

Practice CPC Questions - CPC Free Pdf Guide

CPC Exam Outline

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Time limit: 4 hours

Total questions: 100

Question format: Multiple-choice

Delivery format: Computer-delivered

Mometrix TEST PREPARATION

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There is no doubt that in the future information society, knowledge and skills will be a major driver for economic growth and one of

the major contributors to the sustainable development of the information industry. And getting the related Certified Professional Coder (CPC) Exam certification in your field will be the most powerful way for you to show your professional knowledge and skills. However, it is not easy for the majority of candidates to prepare for the exam in order to pass it, if you are one of the candidates who are worrying about the exam now, congratulations, there is a panacea for you--our CPC Study Tool.

AAPC CPC Exam Syllabus Topics:

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

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q64-Q69):

NEW QUESTION # 64

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: C

Explanation:

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

52353 is for laser lithotripsy

52356 includes stent placement (not performed)

NEW QUESTION # 65

A 63-year-old is seen by his primary care physician for an annual exam. His last exam with the primary care physician was four years ago. He has no complaints.

What CPT code is reported?

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

Answer: C

Explanation:

99386 = Initial comprehensive preventive medicine E/M, new patient, age 40-64 Patient has not been seen in 4 years, which meets the new patient definition (no professional services in past 3 years).

Age = 63

No problem-oriented complaints # preventive service only

Why others are incorrect:

99396 / 99397 - Established patient codes

99387 - Age 65+

NEW QUESTION # 66

Refer to the supplemental information when answering this question:

View MR 354859

What CPT and ICD-10-CM coding is reported?

- A. 28810-T2, L97.528, 170.262
- **B. 28820-T2, L97.528, 170.262**
- C. 28820-T2, 170.262, L97.528

- D. 28810-T2, 170.262, L97.528

Answer: B

NEW QUESTION # 67

A witness of a traffic accident called 911. An ambulance with emergency basic life support arrived at the scene of the accident. The injured party was stabilized and taken to the hospital. What HCPCS Level II coding is reported for the ambulance's service?

- A. A0429-QN-SH
- B. A0428-QM-HS
- C. A0426-QN-SH
- D. A0427-QM-HS

Answer: A

Explanation:

The scenario describes an emergency basic life support (BLS) ambulance service. The appropriate HCPCS Level II code for BLS emergency transport is A0429.

Modifier QN indicates that the service was provided by an ambulance supplier, and SH indicates the services were provided in an emergency situation.

HCPCS Level II, current year

NEW QUESTION # 68

Which entity offers compliance program guidance to form the basis of a voluntary compliance program for a provider practice?

- A. Centers for Medicare & Medicaid Services (CMS)
- B. Office for Civil Rights (OCR)
- C. Office of Inspector General (OIG)
- D. American Medical Association (AMA)

Answer: C

Explanation:

The Office of Inspector General (OIG) provides compliance program guidance to form the basis of a voluntary compliance program for provider practices. This guidance is intended to help healthcare providers develop effective internal controls to monitor adherence to applicable statutes, regulations, and program requirements of Federal healthcare programs. The OIG issues various compliance guidelines and resources to assist organizations in establishing comprehensive compliance programs to prevent fraud, waste, and abuse.

OIG Compliance Program Guidance, AMA's CPT Professional Edition, and healthcare compliance resources.

NEW QUESTION # 69

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