

CPC New Real Exam & CPC Latest Exam Forum

AAPC CPC FINAL EXAM 2023-2024 REAL EXAM 100 QUESTIONS AND CORRECT ANSWERS(VERIFIED ANSWERS)|AGARDE

(The correct answer has been verified, selected and highlighted in yellow for all of the questions below.)

1 What form is used to submit a provider's charge to the insurance carrier?

- a. ABN
- b. UB-04
- c. CMS-1500
- d. Provider reimbursement form

2 AAPC credentialed coders have proven mastery of what information?

- a. Code sets
- b. Evaluation and management principles
- c. Documentation guidelines
- d. All of the above

3 When coding an operative report, what action would NOT be recommended?

- a. Coding from the header without reading the body of the report.
- b. Reading the body of the report.
- c. Highlighting unfamiliar words.
- d. Starting with the procedure listed.

4 When are providers responsible for obtaining an ABN for a service NOT considered medically necessary?

- a. During a procedure or service.
- b. After a denial has been received from Medicare.
- c. After providing a service or item to a beneficiary.
- d. Prior to providing a service or item to a beneficiary.

5 Evaluation and management services are often provided in a standard format such as SOAP notes. What does the acronym SOAP stand for?

- a. Subjective, Objective, Assessment, Plan
- b. Standard, Objective, Activity, Period

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At present, AAPC CPC exam really enjoys tremendous popularity. As far as you that you have not got the certificate, do you also want to take CPC test? AAPC CPC certification test is really hard examination. But it doesn't mean that you cannot get high marks and pass the exam easily. What is the shortcut for your exam? Do you want to know the test taking skills? Now, I would like to tell you making use of BraindumpQuiz CPC Questions and answers can help you get the certificate.

AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> • 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 2	<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 3	<ul style="list-style-type: none"> • 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 4	<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.
Topic 5	<ul style="list-style-type: none"> • 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 6	<ul style="list-style-type: none"> • 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.
Topic 7	<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 8	<ul style="list-style-type: none"> • 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 9	<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 10	<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 11	<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 12	<ul style="list-style-type: none"> • 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 13	<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 14	<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 15

- 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.

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q198-Q203):

NEW QUESTION # 198

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

Answer: D

NEW QUESTION # 199

A patient undergoes cystourethroscopy with pyeloscopy and manipulation to remove a ureteral calculus. No stent is inserted. What CPT coding is reported?

- A. 52352, 52351-51
- **B. 0**
- C. 1
- D. 2

Answer: B

Explanation:

52352 = Cystourethroscopy with ureteroscopy, removal of calculus with manipulation (basket)

52353 is for laser lithotripsy

52356 includes stent placement (not performed)

NEW QUESTION # 200

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 CPT coding is reported for this case?

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

Answer: C

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: CPT Professional Edition (current year), AMA.

NEW QUESTION # 201

A patient who has colon adenocarcinoma undergoes a laparoscopic partial colectomy. The surgeon removes the proximal colon and terminal ileum and reconnects the cut ends of the distal ileum and remaining colon.

What procedure and diagnosis codes are reported?

- A. 44204, C18.2
- B. 44140, C18.9
- C. 44160, C18.2
- D. 44205, C18.9

Answer: A

Explanation:

The procedure involves a laparoscopic partial colectomy where the surgeon removes the proximal colon and terminal ileum, then reconnects the cut ends of the distal ileum and remaining colon.

* Procedure Description:

* Laparoscopic partial colectomy.

* Removal of the proximal colon and terminal ileum.

* Anastomosis of the distal ileum and remaining colon.

* CPT Coding:

* 44204: Laparoscopy, surgical; colectomy, partial, with anastomosis.

* ICD-10-CM Coding:

* C18.2: Malignant neoplasm of ascending colon.

References:

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

* ICD-10-CM for corresponding diagnosis codes.

NEW QUESTION # 202

Two weeks after removal of a 4 cm subcutaneous lipoma, the patient presents with extensive internal wound dehiscence requiring

