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AAPC CPC Exam Syllabus Topics:

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

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q436-Q441):

NEW QUESTION # 436

Which statement regarding lesion excision is TRUE?

- A. Lesion excision codes include removal of a lesion, with margins, and simple (nonlayered) closure when performed
- B. Lesion excision codes include removal of a lesion with margins, and complex closure when performed
- C. Lesion excision codes are selected by measuring the greatest clinical diameter of a lesion excluding the margins required to complete the excision
- D. Lesion excision codes include removal of a lesion, with margins, and intermediate closure when performed

Answer: A

NEW QUESTION # 437

According to the ICD-10-CM coding guidelines, when coding hypertension with heart conditions classified to I50.- or I51.4-I51.7, I51.89, I51.9, what category should be used?

- A. Category I12, Hypertensive chronic kidney disease
- B. Category I10, Essential (primary) hypertension
- C. Category I13, Hypertensive heart and chronic kidney disease
- D. Category I11, Hypertensive heart disease

Answer: D

Explanation:

When hypertension and heart disease are documented together, a cause-and-effect relationship is presumed unless stated otherwise.

Category I11 (Hypertensive heart disease) is used.

Additional codes from I50.- (heart failure) are assigned if applicable.

This follows ICD-10-CM Official Coding Guidelines.

NEW QUESTION # 438

Preoperative diagnosis: Right thigh benign congenital hairy nevus. *1

Postoperative diagnosis: Right thigh benign congenital hairy 0 nevus.

Operation performed: Excision of right thigh benign congenital >1 nevus, excision size with margins 4.5 cm and closure size 5 cm

Anesthesia: General.0

Intraoperative antibiotics: Ancef.0

Indications: The patient is a 5-year-old girl who presented with her parents for evaluation of her right thigh congenital nevus. It has been followed by pediatrics and thought to have changed over the past year. Family requested excision. They understood the risks involved, which included but were not limited to risks of general anesthesia, infection, bleeding, wound dehiscence, and poor scar formation. They understood the scar would likely widen as the child grows because of the location of it and because of the age of the patient. They consented to proceed.

Description of procedure: The patient was seen preoperatively in > I the holding area, identified, and then brought to the operating room. Once adequate general anesthesia had been induced, the patient's right thigh was prepped and draped in standard surgical

fashion. An elliptical excision measuring 6 x 1.8 cm had been marked. This was injected with Lidocaine with epinephrine, total of 6 cc of 1% with 1:100,000. After an adequate amount of time, a #15 blade was used to sharply excise this full thickness. This was passed to pathology for review. The wound required limited undermining in the deep subcutaneous plane on both sides for approximately 1.5 cm in order to allow mobilization of the skin for closure. The skin was then closed in a layered fashion using 3-0 Vicryl on the dermis and then 4-0 Monocryl running subcuticular in the skin, the wound was cleaned and dressed with Dermabond and Steri-Strips.

The patient was then cleaned and turned over to anesthesia for S extubation.

She was extubated successfully in the operating room and taken S to the recovery room in stable condition. There were no complications.

What CPT coding is reported?

- A. 12032, 11406-51
- B. 12002, 11606-51
- C. 12032, 11606-51
- D. 12002, 11406-51

Answer: A

Explanation:

The lesion is a benign congenital hairy nevus → benign lesion excision codes (11400-11446) Location: thigh (trunk/arms/legs) Excision size with margins = 4.5 cm → 11406 (4.1-5.0 cm) Closure length = 5 cm, layered closure with limited undermining → intermediate repair

12032 = Intermediate repair, trunk/extremities, 2.6-7.5 cm

Modifier -51 applies to the secondary procedure

NEW QUESTION # 439

(The physician performs a diagnostic ERCP of the common bile duct with insertion of a stent into the biliary duct. What CPT coding is reported?)

- A. 0
- B. 1
- C. 43260, 43274
- D. 43275, 43274

Answer: A

Explanation:

For ERCP, CPT coding follows the rule that the therapeutic ERCP code includes the diagnostic ERCP work performed during the same session. In this case, the key performed service is stent insertion into the biliary duct, which is captured by 43274 (ERCP with placement of endoscopic stent into biliary or pancreatic duct). You do not separately report the diagnostic ERCP code 43260 when the therapeutic service (stent placement) is performed, because the diagnostic component is considered part of the overall ERCP service.

Code 43276 is used for stent removal and/or exchange, which is not described here. Option D is incorrect because it pairs another ERCP service with stent placement, and the scenario does not support multiple distinct ERCP therapeutic services beyond stenting.

CPC exam tip: when a single ERCP session includes diagnostic evaluation plus a therapeutic intervention, report the most definitive therapeutic ERCP code here,

43274.

NEW QUESTION # 440

A 5-year-old who has an allergy history experienced a possible reaction to peanuts. A quantitative, high-sensitive fluorescent enzyme immunoassay was used to measure specific IgE for recombinant peanut components. Results showed there was no reaction indicating the child has a peanut allergy.

What lab test is reported?

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

Answer: C

Explanation:

For the quantitative, high-sensitive fluorescent enzyme immunoassay used to measure specific IgE for recombinant peanut components, the correct lab test code is 86003. This code is specific to quantitative allergen-specific IgE testing.

References:

* AMA's CPT Professional Edition (current year)

NEW QUESTION # 441

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