

# AAPC CPC Desktop Practice Exam Software

## AAPC CPC Practice Exam A with Answers

1: 46-year-old female had a previous biopsy that indicated positive malignant margins anteriorly on the right side of her neck. A 0.5 cm margin was drawn out and a 15 blade scalpel was used for full excision of an 8cm lesion. Layered closure was performed after the removal. The specimen was sent for permanent histopathologic examination. What are the code(s) for this procedure?

- A. 11626
- B. 11626, 12004-51
- C. 11626, 12044-51
- D. 11626, 13132-51, 13133 - ✓

2: 30-year-old female is having 15 sq cm debridement performed on an infected ulcer with eschar on the right foot. Using sharp dissection, the ulcer was debrided all the way to down to the bone of the foot. The bone had to be minimally trimmed because of a sharp point at the end of the metatarsal. After debriding the area, there was minimal bleeding because of very poor circulation of the foot. It seems that the toes next to the ulcer may have some involvement and cultures were taken. The area was dressed with sterile saline and dressings and then wrapped. What CPT® code should be reported?

- A. 11043
- B. 11012
- C. 11044
- D. 11042 - ✓

3: 64-year-old female who has multiple sclerosis fell from her walker and landed on a glass table. She lacerated her forehead, cheek and chin and the total length of these lacerations was 6 cm. Her right arm and left leg had deep cuts measuring 5 cm on each extremity. Her right hand and right foot had a total of 3 cm lacerations. The ED physician repaired the lacerations as follows: The forehead, cheek, and chin had debridement and cleaning of glass debris with the lacerations being closed with one layer closure, 6-0 Prolene sutures. The arm and leg were repaired by layered closure, 6-0 Vicryl subcutaneous sutures and prolene sutures on the skin. The hand and foot were closed with adhesive strips. Select the appropriate procedure codes for this visit.

- A. 99283-25, 12014, 12034-59, 12002-59, 11042-51
- B. 99283-25, 12053, 12034-59, 12002-59
- C. 99283-25, 12014, 12034-59, 11042-51
- D. 99283-25, 12053, 12034-59 - ✓

4: 52-year-old female has a mass growing on her right flank for several years. It has finally gotten significantly larger and is beginning to bother her. She is brought to the Operating Room for definitive excision. An incision was made directly overlying the mass. The mass was down into the subcutaneous tissue and the surgeon encountered a well encapsulated lipoma approximately 4 centimeters. This was excised primarily

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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>• 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 3	<ul style="list-style-type: none"> <li>• Pathology &amp; 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.</li> </ul>
Topic 4	<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 5	<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 6	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 7	<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 8	<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 9	<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 10	<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 11	<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>

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## AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q94-Q99):

### NEW QUESTION # 94

Which punctuation is used in the ICD-10-CM Alphabetic Index to identify manifestation codes?

- A. Semicolon

- B. Brackets
- C. Parentheses
- D. Colons

**Answer: B**

Explanation:

Brackets [ ] in the ICD-10-CM Alphabetic Index are used to identify manifestation codes.

These codes cannot be reported as the principal diagnosis and must be sequenced after the underlying condition.

This is a frequently tested ICD-10-CM guideline concept.

### NEW QUESTION # 95

A patient is seen at the doctor's office for nausea, vomiting, and sharp right lower abdominal pain. CT scan of the abdomen is ordered. Labs come back indicating an increased WBC count with review of the abdominal CT scan. The physician determines the patient has chronic appendicitis. The physician schedules an appendectomy and takes the patient to the operating room. The appendix is severed from the intestines and removed via scope inserted through an umbilical incision. What CPT and diagnosis codes are reported?

- A. 44950, K35.80, R11.2, R10.31
- B. 44970, K36, R11.2, R10.31
- C. 44950, K35.80
- D. 44970, K36

**Answer: D**

Explanation:

1. Procedure and CPT Code Selection:

The patient underwent an appendectomy performed via laparoscopic approach. The procedure involved removal of the appendix using a scope inserted through an umbilical incision.

CPT Code 44970 is specific for a laparoscopic appendectomy, which is the correct code for this procedure.

Code 44950 would be used for an open appendectomy, but since this case was performed laparoscopically, 44970 is appropriate.

2. Diagnosis and ICD-10-CM Code Selection:

The diagnosis given by the physician is chronic appendicitis.

ICD-10-CM Code K36 is used to report chronic appendicitis, which is the definitive diagnosis in this case.

Additional codes for symptoms such as nausea (R11.2) and right lower quadrant pain (R10.31) are not necessary because the primary diagnosis of chronic appendicitis (K36) fully explains the symptoms, according to ICD-10-CM guidelines on coding symptoms when a definitive diagnosis is available.

3. AAPC and CPT Coding Guidelines:

AAPC guidelines indicate that when a definitive diagnosis is established, symptom codes should not be reported separately. The use of 44970 for laparoscopic appendectomy and K36 for chronic appendicitis is fully supported by these coding standards.

Therefore, the correct answer is C. 44970, K36.

### NEW QUESTION # 96

The outermost protective layer of skin is called the:

- A. Hypodermis
- B. Dermis
- C. Epidermis
- D. Subcutaneous tissue

**Answer: C**

### NEW QUESTION # 97

The knee joint consists of which three compartments?

- A. Posterior malleolus, scapula, and fibular facet

- B. Medial, lateral, and cochlea
- C. Medial, trochlea groove, and vestibular
- **D. Medial, lateral, and patellofemoral**

**Answer: D**

Explanation:

The knee joint consists of three primary compartments:

1. Medial compartment: The inside part of the knee, which includes the femur and tibia interaction on the inner side.
2. Lateral compartment: The outside part of the knee, where the femur and tibia meet on the outer side.
3. Patellofemoral compartment: The area between the patella (kneecap) and the femur.

These three compartments are essential for knee joint stability and function, allowing movement and weight-bearing activities.

B: Trochlea groove and vestibular are not associated with knee anatomy.

C: Posterior malleolus, scapula, and fibular facet do not relate to knee compartments; the malleolus is in the ankle, scapula in the shoulder, and fibular facet is not part of the primary knee compartments.

D: Cochlea is unrelated to knee anatomy and refers to a part of the inner ear.

Thus, the correct answer is A. Medial, lateral, and patellofemoral.

### NEW QUESTION # 98

A patient suffers a ruptured infrarenal abdominal aortic aneurysm requiring emergent endovascular repair. An aorto-aortic tube endograft is positioned in the aorta and a balloon dilation is performed at the proximal and distal seal zones of the endograft. The balloon angioplasty is performed for endoleak treatment.

What CPT code does the vascular surgeon use to report the procedure?

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

**Answer: C**

### NEW QUESTION # 99

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