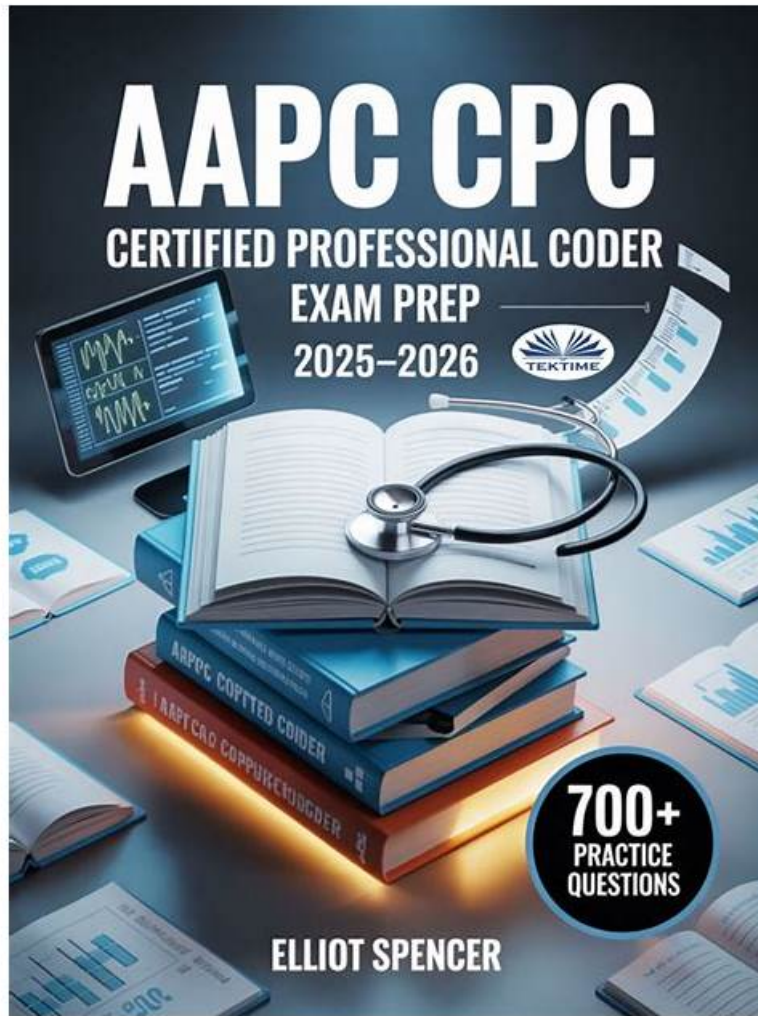


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AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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 4	<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 5	<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 6	<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 <ul style="list-style-type: none"> inner ear, as well as related diagnostic procedures.
Topic 7	<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 8	<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 9	<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 <ul style="list-style-type: none"> M services. It tests the understanding of time-based coding, medical decision-making, and history exam components per current CMS guidelines.
Topic 10	<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 11	<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 12	<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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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q247-Q252):

NEW QUESTION # 247

An incision is made in the scalp, a craniectomy is performed to access the area where electrodes are present. The electrodes are removed. The surgical wound is closed.

What procedure code is reported?

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

Answer: D

NEW QUESTION # 248

An MRI guided cisternal puncture with diagnostic contrast injection is performed at the C2 level for cervical discography, with imaging supervision and interpretation.

What CPT coding is reported?

- **A. 62291,72285,77021**
- B. 62291,72285,77012
- C. 62290,77295,77021
- D. 62290,72295,77012

Answer: A

Explanation:

Procedure Coding:

62291 - Injection procedure for myelography and/or CT, cervical

Cisternal puncture at C2 level

72285 - Radiologic supervision and interpretation, cervical discography

77021 - MRI guidance for needle placement

Why Other Options Are Incorrect:

62290 - Lumbar injection

77012 - CT guidance, not MRI

72295 - Lumbar discography imaging

AAPC Coding Principle:

Use modality-specific guidance codes and match spinal level precisely.

NEW QUESTION # 249

(A provider documents "pericarditis with effusion" in the assessment. Based on medical terminology, which structure is inflamed?)

- **A. The sac surrounding the heart**
- B. The blood vessels supplying the heart
- C. The heart muscle
- D. The inner lining of the heart chambers

Answer: A

Explanation:

Medical terms here are very literal. Peri-means around, card refers to the heart, and -itis means inflammation.

So pericarditis is inflammation of the pericardium, the fibrous sac surrounding the heart. "With effusion" indicates fluid accumulation in that pericardial space (pericardial effusion), which can be clinically important because significant effusion may impair heart filling (tamponade risk), but the question is strictly asking which structure is inflamed. Distractors map to other "card-" terms: myocardium (heart muscle) would be

"myocarditis," endocardium (inner lining of chambers/valves) would be "endocarditis," and blood vessels supplying the heart are coronary arteries (inflammation would not be termed pericarditis). On CPC exams, identifying prefix + root + suffix is the fastest method: peri (around) + cardi (heart) + itis (inflammation) = pericardium inflamed.

NEW QUESTION # 250

View MR 099401

MR 099401

Established Patient Office Visit

Chief Complaint: Patient presents with bilateral thyroid nodules.

History of present illness: A 54-year-old patient is here for evaluation of bilateral thyroid nodules. Thyroid ultrasound was done last week which showed multiple thyroid masses likely due to multinodular goiter.

Patient stated that she can "feel" the nodules on the left side of her thyroid. Patient denies difficulty swallowing and she denies unexplained weight loss or gain. Patient does have a family history of thyroid cancer in her maternal grandmother. She gives no other problems at this time other than a palpable right-sided thyroid mass.

Review of Systems:

Constitutional: Negative for chills, fever, and unexpected weight change.

HENT: Negative for hearing loss, trouble swallowing and voice change.

Gastrointestinal: Negative for abdominal distention, abdominal pain, anal bleeding, blood in stool, constipation, diarrhea, nausea, rectal pain, and vomiting Endocrine: Negative for cold Intolerance and heat intolerance.

Physical Exam:

Vitals: BP: 140/72, Pulse: 96, Resp: 16, Temp: 97.6 °F (36.4 °C), Temporal SpO2: 97% Weight: 89.8 kg (198 lbs), Height: 165.1 cm (65") General Appearance: Alert, cooperative, in no acute distress Head: Normocephalic, without obvious abnormality, atraumatic Throat: No oral lesions, no thrush, oral mucosa moist Neck: No adenopathy, supple, trachea midline, thyromegaly is present, no carotid bruit, no JVD Lungs: Clear to auscultation, respirations regular, even, and unlabored Heart: Regular rhythm and normal rate, normal S1 and S2, no murmur, no gallop, no rub, no click Lymph nodes: No palpable adenopathy

ASSESSMENT/PLAN:

1) Multinodular goiter - the patient will have a percutaneous biopsy performed (minor procedure).

What E/M code is reported for this encounter?

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

Answer: A

Explanation:

The patient is an established patient presenting with bilateral thyroid nodules and has a detailed history and examination performed.

* Procedure Description:

* Detailed history and examination of bilateral thyroid nodules.

* Review of systems and physical examination.

* Assessment and plan for a percutaneous biopsy.

* CPT Coding:

* 99214: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making.

References:

* AMA's CPT Professional Edition (current year).

* CPT Assistant for detailed coding guidelines on evaluation and management services.

NEW QUESTION # 251

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

Answer: D

NEW QUESTION # 252

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