


New AAPC CPC Test Duration, Latest CPC Guide Files

AAPC CPC FINAL EXAM PREPARATION STUDY GUIDE 2026 – COMPLETE CONCEPT REVIEW & PRACTICE MATERIALS (LATEST EDITION)


100 Essential Q&A with Concept Explanations  

Section 1: ICD-10-CM Coding Guidelines & Conventions


1. Q: What is the primary purpose of the ICD-10-CM codebook?

A:  To provide a standardized system for classifying diagnoses, reasons for encounters, and causes of injury or disease for morbidity coding and statistical reporting.


2. Q: What does the "Excludes1" note indicate?

A:  It means the two conditions cannot be coded together. They are mutually exclusive.


3. Q: What is the difference between "Excludes1" and "Excludes2"?

A:  "Excludes1" means "not coded here," the conditions cannot coexist. "Excludes2" means "not included here," but the conditions can be coded together if both are present.


4. Q: When is the 7th character required in ICD-10-CM?

A:  For codes in certain chapters (like Injury, Poisoning, and External Causes - Chapters 19 & 20) to provide information about the encounter (initial, subsequent, sequela).


5. Q: What is a placeholder, and how is it represented?

A:  The letter "X" is used as a placeholder to allow for future expansion and to meet the required character length for a code (e.g., T36.0X1A).


6. Q: What is the rule for coding "uncertain" diagnoses in the outpatient setting?

A:  Do not code diagnoses documented as "probable," "suspected," "questionable," or "rule out." Code only the confirmed diagnoses or the signs/symptoms.

7. Q: What is the purpose of the Table of Drugs and Chemicals?

A:  To identify codes for poisoning, adverse effects, and underdosing related to specific drugs, chemicals, and biological substances.

8. Q: How do you code a documented "history of" a condition?

A:  Use a Z code from category Z85-Z87 (Personal history of malignant neoplasm, other diseases) unless the history has a current implication for care.

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We all know the effective diligence is in direct proportion to outcome, so by years of diligent work, our experts have collected the frequent-tested knowledge into our AAPC CPC practice materials for your reference. So our Certified Professional Coder (CPC) Exam training materials are triumph of their endeavor.

AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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 4	<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 5	<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 6	<ul style="list-style-type: none"> • 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 7	<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 8	<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 9	<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 10	<ul style="list-style-type: none"> • 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 11	<ul style="list-style-type: none"> • 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 12	<ul style="list-style-type: none"> • 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 13	<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 14	<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 15	<ul style="list-style-type: none"> • 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 16	<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 17	<ul style="list-style-type: none"> • 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 18	<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.

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q411-Q416):

NEW QUESTION # 411

In medical terminology, suffixes indicate the procedure, condition, disorder, or disease. Which term contains a suffix?

- A. malaise
- B. neuralgia
- C. hypotension
- D. ambidextrous

Answer: B

Explanation:

The suffix in medical terminology provides information about a condition, procedure, disorder, or disease.

The term "neuralgia" contains the suffix "-algia," which refers to pain, indicating a painful condition of the nerves. In contrast:

A: malaise has no identifiable suffix related to a specific medical condition or disease.

B: ambidextrous has no suffix indicating a disease, condition, or procedure.

D: hypotension includes the prefix "hypo-" (indicating low), but the core term "tension" refers to pressure without an additional suffix specific to condition.

Thus, "neuralgia" is the correct answer as it directly includes a suffix ("-algia") that denotes a pain-related condition in medical terms.

NEW QUESTION # 412

The human shoulder is made of which three bones?

- A. Clavicle, scapula, humerus
- B. Carpal, radius, humerus
- C. Olecranon, radius, ulna
- D. Metatarsal, tibia, navicular

Answer: A

Explanation:

The human shoulder is composed of three main bones: the clavicle (collarbone), scapula (shoulder blade), and humerus (upper arm bone). These bones form the shoulder joint, which is one of the most flexible and mobile joints in the human body, allowing for a wide range of motion. References: AMA's CPT Professional Edition (current year), Musculoskeletal System section.

NEW QUESTION # 413

A 78-year-old patient experiencing intermittent asthma with exacerbation is in her pulmonologist's office for a pulmonary function test. The pulmonologist tests for spirometry, vital capacity, breathing capacity, and flow volume capturing the measurements before and after administering a bronchodilator.

What CPT and ICD-10-CM codes are reported?

- A. 94060, 94010, J45.21
- **B. 94060, 94010, J45.901**
- C. 94070, 94010, J45.901
- D. 94070, 94010, J45.21

Answer: B

Explanation:

1. Procedure and CPT Code Selection:

The patient underwent a pulmonary function test that included spirometry, vital capacity, breathing capacity, and flow volume measurements before and after bronchodilator administration.

CPT Code 94060 is for spirometry, including the bronchodilator responsiveness testing, which involves capturing pre- and post-bronchodilator measurements. This code accurately reflects the testing performed.

CPT Code 94010 is for spirometry testing without bronchodilator, which might be considered redundant in this case since 94060 encompasses spirometry testing with and without bronchodilator. However, some practices may code both, but generally, 94060 alone should suffice.

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

ICD-10-CM Code J45.901 is used for unspecified asthma with acute exacerbation. This code is appropriate given that the diagnosis indicates intermittent asthma with exacerbation.

J45.21 represents mild intermittent asthma without the specification of exacerbation, making it less accurate than J45.901 in this context.

3. Rationale for Excluding Other Options:

Code 94070 (options B and C) is for bronchospasm provocation testing, which does not apply to standard pulmonary function testing with bronchodilator responsiveness.

Option D includes J45.21, which does not capture the exacerbation aspect and is therefore incorrect.

4. AAPC and CPT Coding Guidelines:

According to AAPC guidelines, 94060 should be used when pre- and post-bronchodilator spirometry is performed, and J45.901 is appropriate for asthma with exacerbation.

Therefore, the correct answer is A. 94060, 94010, J45.901.

NEW QUESTION # 414

A surgeon performs midface LeFort I reconstruction on a patient's facial bones to correct a congenital deformity. The reconstruction is performed in two pieces in moving the upper jawbone forward and repositioning the teeth of the maxilla of the mid face.

What CPT code is reported?

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

Answer: D

Explanation:

The procedure described involves a LeFort I reconstruction, which is a type of orthognathic surgery performed to correct deformities of the midface. In this scenario, the surgeon performed the reconstruction in two pieces, moving the upper jawbone forward and repositioning the teeth of the maxilla. According to the CPT guidelines, CPT code 21146 describes a LeFort I (maxilla only) osteotomy, two-piece segment, including bone grafts (includes obtaining autografts). This code matches the description provided.

References:

* AMA's CPT Professional Edition (current year), Code 21146

NEW QUESTION # 415

A cardiologist uses the hospital's equipment for a cardiac stress test as he doesn't own equipment for the test. He supervises the test and provides the interpretation and report of the test.

What CPT codes are reported?

- A. 93016, 93017, 93018
- **B. 93016, 93018**
- C. 93015, 93016
- D. 93015, 93018

Answer: B

Explanation:

Procedure: Cardiac stress test performed using hospital's equipment with the cardiologist providing supervision, interpretation, and report.

CPT Codes:

93016: This code is for supervision only without provision of the equipment.

93018: This code is for interpretation and report only.

Code Selection Justification: Since the cardiologist does not own the equipment, codes 93016 and 93018 correctly represent the supervision, interpretation, and report of the test.

AMA CPT Professional Edition (current year)

NEW QUESTION # 416

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