

Popular CPC Study Materials Offer You Splendid Exam Questions - Actual4Labs

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

The content of our CPC practice engine is based on real exam by whittling down superfluous knowledge without delinquent mistakes rather than dropping out of reality. Being subjected to harsh tests of market, our CPC exam questions are highly the manifestation of responsibility carrying out the tenets of customer oriented. And our CPC Study Materials are warmly praised and welcomed by the customers all over the world.

AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<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 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"> • 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 4	<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 5	<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 6	<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 7	<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 8	<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 9	<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 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"> • 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 12	<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.
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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q279-Q284):

NEW QUESTION # 279

An interventional radiologist performs an abdominal paracentesis in his office utilizing ultrasonic imaging guidance to remove excess fluid. What CPT coding is reported?

- A. 49082, 76942
- B. 49083, 76942-26
- C. 49082, 76942-26
- **D. 0**

Answer: D

Explanation:

CPT code 49083 describes an abdominal paracentesis with imaging guidance, such as ultrasound. This code includes the imaging guidance as part of the procedure, so it is not necessary to separately report the ultrasonic guidance.

References:

* AMA's CPT Professional Edition (current year), Code 49083

NEW QUESTION # 280

A patient with abnormal growth had a suppression study that included five glucose tests and five human growth hormone tests. What CPT@ coding is reported?

- A. 82947 x 5, 83003 x 5
- B. 80430, 82947 x 2, 83003
- **C. 80430, 82947 x 5, 83003 x 5**
- D. 80430, 82947, 83003

Answer: C

Explanation:

1. Procedure and CPTCode Selection:

The patient underwent a suppression study involving five glucose tests and five human growth hormone tests.

CPTCode 80430 represents a suppression panel specifically for growth hormone studies, which includes various assessments for diagnosing abnormal growth.

CPTCode 82947 is used for each glucose test performed, and since five glucose tests were conducted, it should be coded as 82947 x 5.

CPTCode 83003 is used for each human growth hormone test performed, and since five tests were conducted, it should be coded as 83003 x 5.

2. Rationale for Excluding Other Options:

Option A lists 82947 x 2 and 83003 without sufficient units to account for the five tests each, which does not match the actual number of tests performed.

Option B omits the suppression panel code 80430, which is necessary for documenting the overall suppression study.
Option D does not provide the correct quantity of glucose and growth hormone tests, which were each performed five times.

3. AAPC and CPT Coding Guidelines:

According to AAPC guidelines, when a suppression panel includes multiple components that are performed more than once, the specific panel code 80430 should be used along with the correct number of individual component codes.

Therefore, the correct answer is C. 80430, 82947 x 5, 83003 x 5.

NEW QUESTION # 281

A patient comes in complaining of pain in the lower left back, which is accompanied by a numbing sensation that extends into the leg. Attempts to alleviate the pain with home treatments have been unsuccessful. The provider orders an MRI of the lumbar spine initially without, and then with, contrast material. The images are interpreted by the physician, the final diagnosis is left-sided low back pain with sciatica.

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

- A. 72148,72149, M54.42, M54.50
- B. 72148,72149, M54.42
- C. 72158,M54.42
- D. 72158,M54.42,M54.50

Answer: C

Explanation:

Procedure Coding:

72158 - MRI, lumbar spine; without contrast, followed by with contrast

Single comprehensive code

Diagnosis Coding:

M54.42 - Low back pain with sciatica, left side

Why Other Options Are Incorrect:

B / C - Incorrectly unbundling MRI codes

D - Coding additional unspecified low back pain is inappropriate

NEW QUESTION # 282

A patient comes to the gynecologist's office to check if she is pregnant. A urine sample is taken and tested.

The visual result is positive that she is pregnant.

What CPT code is reported?

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

Answer: C

Explanation:

81025 - Urine pregnancy test, by visual color comparison methods

Correct for office-based urine pregnancy testing

Why Other Options Are Incorrect:

81000-81005 - Urinalysis codes, not pregnancy testing

NEW QUESTION # 283

A patient with Parkinson's has sialorrhea. The physician administers an injection of atropine bilaterally into a total of four submandibular salivary glands.

What CPT coding is reported?

- A. 0
- B. 64611-52
- C. 64611-50

- D. 64611 x 4

Answer: A

Explanation:

Injection of atropine: Atropine is administered to reduce sialorrhea.

Bilateral submandibular salivary glands: The physician administers the injections into the salivary glands.

Total of four glands: Indicates that multiple glands are treated in the same session.

CPT code 64611 accurately represents chemodenervation of the salivary glands, bilateral. The use of -50, -52, or x4 modifiers is not appropriate since CPT guidelines include bilateral procedures in this code without needing additional modifiers or codes.

NEW QUESTION # 284

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