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AAPC OFFICIAL CPC CERTIFICATION EXAM GUIDE 2024/2025 | GUARANTEED PASS

"hold harmless clause" - ✓✓correct * found in some non-Medicare health plan contracts

* prohibits billing to patient for anything beyond deductibles and co-pays.

A compliance plan may offer several benefits, including: - ✓✓correct * more accurate payment of claims

* fewer billing mistakes

* improved documentation and more accurate coding

* less chance of violating self-referral and anti-kickback status

A healthcare clearing house is a - ✓✓correct entity that processes nonstandard health information they receive from another entity into a standard format

A key provision in HIPAA is the Minimum Necessary requirement. This means - ✓✓correct only the minimum necessary protected health information should be shared to satisfy a particular purpose.

A medically necessary service is the - ✓✓correct least radical service/procedure that allows for effective treatment of the patients' complaint or condition

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Certification has become a prerequisite for employment and career growth in the AAPC industry for reputable companies. To advance comfortably in your career, passing the CPC exam is a valuable validation of your expertise. However, many test takers struggle to find updated Certified Professional Coder (CPC) Exam (CPC) dumps and fail to prepare effectively in a short period, resulting in a loss of time, money, and motivation.

AAPC CPC Exam Syllabus Topics:

Section	Weight	Objectives
Topic 1: Reimbursement & Revenue Cycle	5-7%	
Topic 2: Modifiers	5-7%	
Topic 3: Compliance & Regulations	8-10%	- HIPAA, fraud & abuse - Reimbursement rules
Topic 4: HCPCS Level II Coding	5-7%	
Topic 5: ICD-10-CM Coding	15-17%	- Diagnosis coding guidelines - Code selection & sequencing

Topic 6: CPT® Coding	45-50%	- Radiology, Pathology/Laboratory, Medicine - Evaluation & Management (E/M) - Surgery (10000–69999)
Topic 7: Medical Terminology & Anatomy	8-10%	

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q220-Q225):

NEW QUESTION # 220

A patient was in a car accident as the driver and suffered a concussion with brief loss of consciousness (15 minutes). What ICD-10-CM codes are reported?

- A. S06.0X1A, V47.5XXA
- B. S06.0X9A, V47.6XXA
- C. S06.0X1A, V40.5XXA, V47.5XXA
- D. S06.0X9A, V40.6XXA, V47.6XXA

Answer: C

Explanation:

S06.0X1A = Concussion with brief LOC

V40.5XXA = Driver injured in collision with fixed object

V47.5XXA = Car accident, driver External cause codes correctly describe mechanism and role.

NEW QUESTION # 221

According to the ICD-10-CM Guidelines, what code is reported as an additional code when the blood pressure of a patient with hypertension remains above goal in spite of the use of antihypertensive medications?

- A. I10, Essential (primary) hypertension.
- B. A code from category I16, Hypertensive crisis.
- C. A code from category I27, Other pulmonary heart diseases.
- D. O11A.0, Resistant hypertension.

Answer: D

Explanation:

According to ICD-10-CM Guidelines, I11A.0 (Resistant hypertension) is used to indicate hypertension that remains uncontrolled despite the use of multiple antihypertensive medications. Resistant hypertension is coded to highlight the severity of the patient's condition and the difficulty in managing their blood pressure.

This code is added as a secondary code to reflect the persistent elevation of blood pressure despite medication.

A: I10 (Essential hypertension) is a general code for primary hypertension but does not specify resistance to treatment.

B: A code from category I27 is related to pulmonary heart diseases, not directly related to hypertension management issues.

D: A code from category I16 (Hypertensive crisis) is used for hypertensive emergencies or urgencies, which are acute episodes, not persistent uncontrolled hypertension despite treatment.

Thus, the correct answer is C. I11A.0, Resistant hypertension.

NEW QUESTION # 222

The provider orders a bilirubin test for a patient with bowel flora disturbance. The lab determines the presence of bilirubin in a fecal sample.

What CPTcode is reported for the test?

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

Answer: D

NEW QUESTION # 223

The provider orders a bilirubin test for a patient with bowel flora disturbance. The lab determines the presence of bilirubin in a fecal sample.

What CPT code is reported for the test?

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

Answer: D

Explanation:

82252 = Bilirubin, feces

82247/82248 = Serum bilirubin

82239 = Fecal fat

NEW QUESTION # 224

View MR 002395

MR 002395

Operative Report

Pre-operative Diagnosis: Acute rotator cuff tear

Post-operative Diagnosis: Acute rotator cuff tear, synovitis

Procedures:

- 1) Rotator cuff repair
- 2) Biceps Tenodesis
- 3) Claviclectomy
- 4) Coracoacromial ligament release

Indication: Rotator cuff injury of a 32-year-old male, sustained while playing soccer.

Findings: Complete tear of the right rotator cuff, synovitis, impingement.

Procedure: The patient was prepared for surgery and placed in left lateral decubitus position. Standard posterior arthroscopy portals were made followed by an anterior-superior portal. Diagnostic arthroscopy was performed. Significant synovitis was carefully debrided. There was a full-thickness upper 3rd subscapularis tear, which was repaired. The lesser tuberosity was debrided back to bleeding healthy bone and a Mitek 4.5 mm helix anchor was placed in the lesser tuberosity. Sutures were passed through the subcapulans in a combination of horizontal mattress and simple interrupted fashion and then tied. There was a partial-thickness tearing of the long head of the biceps. The biceps were released and then anchored in the intertubercular groove with a screw. There was a large anterior acromial spur with subacromial impingement. A CA ligament was released and acromioplasty was performed. Attention was then directed to the supraspinatus tendon tear. The tear was V-shaped and measured approximately 2.5 cm from anterior to posterior. Two Smith & Nephew PEEK anchors were used for the medial row utilizing Healicoil anchors.

Side-to-side stitches were placed. One set of suture tape from each of the medial anchors was then placed through a laterally placed Mitek helix PEEK knotless anchor which was fully inserted after tensioning the tapes. A solid repair was obtained. Next there were severe degenerative changes at the AC joint of approximately 8 to 10 mm. The distal clavicle was resected taking care to preserve the superior AC joint capsule. The shoulder was thoroughly lavaged. The instruments were removed and the incisions were closed in routine fashion. Sterile dressing was applied. The patient was transferred to recovery in stable condition.

What CPT coding is reported for this case?

- A. 29827, 29828-51, 29824-51, 29826, 29805-59

- B. 29827, 29824-51, 29826-51, 29805-59
- C. 29827, 29824-51, 29826-51
- D. 29827, 29828-51, 29824-51, 29826

Answer: D

Explanation:

* 29827: Arthroscopic rotator cuff repair is correctly coded as 29827.

* 29828: Arthroscopic biceps tenodesis is an additional procedure and should be coded as 29828 with modifier -51 (Multiple Procedures).

* 29824: Arthroscopic claviclectomy (partial resection of the distal clavicle) is coded as 29824 with modifier -51.

* 29826: Arthroscopic subacromial decompression, including coracoacromial ligament release, is coded as 29826.

* All these procedures were performed arthroscopically and documented in the operative report, justifying the use of these codes and the use of modifier -51 for multiple procedures.

References:

* CPT Professional Edition, AMA

NEW QUESTION # 225

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