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AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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 3	• 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 4	• 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 5	• 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 6	• 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 7	• 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 8	• 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 9	• 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 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	• 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 12	• 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.

AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q26-Q31):

NEW QUESTION # 26
View MR 099401
MR 099401
Established Patient Office Visit
Chief Complaint: Patient presents with bilateral thyroid nodules.
History of present illness: A 54-year-old patient is here for evaluation of bilateral thyroid nodules. Thyroid ultrasound was done last week which showed multiple thyroid masses likely due to multinodular goiter.
Patient stated that she can "feel" the nodules on the left side of her thyroid. Patient denies difficulty swallowing and she denies unexplained weight loss or gain. Patient does have a family history of thyroid cancer in her maternal grandmother. She gives no other problems at this time other than a palpable right-sided thyroid mass.
Review of Systems:
Constitutional: Negative for chills, fever, and unexpected weight change.
HENT: Negative for hearing loss, trouble swallowing and voice change.
Gastrointestinal: Negative for abdominal distention, abdominal pain, anal bleeding, blood in stool, constipation, diarrhea, nausea, rectal pain, and vomiting Endocrine: Negative for cold Intolerance and heat intolerance.
Physical Exam:
Vitals: BP: 140/72, Pulse: 96, Resp: 16, Temp: 97.6 °F (36.4 °C), Temporal SpO2: 97% Weight: 89.8 kg (198 lbs), Height: 165.1 cm (65") General Appearance: Alert, cooperative, in no acute distress Head: Normocephalic, without obvious abnormality, atraumatic Throat: No oral lesions, no thrush, oral mucosa moist Neck: No adenopathy, supple, trachea midline, thyromegaly is present, no carotid bruit, no JVD Lungs: Clear to auscultation, respirations regular, even, and unlabored Heart: Regular rhythm and normal rate, normal S1 and S2, no murmur, no gallop, no rub, no click Lymph nodes: No palpable adenopathy
ASSESSMENT/PLAN:
1) Multinodular goiter - the patient will have a percutaneous biopsy performed (minor procedure).
What E/M code is reported for this encounter?

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

Answer: B

Explanation:
The patient is an established patient presenting with bilateral thyroid nodules and has a detailed history and examination performed.
* Procedure Description:
* Detailed history and examination of bilateral thyroid nodules.
* Review of systems and physical examination.
* Assessment and plan for a percutaneous biopsy.
* CPT Coding:
* 99214: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making.
References:
* AMA's CPT Professional Edition (current year).
* CPT Assistant for detailed coding guidelines on evaluation and management services.

NEW QUESTION # 27
A patient's left eye is damaged beyond repair due to a work injury. The provider fabricates a prosthesis from silicon materials and makes modifications to restore the patient's cosmetic appearance.
What CPT code is reported?

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

Answer: A

Explanation:

1. Procedure and CPTCode Selection:

The scenario describes the fabrication of an ocular prosthesis due to a severe injury to the left eye. A prosthesis made from silicon materials was created and customized to restore cosmetic appearance.

Code 21088 is the correct CPTcode for facial prosthesis involving materials, such as silicone, specifically designed to address anatomical loss in the eye region. This code accurately reflects the custom fabrication of a prosthesis to replace or augment damaged eye structures for aesthetic purposes.

2. Ruling Out Other Options:

Code 21077 applies to the prosthetic augmentation or replacement of mandibular or maxillary bone, not ocular prostheses, so it does not apply here.

Code 21080 covers the fabrication of facial prosthetics but is not specific to the ocular area and is more generalized. Given the focused nature of the eye, 21088 is more appropriate.

Code 21086 pertains to the creation of orbital prostheses (used for areas surrounding the eye) but not specifically for an ocular prosthesis. Since this scenario involves an intraocular replacement, 21088 is the most precise choice.

3. AAPC and CPTGuidelines:

According to AAPC guidelines, using codes for facial prosthetics requires matching the specific anatomical site and purpose of the prosthesis. CPT21088 is directly applicable to prosthetic replacements within the ocular region, making it the best fit.

Thus, based on the CPTguidelines and coding standards, the verified answer is C. 21088.

NEW QUESTION # 28

An incision is made in the scalp, a craniectomy is performed to access the area where electrodes are present. The electrodes are removed. The surgical wound is closed.

What procedure code is reported?

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

Answer: D

NEW QUESTION # 29

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. 01380, 64447-59-LT
- B. 01402, 64448-59-LT, 01996
- 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 # 30

A 45-year-old patient presents with right shoulder pain. The provider administers three trigger point injections in the trapezius muscle and two in the pectoralis muscle.

What CPT coding is reported?

- A. 0

- B. 1
- C. 20552 ×2
- D. 20552 ×5

Answer: A

Explanation:
20552 = Injection(s); single or multiple trigger points, 1-2 muscles
Total muscles injected = 2 (trapezius + pectoralis)
Number of injections does not determine code selection-number of muscles does

NEW QUESTION # 31

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