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## AAPC CPC FINAL EXAM.LATEST VERSION 2024-2025 CONTAINING 145 QUESTIONS WITH CORRECT AND VERIFIED ANSWERS GRADED A+.100% PASS GUARANTEED!

The patient was taken to the operating room. The provider everts the upper eyelid and places clamps across the everted undersurface of the upper lid. The tissue distal to the clamps is excised or resected. This tissue includes conjunctiva, tarsus, Muller's muscle and the distal insertion of the levator aponeurosis. The remaining tissue is reattached and sutured. What CPT® code is reported?

- a. 67903
- b. 67908
- c. 67901
- d. 67906 - *Ans*-b. 67908

What ICD-10-CM code is reported for left lower eyelid basal cell carcinoma?

- a. D48.7
- b. C69.92
- c. C44.1192

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### AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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 4	<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 5	<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 6	<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 7	<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 8	<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 9	<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 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>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 12	<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 13	<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 14	<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 15	<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 16	<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 17	<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 18	<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 19	<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>

## AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q234-Q239):

### NEW QUESTION # 234

A patient underwent a cystourethroscopy with a pyeloscopy using lithotripsy to break up the ureteral calculus. An indwelling stent was also inserted during the same operative session on the same side. This service was performed in the outpatient hospital surgery center.

What CPT coding reported?

- A. 0
- B. 52353, 52332-51
- C. 52352, 52332-51
- D. 52325, 52332-51

**Answer: A**

### NEW QUESTION # 235

The evisceration of ocular contents was performed using a surgical microscope for enhanced visualization.

The procedure was performed on the left eye and an implant was not placed in the ocular cavity.

What CPTcoding is reported?

- A. 65093-LT
- B. 65093-LT, 69990
- C. 65091-LT, 69990-51
- D. **65091-LT**

#### Answer: D

Explanation:

##### 1. Procedure and CPTCode Selection:

The procedure performed was an evisceration of ocular contents without the placement of an implant. The surgical microscope was used for enhanced visualization, but this does not require a separate code if the primary procedure code includes it inherently.

CPTCode 65091 is used for an evisceration of the ocular contents without implant placement. This code correctly describes the procedure performed on the left eye.

##### 2. Modifier:

Modifier LT is added to indicate that the procedure was performed on the left eye.

##### 3. Exclusion of Code 69990:

Code 69990 is for the use of an operating microscope, but it should not be billed separately when it is used as part of a procedure where enhanced visualization is typical or expected, such as an evisceration procedure.

According to CPTguidelines, 69990 is not separately reported when the microscope is used for visualization in procedures where its use is considered part of the standard of care.

##### 4. Rationale for Excluding Other Options:

Code 65093 is for an evisceration with implant placement, which does not apply since no implant was used.

Options B and C incorrectly include 69990, which is not separately reportable in this scenario.

##### 5. AAPC and CPTCoding Guidelines:

According to AAPC and CPTcoding guidelines, 65091 is sufficient to capture the procedure without the need to add code 69990 for the microscope.

Therefore, the correct answer is D. 65091-LT.

### NEW QUESTION # 236

A patient with abnormal growth had a suppression study that included five glucose tests and five human growth hormone tests.

What CPT@ coding is reported?

- A. 80430, 82947, 83003
- B. 80430, 82947 x 2, 83003
- C. 82947 x 5, 83003 x 5
- D. **80430, 82947 x 5, 83003 x 5**

#### Answer: D

Explanation:

##### 1. Procedure and CPTCode Selection:

The patient underwent a suppression study involving five glucose tests and five human growth hormone tests.

CPTCode 80430 represents a suppression panel specifically for growth hormone studies, which includes various assessments for diagnosing abnormal growth.

CPTCode 82947 is used for each glucose test performed, and since five glucose tests were conducted, it should be coded as 82947 x 5.

CPTCode 83003 is used for each human growth hormone test performed, and since five tests were conducted, it should be coded as 83003 x 5.

##### 2. Rationale for Excluding Other Options:

Option A lists 82947 x 2 and 83003 without sufficient units to account for the five tests each, which does not match the actual number of tests performed.

Option B omits the suppression panel code 80430, which is necessary for documenting the overall suppression study.

Option D does not provide the correct quantity of glucose and growth hormone tests, which were each performed five times.

##### 3. AAPC and CPTCoding Guidelines:

According to AAPC guidelines, when a suppression panel includes multiple components that are performed more than once, the

specific panel code 80430 should be used along with the correct number of individual component codes. Therefore, the correct answer is C. 80430, 82947 x 5, 83003 x 5.

### NEW QUESTION # 237

Which one of the following is a commercial or private payer?

- A. Blue Cross Blue Shield
- B. Medicaid
- C. Medicare
- D. Veterans Health Administration (VHA)

**Answer: A**

Explanation:

Blue Cross Blue Shield is a commercial or private payer, which means it is an insurance company that provides health insurance plans to individuals and groups. In contrast, Medicare and Medicaid are government programs, and the Veterans Health Administration (VHA) is a federal healthcare system for military veterans.

References: AMA's CPTProfessional Edition (current year), Appendix B: Payers and Reimbursement.

### NEW QUESTION # 238

A 45-year-old female presents to the ED with chest pain. The provider has an Albumin Cobalt Binding Test to determine if the chest pain is ischemic in nature.

That lab test is reported?

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

**Answer: A**

### NEW QUESTION # 239

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