

CPC Reliable Test Vce - Hot CPC Spot Questions

CPC Exam Questions and Answers
100% Pass

What score do I need to pass the Exam? ✓✓To pass the CPC exam, you need to achieve a passing rate of 70 percent or higher. That means you must answer at least 105 questions correctly.

How does the Exam break down? ✓✓10 10,000 Series CPT

- 10 20,000 Series CPT
- 10 30,000 Series CPT
- 10 40,000 Series CPT
- 10 50,000 Series CPT
- 10 60,000 Series CPT
- 10 Evaluation & Management (E/M)
- 8 Anesthesia
- 10 Radiology
- 10 Laboratory & Pathology (path/lab)
- 10 Medicine
- 8 Medical Terminology
- 10 ICD-10-CM Diagnoses
- 5 HCPCS Level II
- 6 Coding Guidelines
- 5 Compliance & Regulatory

142 Total Questions

10,000 Series CPT? ✓✓Questions related to surgical procedures performed on the integumentary system, which includes skin, subcutaneous, and accessory structures, as well as nails, pilonidal cysts, repairs, destruction, and breast.

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Many job-hunters want to gain the competition advantages in the labor market and become the hottest people which the companies rush to get. But if they want to realize that they must boost some valuable CPC certificate. The CPC certificate enjoys a high reputation among the labor market circle and is widely recognized as the proof of excellent talents and if you are one of them and you want to pass the CPC test smoothly you can choose our CPC practice questions.

AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<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.
Topic 2	<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 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"> 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 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"> 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"> 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 8	<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 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 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"> 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 11	<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 12	<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 13	<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 14	<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 15	<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 16	<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 17	<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 18	<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.

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The advent of our CPC study guide with three versions has helped more than 98 percent of exam candidates get the certificate successfully. Rather than insulating from the requirements of the CPC real exam, our CPC practice materials closely co-related with it. And their degree of customer's satisfaction is escalating. Besides, many exam candidates are looking forward to the advent of new CPC versions in the future.

AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q90-Q95):

NEW QUESTION # 90

A patient presents to the office with dysuria and lower abdominal pain. The physician suspects she has a UTI. A non-automated urinalysis is done in the office and is negative. UTI is ruled out for the final diagnosis. What CPT and ICD-10-CM codes are reported?

- A. 81002, N39.0
- **B. 81002, R30.0, R10.30**
- C. 81000, R30.0, R10.30
- D. 81000, N39.0

Answer: B

Explanation:

1. Procedure and CPTCode Selection:

The urinalysis performed was non-automated and without microscopy.

CPTCode 81002 is appropriate for a non-automated urinalysis without microscopy. This code accurately reflects the test performed in the office.

2. Diagnosis and ICD-10-CM Code Selection:

ICD-10-CM Code R30.0 is used for dysuria, which was one of the patient's presenting symptoms.

ICD-10-CM Code R10.30 is used for lower abdominal pain, another presenting symptom.

Since the urinalysis ruled out a urinary tract infection, N39.0 (UTI) is not appropriate as a final diagnosis.

3. Rationale for Excluding Other Options:

Code 81000 (in options A and B) is for a urinalysis with microscopy, which was not performed here.

N39.0 is used when a UTI is confirmed, which is incorrect for this case since the urinalysis was negative, ruling out UTI.

4. AAPC and CPTCoding Guidelines:

AAPC guidelines recommend coding based on the symptoms when a specific diagnosis (such as UTI) is ruled out. Therefore, R30.0 and R10.30 are appropriate symptom codes for this encounter.

Thus, the correct answer is C. 81002, R30.0, R10.30.

NEW QUESTION # 91

A 32-year-old visited a provider due to skin itching and ongoing irritation and watering of the eyes. Suspecting an allergy, the provider suspects an allergic reaction and decides to conduct allergy testing. A prick on the skin of the patient's forearm is performed by introducing a small amount of an allergen and monitored for signs of an allergic reaction. What CPT code is reported?

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

Answer: A

Explanation:

93280 - In-person interrogation device evaluation with programming; dual-chamber pacemaker Includes:

Full electronic analysis

Lead function

Battery status

Threshold testing

Programming changes

Why others are incorrect:

93281 - Single-chamber pacemaker

93283 / 93284 - ICD device codes

NEW QUESTION # 92

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. 64611-52
- B. 64611 x 4
- C. 64611-50
- D. 0

Answer: D

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.

References: AMA's CPT Professional Edition (current year)

NEW QUESTION # 93

What does PHI stand for in healthcare privacy regulations?

- A. Protected Health Information
- B. Patient Health Initiative
- C. Personal Hospital Insurance
- D. Private Health Index

Answer: A

Explanation:

Under HIPAA (Health Insurance Portability and Accountability Act), PHI stands for Protected Health Information. It includes any individually identifiable health information related to a patient's health status, provision of healthcare, or payment for healthcare.

Protection of PHI is a key compliance topic on the CPC exam.

A patient with multiple atypical lesions on the face and trunk is in the office to perform a biopsy. A punch tool was used to obtain a full-thickness tissue sample for two lesions on the trunk.

What CPTcoding is reported?

- Answer: D**

The CPTcodes for skin biopsies depend on the method used and the location of each lesion. Here, the scenario includes:

- Explanation of other options:

C: 11104, 11103 x 2: 11103 is an add-on code for additional shave biopsies, which does not apply to the punch biopsies on the trunk.

NEW QUESTION # 95

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