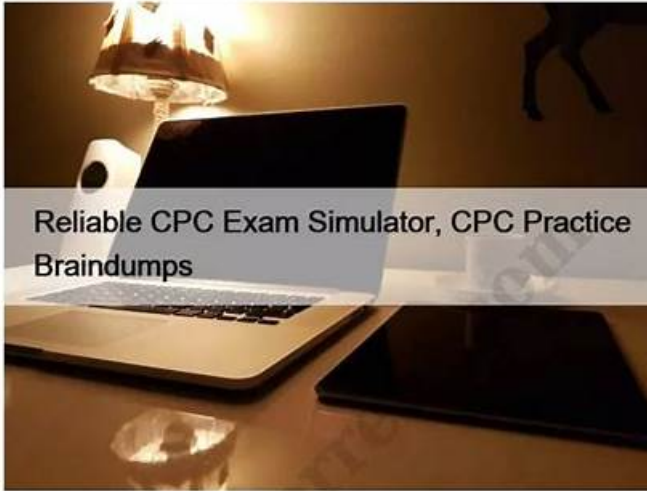


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AAPC CPC

Certified Professional Coder (CPC) Exam

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## AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"><li>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.</li></ul>
Topic 2	<ul style="list-style-type: none"><li>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.</li></ul>

Topic 3	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>• Evaluation &amp; Management Services: This section of the exam measures the skills of coding specialists and covers office visits, hospital care, consultations, and other E</li> <li>• M services. It tests the understanding of time-based coding, medical decision-making, and history</li> <li>• exam components per current CMS guidelines.</li> </ul>
Topic 6	<ul style="list-style-type: none"> <li>• Pathology &amp; 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.</li> </ul>
Topic 7	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 8	<ul style="list-style-type: none"> <li>• Female Reproductive System and Maternity Care &amp; 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.</li> </ul>
Topic 9	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 10	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 11	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 12	<ul style="list-style-type: none"> <li>• Hemic &amp; 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.</li> </ul>
Topic 13	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 14	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 15	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

Topic 16	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Topic 17	<ul style="list-style-type: none"> <li>• 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.:</li> </ul>
Topic 18	<ul style="list-style-type: none"> <li>• 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</li> <li>• inner ear, as well as related diagnostic procedures.</li> </ul>
Topic 19	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

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## AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q175-Q180):

### NEW QUESTION # 175

This 27-year-old male has morbid obesity with a BMI of 45 due to a high calorie diet. He has decided to have an open Roux-en-Y gastric bypass. The patient is brought to the operating room and placed in supine position. A midline abdominal incision is made. The stomach is mobilized, and the proximal stomach is divided and stapled creating a small proximal pouch in continuity with the esophagus. A short limb of the proximal bowel of 155 cm is divided. It is brought up and anastomosed to the gastric pouch. The other end of the divided bowel is connected back into the distal small bowel to the short limb's gastric anastomosis to restore intestinal continuity. The abdominal incision is closed.

What are the procedure and diagnosis codes for this encounter?

- A. 43847, E66.9, Z68.42
- B. 43644, E66.01, Z68.43
- C. 43847, E66.01, Z68.42
- D. 43645, E66.8, Z68.42

**Answer: C**

Explanation:

Open Roux-en-Y Gastric Bypass: The procedure involves creating a small gastric pouch and anastomosing it to the jejunum.

CPT Code 43847: This code describes a surgical gastric restrictive procedure with gastric bypass for morbid obesity, open.

ICD-10-CM Code E66.01: This code represents morbid (severe) obesity due to excess calories.

ICD-10-CM Code Z68.42: This code indicates a BMI of 45.

Reference:

AMA's CPT Professional Edition (current year)

ICD-10-CM (current year)

### NEW QUESTION # 176

A patient's left eye is damaged beyond repair due to a work injury. The provider fabricates a prosthesis from silicon materials and makes modifications to restore the patient's cosmetic appearance.

What CPTcode is reported?

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

**Answer: B**

Explanation:

1. Procedure and CPTCode Selection:

The scenario describes the fabrication of an ocular prosthesis due to a severe injury to the left eye. A prosthesis made from silicon materials was created and customized to restore cosmetic appearance.

Code 21088 is the correct CPTcode for facial prosthesis involving materials, such as silicone, specifically designed to address anatomical loss in the eye region. This code accurately reflects the custom fabrication of a prosthesis to replace or augment damaged eye structures for aesthetic purposes.

2. Ruling Out Other Options:

Code 21077 applies to the prosthetic augmentation or replacement of mandibular or maxillary bone, not ocular prostheses, so it does not apply here.

Code 21080 covers the fabrication of facial prosthetics but is not specific to the ocular area and is more generalized. Given the focused nature of the eye, 21088 is more appropriate.

Code 21086 pertains to the creation of orbital prostheses (used for areas surrounding the eye) but not specifically for an ocular prosthesis. Since this scenario involves an intraocular replacement, 21088 is the most precise choice.

3. AAPC and CPTGuidelines:

According to AAPC guidelines, using codes for facial prosthetics requires matching the specific anatomical site and purpose of the prosthesis. CPT21088 is directly applicable to prosthetic replacements within the ocular region, making it the best fit.

Thus, based on the CPTguidelines and coding standards, the verified answer is C. 21088.

#### NEW QUESTION # 177

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

**Answer: C**

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 # 178

A surgeon removes the right and left fallopian tubes and the left ovary via an abdominal incision. How is this reported?

- A. 0
- B. 58700-50
- C. 58720-50
- **D. 1**

**Answer: D**

Explanation:

Bilateral salpingo-oophorectomy: This involves the removal of both fallopian tubes and ovaries.

Right and left fallopian tubes: Both fallopian tubes are removed.

Left ovary: Only the left ovary is removed.

Abdominal incision: The procedure is performed via an abdominal approach.

58720: Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure).

The procedure involves the removal of both fallopian tubes and one ovary, making 58720 the appropriate code.

Reference:

AMA's CPT Professional Edition (current year)

ICD-10-CM (current year), HCPCS Level II (current year)

#### NEW QUESTION # 179

The epididymis is part of which organ system?

- A. Cardiovascular
- B. Musculoskeletal
- C. Urinary
- **D. Reproductive**

**Answer: D**

Explanation:

The epididymis is a structure attached to the testes that stores and transports sperm.

It is part of the male reproductive system, not the urinary system.

This concept falls under anatomy and physiology, a core CPC exam domain.

#### NEW QUESTION # 180

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