropriate for remote monitoring of a hemodynamic system for up to 30 days. This code includes services

such as weekly data transmissions, interpretation, trend analysis, and reporting-exactly as described in this case.
2. Rationale for Excluding Other Options:
Code 93286 is for in-person interrogation and programming of pacemakers or defibrillators, not for remote monitoring of a hemodynamic monitor, making it incorrect.
Code 93288 is for interrogation device evaluation (remote), specifically for pacemakers or defibrillators, and does not apply to a pulmonary artery pressure monitor.
Code 93279 is for in-person programming of certain cardiac devices, which does not match the remote monitoring described in this scenario.
3. AAPC and CPT Coding Guidelines:
AAPC and CPT guidelines specify that 93264 is the correct code when reporting remote hemodynamic monitoring for a pulmonary artery pressure device over a period of up to 30 days, including data review and interpretation.
Therefore, the correct answer is B. 93264.

NEW QUESTION # 186
View MR 001394
MR 001394
Operative Report
Procedure: Excision of 11 cm back lesion with rotation flap repair.
Preoperative Diagnosis: Basal cell carcinoma
Postoperative Diagnosis: Same
Anesthesia: 1% Xylocaine solution with epinephrine warmed and buffered and injected slowly through a 30- gauge needle for the patient's comfort.
Location: Back
Size of Excision: 11 cm
Estimated Blood Loss: Minimal
Complications: None
Specimen: Sent to the lab in saline for frozen section margin control.
Procedure: The patient was taken to our surgical suite, placed in a comfortable position, prepped and draped, and locally anesthetized in the usual sterile fashion. A #15 scalpel blade was used to excise the basal cell carcinoma plus a margin of normal skin in a circular fashion in the natural relaxed skin tension lines as much as possible The lesion was removed full thickness including epidermis, dermis, and partial thickness subcutaneous tissues. The wound was then spot electro desiccated for hemorrhage control. The specimen was sent to the lab on saline for frozen section.
Rotation flap repair of defect created by foil thickness frozen section excision of basal cell carcinoma of the back. We were able to devise a 12 sq cm flap and advance it using rotation flap closure technique. This will prevent infection, dehiscence, and help reconstruct the area to approximate the situation as it was prior to surgical excision diminishing the risk of significant pain and distortion of the anatomy in the area. This was advanced medially to close the defect with 5 0 Vicryl and 6-0 Prolene stitches.
What CPTcoding is reported for this case?

- A. 14001, 11606-51
- B. 0
- C. 1
- D. 14001, 11606-51, 12034-51

Answer: A

Explanation:
For the excision of an 11 cm lesion with a rotation flap repair, the appropriate CPT codes are 14001 for the adjacent tissue transfer or rearrangement (12 sq cm flap) and 11606-51 for the excision of a malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm. Modifier 51 indicates multiple procedures. The detailed operative report specifies the lesion size and the technique used, justifying these codes.References: CPTProfessional Edition (current year), AMA.

NEW QUESTION # 187
Preoperative diagnosis: Right thigh benign congenital hairy nevus. *1
Postoperative diagnosis: Right thigh benign congenital hairy 0 nevus.
Operation performed: Excision of right thigh benign congenital>1
nevus, excision size with margins 4.5 cm and closure size 5 cm.
Anesthesia: General.0
Intraoperative antibiotics: Ancef.0

Indications: The patient is a 5-year-old girl who presented with her parents for evaluation of her right thigh congenital nevus. It has been followed by pediatrics and thought to have changed over the past year. Family requested excision. They understood the risks involved, which included but were not limited to risks of general anesthesia, infection, bleeding, wound dehiscence, and poor scar formation. They understood the scar would likely widen as the child grows because of the location of it and because of the age of the patient. They consented to proceed.
Description of procedure: The patient was seen preoperatively in > I the holding area, identified, and then brought to the operating room. Once adequate general anesthesia had been induced, the patient's right thigh was prepped and draped in standard surgical fashion. An elliptical excision measuring 6 x 1.8 cm had been marked. This was injected with Lidocaine with epinephrine, total of 6 cc of 1% with 1:100,000. After an adequate amount of time, a #15 blade was used to sharply excise this full thickness.
This was passed to pathology for review. The wound required limited undermining in the deep subcutaneous plane on both sides for approximately 1.5 cm in order to allow mobilization of the skin for closure. The skin was then closed in a layered fashion using 3-0 Vicryl on the dermis and then 4-0 Monocryl running subcuticular in the skin, the wound was cleaned and dressed with Dermabond and Steri-Strips.
The patient was then cleaned and turned over to anesthesia for S extubation.
She was extubated successfully in the operating room and taken S to the recovery room in stable condition. There were no complications.
Which CPT and ICD-10-CM codes are reported for this procedure?

- A. 65426-LT, H11.062
- B. 65420-LT, H11.002
- C. 65426-LT, H11.002
- D. 65400-LT, H11.062

Answer: B

Explanation:
65420 = Excision or transposition of pterygium without graft
LT = Left eye
H11.002 = Pterygium of left eye

NEW QUESTION # 188
According to the Application of Cast and Strapping CPT guidelines, what is reported when an orthopedic provider performs initial fracture care treatment for a closed scaphoid fracture of the wrist, applies a short arm cast, and the patient will be returning for subsequent fracture care?

- A. 29075-22
- B. 25622, 29075
- C. 0
- D. 1

Answer: C

Explanation:
For initial fracture care of a closed scaphoid fracture, code 25622 is used, which includes treatment and initial casting. The application of the cast is part of the fracture care and is not reported separately. CPT guidelines specify that casting or strapping performed as part of the fracture care is included in the fracture care code.References: AMA's CPT Professional Edition (current year), Surgery section, Musculoskeletal System.

NEW QUESTION # 189
A patient is having a thyroidectomy for malignancy on the right lobe. During the procedure, a lesion was found on the left lower side of the parathyroid gland and is suspected for malignancy.
The total right lobe of the thyroid and the parathyroid gland are removed.
What is the CPTcodes are reported for this encounter?

- A. 60505, 60220-59
- B. 60505,60240-59
- C. 60500, 60220-59
- D. 60500, 60210-59

Answer: A

Explanation:
1. Procedure and CPTCode Selection:
The patient underwent a thyroidectomy for malignancy in the right lobe, as well as the removal of the parathyroid gland due to a suspected malignant lesion.
CPTCode 60505 is for the parathyroidectomy with exploration of parathyroid glands and is appropriate for the removal of the parathyroid gland due to a suspected malignancy.
CPTCode 60220 represents a thyroid lobectomy (total removal of one lobe of the thyroid), which applies to the removal of the right thyroid lobe in this case.
2. Modifier 59:
Modifier 59 is added to 60220 to indicate that the thyroid lobectomy is a distinct procedure from the parathyroidectomy, performed in a separate anatomical site during the same surgical session.
3. Rationale for Excluding Other Options:
Code 60500 (in options A and C) is for a parathyroid exploration only, not including the actual removal of the parathyroid gland, so it does not apply here.
Code 60240 (in option D) is for a total thyroidectomy, which involves removal of the entire thyroid gland.
Since only the right lobe was removed, 60220 (thyroid lobectomy) is correct.
4. AAPC and CPTCoding Guidelines:
Per AAPC guidelines, 60505 is the appropriate code for parathyroidectomy procedures involving exploration or suspected malignancy, and 60220 with Modifier 59 accurately reflects the separate and distinct thyroid lobectomy procedure.
Thus, the correct answer is B. 60505, 60220-59.

NEW QUESTION # 190
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