

Web-based AAPC CPC Practice Test Software: Enhanced Preparation

AAPC CPC Certification Practice Test 2024 with Answers

A Medicare patient is receiving chemotherapy at her oncologists office. While the patient is receiving chemotherapy, the oncologist calls in a prescription for pain medication to a pharmacy in the same building . The pharmacy delivers the medication to the patient in the oncologists office for the patient to take home. What part of Medicare should be billed for the pain medication by the pharmacy?

- A. Part A
- B. Part B
- C. Part C
- D. Part D - **Answer>>** Part D

What is medical coding? - **Answer>>** Translating medical documentation into codes.

Which one is NOT a covered entity of HIPPA?

- A. Medicare
- B. Workers Compensation
- C. Dentists
- D. Pharmacies - **Answer>>** B. Workers Compensation

Which one falls under a commercial payer?

- A. Medicare
- B. Medicaid
- C. Blue Cross Blue Shield

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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"> • 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 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"> • 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 5	<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 6	<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 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"> • 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"> • 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 10	<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 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"> • 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 13	<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 14	<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.

AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q138-Q143):

NEW QUESTION # 138

In medical terminology, suffixes indicate the procedure, condition, disorder, or disease. Which term contains a suffix?

- A. neuralgia
- B. hypotension
- C. malaise
- D. ambidextrous

Answer: A

Explanation:

The suffix in medical terminology provides information about a condition, procedure, disorder, or disease. The term "neuralgia" contains the suffix "-algia," which refers to pain, indicating a painful condition of the nerves. In contrast:

A . malaise has no identifiable suffix related to a specific medical condition or disease.

B . ambidextrous has no suffix indicating a disease, condition, or procedure.

D . hypotension includes the prefix "hypo-" (indicating low), but the core term "tension" refers to pressure without an additional suffix specific to condition.

Thus, "neuralgia" is the correct answer as it directly includes a suffix ("-algia") that denotes a pain-related condition in medical terms.

NEW QUESTION # 139

Which is a malignant neoplasm originating in the skin?

- A. Lymphoma
- B. Melanoma
- C. Osteosarcoma
- D. Hemangioma

Answer: B

Explanation:

Melanoma is a malignant neoplasm of melanocytes, which are pigment-producing cells found primarily in the skin. It is one of the most serious forms of skin cancer and is classified under ICD-10-CM category C43.- (Malignant melanoma of skin).

Osteosarcoma is a malignant tumor of bone, not skin (ICD-10-CM C40-C41).

Hemangioma is a benign tumor of blood vessels and is not malignant (often coded under D18.-).

Lymphoma is a malignancy of the lymphatic system, not a primary skin neoplasm (ICD-10-CM C81-C85), though rare cutaneous lymphomas exist, they are not the standard CPC exam answer here.

NEW QUESTION # 140

An elderly patient comes into the emergency department (ED) with shortness of breath. An ECG is performed. The final diagnosis at discharge is impending myocardial infarction.

According to ICD-10-CM guidelines, how is this reported?

- A. I20.0, R06.02
- **B. I21.3, R06.02**
- C. R06.02
- D. I20.0

Answer: B

Explanation:

Impending myocardial infarction is reported with I21.3 for a myocardial infarction (acute). The shortness of breath, which is a symptom, is coded separately as R06.02. According to ICD-10-CM guidelines, when a definitive diagnosis is established, the diagnosis code is sequenced first followed by symptom codes.

ICD-10-CM (current year), Chapter 9: Diseases of the Circulatory System (I00-I99), ICD-10-CM Official Guidelines for Coding and Reporting, Section I.C.9.e.4.

NEW QUESTION # 141

View MR 099405

MR 099405

CC: Shortness of breath

HPI: 16-year-old female comes into the ED for shortness of breath for the last two days. She is an asthmatic.

Current medications being used to treat symptoms is Advair, which is not working and breathing is getting worse. Does not feel that Advair has been helping. Patient tried Albuterol for persistent coughing, is not helping. Coughing 10-15 minutes at a time. Patient has used the Albuterol 3x in the last 16 hrs. ED physician admits her to observation status.

ROS: No fever, no headache. No purulent discharge from the eyes. No earache. No nasal discharge or sore throat. No swollen glands in the neck. No palpitations. Dyspnea and cough. Some chest pain. No nausea or vomiting. No abdominal pain, diarrhea, or constipation.

PMH: Asthma

SH: Lives with both parents.

FH: Family hx of asthma, paternal side

ALLERGIES: PCN-200 CAPS. Allergies have been reviewed with child's family and no changes reported.

PE: General appearance: normal, alert. Talks in sentences. Pink lips and cheeks. Oriented. Well developed.

Well nourished. Well hydrated.

Eyes: normal. External eye: no hyperemia of the conjunctiva. No discharge from the conjunctiva Ears: general/bilateral. TM: normal.

Nose: rhinorrhea. Pharynx/Oropharynx: normal. Neck: normal.

Lymph nodes: normal.

Lungs: before Albuterol neb, moderate air entry b/l. No rales, rhonchi or wheezes. After Albuterol neb.

improvement of air entry b/l. Respiratory movements were normal. No intercostal inspiratory retraction was observed.

Cardiovascular system: normal. Heart rate and rhythm normal. Heart sounds normal. No murmurs were heard.

GI: abdomen normal with no tenderness or masses. Normal bowel sounds. No hepatosplenomegaly Skin: normal warm and dry.

Pink well perfused Musculoskeletal system patient indicates lower to mid back pain when she lies down on her back and when she rolls over. No CVA tenderness.

Assessment: Asthma, acute exacerbation

Plan: Will keep her in observation overnight. Will administer oral steroids and breathing treatment. CXR ordered and to be taken in the morning.

What E/M code is reported?

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

Answer: B

Explanation:

* 99222: This code is used for initial hospital care, per day, for the evaluation and management of a patient, which requires a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making of moderate complexity.

* The documentation shows a detailed history (including HPI, ROS, PMH, SH, and FH) and a detailed examination (covering multiple organ systems). The medical decision making involves the management of an acute asthma exacerbation, which includes admitting the patient to observation status, administering oral steroids, and planning for further diagnostic testing.

References:

* CPT Professional Edition, AMA

NEW QUESTION # 142

A 55-year-old female patient is diagnosed with renal cell carcinoma. She is having a resection of the affected kidney, a portion of the ureter, and rib resection, open approach. The procedure is complicated due to a prior surgical procedure performed on the same kidney.

What CPT coding is reported?

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

Answer: A

Explanation:

50236 - Radical nephrectomy with partial ureterectomy and rib resection, open approach Includes:

Kidney removal

Partial ureter removal

Rib resection

Correct for renal cell carcinoma

Increased complexity due to prior surgery does not change CPT code, but may support modifier -22 Why Other Options Are Incorrect:

50545 / 50548 - Laparoscopic/robotic nephrectomy

50225 - Simple nephrectomy (no ureter or rib resection)

NEW QUESTION # 143

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