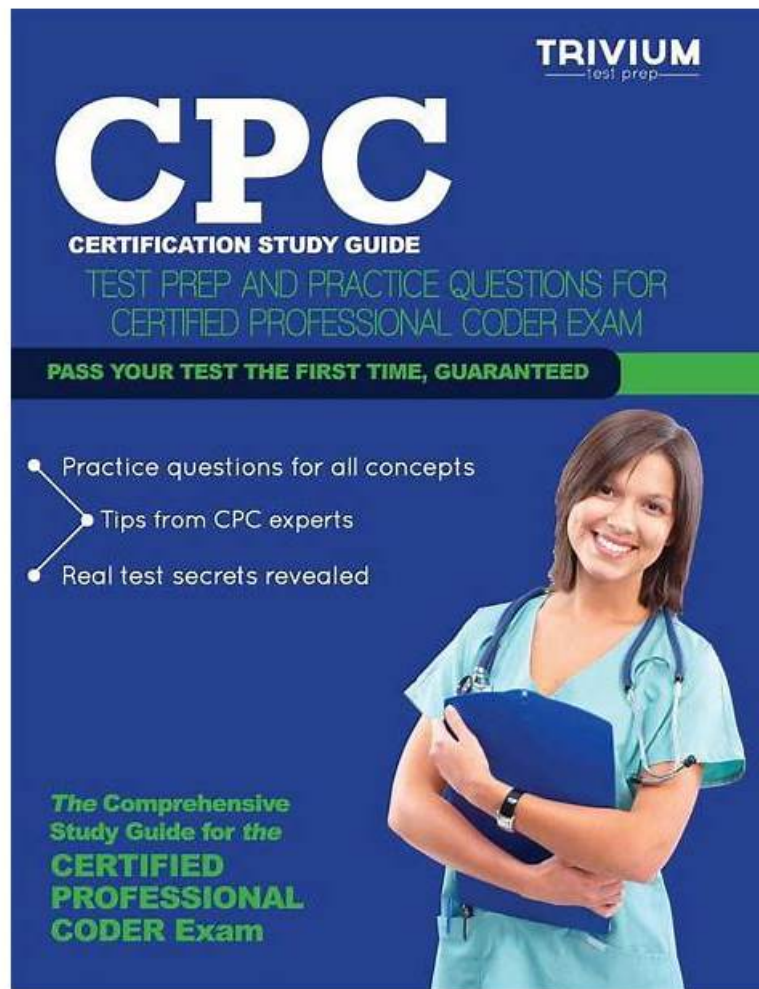


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AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	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	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 3	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	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 5	- 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 6	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 7	- 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 8	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 9	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	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	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 12	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 13	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 14	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 15	• 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 16	• 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.

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q297-Q302):

NEW QUESTION # 297

(Patient presents to the office for the removal of 15 actinic keratosis lesions. The provider destroys these lesions with laser surgery. What CPT coding is reported for this visit?)

- A. 0
- B. 1
- C. 17000, 17003
- D. 17110, 17111

Answer: A

Explanation:

Actinic keratoses (AKs) are coded using the premalignant lesion destruction CPT family 17000-17004, regardless of the destruction method (e.g., laser, cryotherapy, electrosurgery), as long as the intent is destruction. Coding is based on the number of lesions treated in that session. 17000 covers the first lesion,

17003 is an add-on code for 2-14 additional lesions, and 17004 is used when treating 15 or more lesions.

Because the encounter documents destruction of 15 AK lesions, CPT requires reporting 17004 only (not 17000

+ multiple units of 17003). Codes 17110/17111 are for destruction of benign lesions (e.g., warts, molluscum), which is the wrong lesion category. On CPC exams, the key is matching premalignant vs benign and then selecting the correct code by lesion count threshold—here the threshold is met for 17004.

NEW QUESTION # 298

The pulmonologist performs a bronchoscopy with fluoroscopic guidance. The scope is introduced into the right nostril and advanced to the vocal cords and into the trachea. The scope is advanced to the right upper lobe and a lung nodule is noted. An endobronchial biopsy is performed.

What CPT code is reported for the procedure?

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

Answer: C

Explanation:

The CPT code 31625 is used for bronchoscopy with a transbronchial lung biopsy. This includes the use of fluoroscopic guidance, as described in the scenario.

Reference:

AMA's CPT Professional Edition (current year)

NEW QUESTION # 299

Patient is diagnosed with dacryocystitis, which is the inflammation of?

- A. Cornea
- **B. Lacrimal sac**
- C. Eardrum
- D. Fingernail

Answer: B

Explanation:

Dacryocystitis is the inflammation of the lacrimal sac, which is part of the tear drainage system located in the inner corner of the eye. The lacrimal sac is connected to the nasolacrimal duct, which drains tears into the nasal cavity. Inflammation in this area can cause pain, redness, and swelling near the inner corner of the eye.

ICD-10-CM, medical dictionaries

NEW QUESTION # 300

Where is a Warthin's tumor found?

- **A. Salivary gland**
- B. Back of eye
- C. Bone
- D. Ovary

Answer: A

Explanation:

Warthin's tumor, also known as papillary cystadenoma lymphomatosum, is a benign tumor of the salivary glands, most commonly affecting the parotid gland. It typically presents as a painless, slow-growing mass near the angle of the jaw.

ICD-10-CM, medical dictionaries, and oncology textbooks

NEW QUESTION # 301

MR 354859

Prep4cram

Procedure date: 01/12/20XX

Surgeon: MD

Assistant: PA

PREOPERATIVE DIAGNOSIS: Dry gangrene of the left foot in the setting of peripheral vascular disease. Non-pressure chronic ulcer on toe.

POSTOPERATIVE DIAGNOSIS: Dry gangrene of the left foot in the setting of peripheral vascular disease. Non-pressure chronic ulcer on toe.

PROCEDURE: Amputation at the metatarsophalangeal joint of the left third toe

INDICATION FOR PROCEDURE:

The patient is a 63-year-old female with a known history of peripheral vascular disease. After a full workup by a vascular doctor, it was determined that no further interventions could be done for her to improve her vascularity. In the meantime, her third toe did slowly become more and more dusky until the wound formed on the distal portions with a chronic ulcer, and it was quite clear that an amputation would be necessary.

After describing the risks and benefits versus further observation, decision was made to bring her to the operating room for removal of the third toe.

DESCRIPTION OF PROCEDURE:

The patient was met in the preoperative holding bay, and the left foot was marked. Third toe was marked. One gram of Ancef was ordered and given. She was brought back to the operating room, placed supine on the OR table and general anesthesia was administered. Calf tourniquet was placed. A surgical timeout was performed. Tourniquet was inflated but no Esmarch was used. Total tourniquet time was 5 minutes. A tennis racquet type incision was made with a longitudinal arm over the third metatarsal encircling the joint, well proximal to the expected closure area. Extensor and flexor tendons and collateral ligaments were excised sharply, and the toe was removed. Tourniquet was released at this point. Superficial bleeders were cauterized, and the skin was closed with 3-0 nylon after being extensively washed out. A dry dressing was placed. She was sent to the PACU in good condition.

Signed by XXXX, MD on 01/19/20XX at 09:41

Refer to the supplemental information when answering this question:

View MR 354859

What CPT and ICD-10-CM coding is reported?

- A. 28820-T2, 170.262, L97.528
- B. 28810-T2, L97.528, 170.262
- C. 28810-T2, 170.262, L97.528
- D. 28820-T2, L97.528, 170.262

Answer: D

NEW QUESTION # 302

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