CPC Reliable Exam Voucher | Valid CPC Test Practice

TestkingPDF also offers AAPC CPC desktop practice exam software which is accessible without any internet connection after the verification of the required license. This software is very beneficial for all those applicants who want to prepare in a scenario which is similar to the Certified Professional Coder (CPC) Exam real examination.

AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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	• 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 4	• 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 5	• 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 6	• 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	• 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 8	• 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 9	• 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 10	• 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 11	• 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 12	• 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	• 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 14	• 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 15	• 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 16	• 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 17	• 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 18	• 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 19	• 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.

Valid AAPC CPC Test Practice & CPC Exam Revision Plan

Our company has forged a group of professional experts with the excelsior craftsmanship and a mature service system. The quality of our CPC latest question is high because our expert team organizes and compiles them according to the real exam's needs and has extracted the essence of all of the information about the test. So our CPC Certification tool is the boutique among the same kinds of the CPC study materials. Our assiduous pursuit for high quality of our products creates our top-ranking CPC test guide and constantly increasing sales volume.

AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q78-Q83):

NEW QUESTION # 78
A cardiologist uses the hospital's equipment for a cardiac stress test as he doesn't own equipment for the test.
He supervises the test and provides the interpretation and report of the test.
What CPT codes are reported?

- A. 93015, 93018
- B. 93016, 93018
- C. 93016, 93017, 93018
- D. 93015, 93016

Answer: B

Explanation:
* Procedure: Cardiac stress test performed using hospital's equipment with the cardiologist providing supervision, interpretation, and report.
* CPT Codes:
* 93016: This code is for supervision only without provision of the equipment.
* 93018: This code is for interpretation and report only.
* Code Selection Justification: Since the cardiologist does not own the equipment, codes 93016 and
93018 correctly represent the supervision, interpretation, and report of the test.
References:
* AMA CPT Professional Edition (current year)

NEW QUESTION # 79
An established patient suffering from migraines without aura, no mention of intractable migraine, and no mention of status migrainosus, is seen by his ophthalmologist who conducts a visual field examination of both eyes. The examination was accomplished plotting four isopters utilizing the Goldmann perimeter testing method. The patient and requesting physician receive the interpretation and report on the same date of service.
What procedure and diagnosis codes are reported for this encounter?

- A. 92082, G43.019
- B. 92083, G43.019
- C. 92082, G43.009
- D. 92081, G43.009

Answer: C

Explanation:
Procedure: Visual field examination of both eyes using Goldmann perimeter testing with four isopters.
CPT Code:
92082: This code is for visual field examination with intermediate examination.
ICD-10-CM Code:
G43.009: Migraine without aura, not intractable, without status migrainosus.
Code Selection Justification: The visual field exam method and complexity align with 92082. The patient's diagnosis of non-intractable migraine without aura is coded as G43.009.
AMA CPT Professional Edition (current year)
ICD-10-CM (current year)

NEW QUESTION # 80

A 7-year-old boy is brought to the pediatric clinic by his mother. She reported that her son is complaining of discomfort in both ears and loss of hearing in the left ear for the past two days. The pediatrician diagnosis is impacted cerumen. Pediatrician with the mother's consent removes impacted cerumen using water irrigation In the right ear. For the left ear the cerumen impaction is removed using instrumentation.

What CPT coding is reported'

- A. 69210-50
- B. 69209-50
- C. 69209-RT.69210-LT
- D. 69209-LT.69210-RT

Answer: C

Explanation:
69209-RT - Removal of impacted cerumen using irrigation
69210-LT - Removal of impacted cerumen using instrumentation
Coding Rules Applied:
Different techniques → different CPT codes
Different ears → RT/LT modifiers, not modifier -50
Why Other Options Are Incorrect:
A - Modifiers reversed
B / D - Modifier -50 inappropriate when different CPT codes are used

NEW QUESTION # 81

A patient has chronic cholesteatoma in the right middle ear. The otolaryngologist performed a tympanoplasty with a radical mastoidectomy, removing the middle ear cholesteatoma. Grafting technique was used to repair the eardrum without ossicular chain reconstruction.

What CPT code is reported for this surgery?

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

Answer: C

Explanation:
The procedure involves a tympanoplasty with a radical mastoidectomy and removal of a cholesteatoma from the middle ear, including grafting of the eardrum without ossicular chain reconstruction.
* Procedure Description:
* Tympanoplasty.
* Radical mastoidectomy.
* Removal of cholesteatoma from the middle ear.
* Grafting technique used to repair the eardrum without ossicular chain reconstruction.
* CPT Coding:
* 69645: Tympanoplasty with mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), radical or complete, with removal of cholesteatoma; with mastoid obliteration.
References:
* AMA's CPT Professional Edition (current year).
* CPT Assistant for detailed coding guidelines on otolaryngology procedures.

NEW QUESTION # 82

According to the Repair (Closure) CPT guidelines, what type of repair is reported when a single layer closure includes copious irrigation and extensive cleaning to remove particulate matter?

- A. Simple repair plus a code for irrigation
- B. Complex repair
- C. Intermediate repair

- D. Simple repair

Answer: C

Explanation:
According to the CPT guidelines for Repair (Closure), an intermediate repair includes the closure of a wound with one or more layers of subcutaneous tissue and superficial fascia in addition to the skin (epidermal and dermal) closure. It also involves extensive cleaning of the wound, which includes copious irrigation and the removal of particulate matter. This description fits the scenario provided in the question.
AMA's CPT Professional Edition, Repair (Closure) guidelines.

NEW QUESTION # 83

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