

100% Pass Quiz AAPC - CPC - Certified Professional Coder (CPC) Exam—High Pass-Rate Valid Test Registration

CPC AAPC Practice Exam - 150 Questions and Answer 100% Pass Score

1. **Surgical removal:** The suffix -ectomy means
2. **Magnetic Resonance Imaging:** MRI stands for
3. **The removal of the fallopian tubes and ovaries:** The term "Salpingo-Oophorectomy" refers to
4. **Freezing:** Cryopreservation is a means of preserving something through
5. **Paracentesis:** Which of the following describes the removal of fluid from a body cavity
6. **Gastrotomy:** If a surgeon cuts into a patient's stomach he has performed a
7. **Muscle:** In the medical term myopathy the term pathy means disease. What is diseased?
8. **Measles, Mumps, Rubella, and Varicella:** The acronym MMRV stands for
9. **Outer bone located in the forearm:** The Radius is the
10. **Hemic and Lymphatic:** The spleen belongs to what organ system?
11. **The distal portion:** The portion of the femur bone that helps makes up the knee cap is considered what?
12. **Middle:** The Midsagittal plane refers to what portion of the body?
13. **Cecum:** Which of the following is not part of the small intestine?
14. **Teres:** One of the six major scapulohumeral muscles
15. **Where to esophagus joins the stomach:** The cardia fundus is
16. **Amputation, arm through humerus; secondary closure or scar revision:** -
The full description of CPT code 24925 is:
17. **The condition of the patient justifies the service provided:** Medical necessity means what?
18. **45392:** Which of the following codes allows the use of modifier 51?
19. **It helps cover outpatient charges:** Which of the following statements is not true regarding Medicare Part A
20. **External cause codes are only used in the initial encounter.:** Which of the following

1/6

DOWNLOAD the newest Actual4Labs CPC PDF dumps from Cloud Storage for free: <https://drive.google.com/open?id=1xT4ezMkBeMICqJ3yX1eaLp9IzFXM1jqk>

Most customers reflected that our AAPC exam questions cover most of questions of actual test. So if you decided to choose CPC as your study materials, you just need to spend your spare time to practice CPC Dumps PDF and remember the points of pass exam guide. Our latest vce dumps are the guarantee of clear exam.

In order to meet the needs of all people, the experts of our company designed such a CPC guide torrent that can help you pass your exam successfully. Having our study materials, it will be very easy for you to get the certification in a short time. If you try purchase our study materials, you will find our CPC question torrent will be very useful for you. We are confident that you will be attracted to our CPC guide question.

>> CPC Valid Test Registration <<

Pass Guaranteed Quiz AAPC - High Hit-Rate CPC Valid Test Registration

Each AAPC certification exam candidate know this certification related to the major shift in their lives. AAPC Certification CPC

Exam training materials Actual4Labs provided with ultra-low price and high quality immersive questions and answers dedication to the majority of candidates. Our products have a cost-effective, and provide one year free update. Our certification training materials are all readily available. Our website is a leading supplier of the answers to dump. We have the latest and most accurate certification exam training materials what you need.

AAPC CPC Exam Syllabus Topics:

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

AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q259-Q264):

NEW QUESTION # 259

(An orthopedic surgeon evaluated a patient in the emergency room two months after a surgical repair of a right radius and ulnar shaft fracture. After reinjury, imaging shows a displaced proximal fixation screw and malunion of only the radial shaft. The same surgeon performs surgery to repair the malunion using a graft from the hip. What CPT and diagnosis codes are reported?)

- A. 25415-76, T84.124A, S52.301A
- B. 25400-78, T84.122A, S52.301A
- **C. 25405-78, T84.122A, S52.301P**
- D. 25420-58, T84.124A, S52.301P

Answer: C

Explanation:

This is a return to the operating room during the postoperative period (two months after the original fracture repair) by the same surgeon, and the new surgery is related to the original condition/hardware, so a postoperative modifier is needed. The scenario describes a complication-related problem (hardware displacement with malunion) requiring operative correction, which aligns with modifier -78 (unplanned return to the OR for a related procedure during the postoperative period). Diagnosis coding includes a complication of internal orthopedic device: T84.122A corresponds to displacement of internal fixation device of bones of forearm (initial encounter for the complication). The fracture condition being treated is a malunion of the right radius shaft; malunion is captured with the fracture code and the 7th character P for subsequent encounter for fracture with malunion: S52.301P. Among options, 25405-78 is the correct procedural selection provided for repair of malunion in this context (as tested by the item), paired with T84.122A and S52.301P. Therefore, option B is correct.

NEW QUESTION # 260

Which is a TRUE statement for Place of Service (POS) codes for professional claims?

- A. Reporting an incorrect POS in where a physician's service was provided may result in a denial of a claim.
- B. Place of service codes are found in the Tabular List of the ICD-10-CM code book.
- C. Place of service codes are three-digit alphanumeric codes.
- D. Place of service codes only denote if a patient is admitted to the intensive care unit in a hospital.

Answer: A

Explanation:

Place of Service (POS) codes are two-digit numeric codes used on professional claims to identify where a service was performed (e.g., office, inpatient hospital, outpatient hospital).

Reporting an incorrect POS can affect reimbursement and may result in claim denial ✓ POS codes are not alphanumeric They describe many locations, not just ICU POS codes are maintained by CMS, not found in the ICD-10-CM code book

NEW QUESTION # 261

(A patient is seen by her podiatrist to treat a painful left ingrown toenail on the big toe. The podiatrist performs a wedge excision of the skin of the nail fold at the lateral margin. Local anesthetic is administered, and an elliptical incision is made through subcutaneous tissue of the affected nail groove. A wedge-shaped piece of soft tissue from the nail margins is removed. What CPT code is reported?)

- A. 11730-TA
- B. 11750-TA
- C. 11765-TA
- D. 11755-TA

Answer: C

Explanation:

The key phrase is "wedge excision of the skin of the nail fold" with removal of a wedge-shaped portion of soft tissue at the nail margin. This describes excision of the nail and nail matrix procedures used for ingrown toenails when the nail margin and/or matrix is treated more definitively than a simple avulsion. CPT 11765 is used for wedge excision of skin of nail fold (the classic code for the wedge excision approach). By contrast,

11730 represents simple avulsion of the nail plate (removal of nail plate), which does not match a wedge excision of the nail fold soft tissue. 11750 describes excision of nail and nail matrix (more matrix-focused wording) and is a common distractor; however, the vignette specifically emphasizes wedge excision of the nail fold. 11755 relates to nail procedures that do not match this scenario. The "TA" modifier indicates left great toe for anatomical specificity on the claim.

NEW QUESTION # 262

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

Answer: A

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.

What's more, part of that Actual4Labs CPC dumps now are free: <https://drive.google.com/open?id=1xT4ezMkBeMlCqJ3yX1eaLp9IzFXM1jqk>