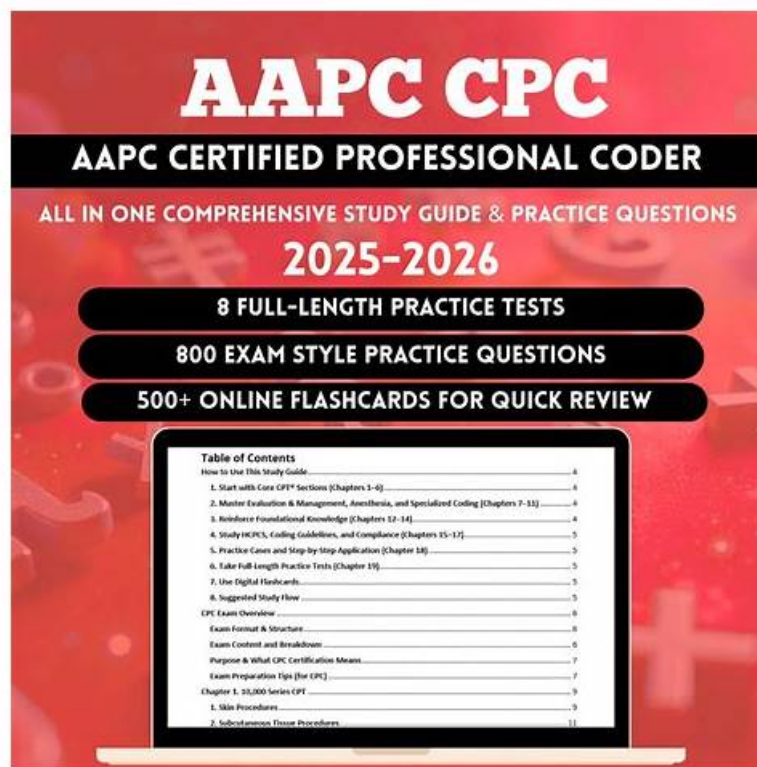


2026 AAPC Pass-Sure Reliable CPC Test Sample



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AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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 4	<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 5	<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 6	<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 7	<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 8	<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 9	<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 10	<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 11	<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 12	<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 13	<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 14	<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 15	<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 16	<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 17	<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 18	<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.

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Exam CPC Objectives, CPC Reliable Test Pattern

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q79-Q84):

NEW QUESTION # 79

A Medicare patient is scheduled for a screening colonoscopy.
What code is reported for Medicare?

- A. G0121
- **B. G0105**
- C. G0106
- D. 0

Answer: B

Explanation:

* Medicare provides specific codes for screening colonoscopy based on the patient's risk factors. For a Medicare patient scheduled for a screening colonoscopy who is at high risk (such as those with a history of intestinal polyps), the appropriate code is G0105.

* G0105 is used for colorectal cancer screening; colonoscopy on individuals at high risk.

References:

* HCPCS Level II, current year

* Medicare Guidelines for Colorectal Cancer Screening

NEW QUESTION # 80

A patient is going to have placement of a myringotomy tube. This tube is placed in the _____ to drain excess fluid.

- A. Lymph node
- B. Lung
- **C. Ear**
- D. Tear duct

Answer: C

Explanation:

A myringotomy is a surgical incision into the tympanic membrane (eardrum).

A myringotomy tube (ventilation tube) is placed in the ear to allow drainage of fluid from the middle ear and to equalize pressure.

Therefore, the correct answer is A. Ear.

NEW QUESTION # 81

A patient is having a thyroidectomy for malignancy on the right lobe. During the procedure, a lesion was found on the left lower side of the parathyroid gland and is suspected for malignancy.

The total right lobe of the thyroid and the parathyroid gland are removed.

What is the CPT codes are reported for this encounter?

- A. 60505, 60220-59
- B. 60500, 60210-59
- C. 60505,60240-59
- D. 60500, 60220-59

Answer: A

Explanation:

1. Procedure and CPT Code Selection:

The patient underwent a thyroidectomy for malignancy in the right lobe, as well as the removal of the parathyroid gland due to a suspected malignant lesion.

CPT Code 60505 is for the parathyroidectomy with exploration of parathyroid glands and is appropriate for the removal of the parathyroid gland due to a suspected malignancy.

CPT Code 60220 represents a thyroid lobectomy (total removal of one lobe of the thyroid), which applies to the removal of the right thyroid lobe in this case.

2. Modifier 59:

Modifier 59 is added to 60220 to indicate that the thyroid lobectomy is a distinct procedure from the parathyroidectomy, performed in a separate anatomical site during the same surgical session.

3. Rationale for Excluding Other Options:

Code 60500 (in options A and C) is for a parathyroid exploration only, not including the actual removal of the parathyroid gland, so it does not apply here.

Code 60240 (in option D) is for a total thyroidectomy, which involves removal of the entire thyroid gland. Since only the right lobe was removed, 60220 (thyroid lobectomy) is correct.

4. AAPC and CPT Coding Guidelines:

Per AAPC guidelines, 60505 is the appropriate code for parathyroidectomy procedures involving exploration or suspected malignancy, and 60220 with Modifier 59 accurately reflects the separate and distinct thyroid lobectomy procedure.

Thus, the correct answer is B. 60505, 60220-59.

NEW QUESTION # 82

Which medical term refers to inflammation of the cornea?

- A. Blepharitis
- B. Scleritis
- C. Keratitis
- D. Conjunctivitis

Answer: C

Explanation:

Kerat/o = cornea

-itis = inflammation

Keratitis specifically means inflammation of the cornea, which is the transparent anterior portion of the eye.

Other options are incorrect because:

Blepharitis = inflammation of the eyelid

Conjunctivitis = inflammation of the conjunctiva

Scleritis = inflammation of the sclera

NEW QUESTION # 83

A patient undergoes a percutaneous liver biopsy with ultrasound guidance for primary biliary cirrhosis.

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

- A. 47000, 10005, 76942, K74.3
- B. 47100, K74.5
- C. 47000, 76942, K74.3
- D. 47000, K74.5

Answer: C

Explanation:

47000 = Percutaneous liver biopsy

76942 = Ultrasound guidance

K74.3 = Primary biliary cirrhosis

NEW QUESTION # 84

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