

Certification CPC Questions - Useful CPC Dumps

CPC Exam Outline

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Time limit: 4 hours

Total questions: 100

Question format: Multiple-choice

Delivery format: Computer-delivered

Mometrix TEST PREPARATION

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AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	<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 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"> 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	<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"> 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 6	<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 7	<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 8	<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 9	<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 10	<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 11	<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 12	<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 13	<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.

>> Certification CPC Questions <<

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The second format is a web-based format that can be accessed from browsers like Firefox, Microsoft Edge, Chrome, and Safari. It means you don't need to download or install any software or plugins to take the Certified Professional Coder (CPC) Exam practice test. The web-based format of the AAPC CPC Certification Exams practice test supports all operating systems. The third and last format is desktop software format which can be accessed after installing the software on your Certified Professional Coder (CPC) Exam (CPC) Windows Pc or Laptop. These formats are built especially for the students so they don't stop preparing for the Certified Professional Coder (CPC) Exam (CPC) certification.

AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q26-Q31):

NEW QUESTION # 26

A patient with a history of a right-hand mass presents for outpatient surgical excision. The surgeon excises the 1.5 cm mass with margins using a scalpel with dissection extending through the dermis into the subcutaneous tissue. Hemostasis is achieved with electrocautery, and the wound is closed. Final pathology confirms the mass is a subcutaneous arteriovenous hemangioma. Which CPT and ICD-10-CM codes are reported?

- A. 26111, D18.01
- B. 26115, D18.01
- C. 26111, D21.01
- D. 26115, D21.11

Answer: A

Explanation:

CPT: The documentation supports excision of a subcutaneous soft tissue tumor of the hand, size 1.5 cm.

26111 = Excision of tumor/soft tissue of hand or finger, subcutaneous, 1.5 cm or less

26115 would be for a larger size range (not supported by "1.5 cm" in the question).

ICD-10-CM: Pathology confirms subcutaneous hemangioma (benign vascular tumor).

D18.01 = Hemangioma of skin and subcutaneous tissue Codes D21.01/D21.11 are benign neoplasm of connective/soft tissue categories, but the most accurate match here (and the one reflected in the answer choices) is D18.01 for hemangioma of skin/subcutaneous tissue.

Typing correction applied: the options showed "018.01"; the correct ICD-10-CM format is D18.01.

NEW QUESTION # 27

A physician prescribes carbamazepine to treat a patient with epileptic seizures. After six months, the physician performs a therapeutic drug test to monitor the total level of the drug in the patient.

What CPT and ICD-10-CM coding is used for the six month-evaluation?

- A. 80157, G40.909
- B. 80156, G40.909
- C. 80157, R56.9
- D. 80156, R56.9

Answer: B

NEW QUESTION # 28

A patient with intermittent asthma with exacerbation undergoes spirometry before and after bronchodilator. What CPT and ICD-10-CM codes are reported?

- A. 94060, 94010, J45.901
- **B. 94060, 94010, J45.21**
- C. 94070, 94010, J45.21
- D. 94070, 94010, J45.901

Answer: B

Explanation:

94060 = Spirometry pre- and post-bronchodilator

94010 = Baseline spirometry

J45.21 = Mild intermittent asthma with exacerbation

NEW QUESTION # 29

Patient with erectile dysfunction is presenting for same day surgery in removal and replacement of an inflatable penile prosthesis. What CPTcode is reported for this service?

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

Answer: B

Explanation:

1. Procedure and CPTCode Selection:

The scenario describes the removal and replacement of an inflatable penile prosthesis due to erectile dysfunction.

CPTCode 54416 is specifically used for the removal and replacement of a multi-component inflatable penile prosthesis. This code accurately describes the procedure performed.

2. Rationale for Excluding Other Options:

Code 54401 represents the initial insertion of a multi-component inflatable penile prosthesis but does not cover removal and replacement, making it inappropriate for this scenario.

Code 54400 is for the insertion of a non-inflatable (malleable) penile prosthesis, which does not apply here as the prosthesis is inflatable.

Code 4417 does not exist in the CPTcoding system and is likely a typo or incorrect option.

3. AAPC and CPTCoding Guidelines:

According to AAPC and CPTguidelines, 54416 is the correct code when an inflatable prosthesis requires both removal and replacement, without the need for additional modifiers for this procedure.

Therefore, the correct answer based on CPTguidelines is D. 54416.

NEW QUESTION # 30

A patient that delivered her second child vaginally has a history of having a previous cesarean delivery for the first child.

What CPTcode is reported for the delivery of the second child with antepartum care and postpartum care with the same provider?

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

Answer: D

Explanation:

1. Procedure and CPTCode Selection:

The patient delivered her second child vaginally after having a previous cesarean delivery for her first child.

This scenario describes a Vaginal Birth After Cesarean (VBAC).

CPTCode 59610 is specific for a vaginal delivery after a previous cesarean delivery, including antepartum and postpartum care with the same provider, which matches this case exactly.

2. Rationale for Excluding Other Options:

Code 59410 covers only vaginal delivery with postpartum care but does not include a history of previous cesarean delivery, so it is not appropriate for a VBAC.

Code 59400 is for routine vaginal delivery with antepartum and postpartum care but, again, does not account for a previous cesarean, so it does not apply in this VBAC scenario.

Code 59614 is for a VBAC but does not include antepartum care, making it incomplete for this scenario since the question specifies that antepartum, delivery, and postpartum care were provided by the same provider.

3. AAPC and CPTCoding Guidelines:

AAPC and CPTguidelines indicate that 59610 should be used for a complete VBAC service that includes antepartum, delivery, and postpartum care by the same provider.

Therefore, based on CPTguidelines, the correct answer is B. 59610.

NEW QUESTION # 31

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