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AAPC CPC FINAL / AAPC CPC FINAL EXAM LATEST 2023-2024 COMPLETE EXAM WITH ALL 100 REAL QUESTIONS AND CORRECT ANSWERS (ACTUAL EXAM QUESTIONS AND LATEST VERIFIED ANSWERS) A NEW UPDATED VERSION LATEST 2023-2024 | GURANTEED PASS A+

Local Coverage Determinations are administered by whom?

- a. State Law
 - b. NCDs
 - c. Each regional MAC
 - d. LMRPs
- answer-c. Each regional MAC

ABN stands for _____.

- a. Advanced Benefits Notification
 - b. Advisory Beneficial Notice
 - c. Admitting Beneficiary Notice
 - d. Advance Beneficiary Notice
- answer-d. Advance Beneficiary Notice

What type of health insurance provides coverage for low-income families?

- a. Commercial HMO
 - b. Medicaid
 - c. Medicare
 - d. Commercial PPO
- answer-b. Medicaid

Which type of information is NOT maintained in a medical record?

- a. Treatment outcomes

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The Certified Professional Coder (CPC) Exam exam dumps are designed efficiently and pointedly, so that users can check their learning effects in a timely manner after completing a section. Good practice on the success rate of CPC quiz guide is not fully indicate that you have mastered knowledge is skilled, therefore, the CPC test material let the user consolidate learning content as many times as possible, although the practice seems very boring, but it can achieve the result of good consolidate knowledge.

AAPC CPC Exam Syllabus Topics:

Topic	Details
Topic 1	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 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	• 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 4	• 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 5	• 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 6	• 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 7	• 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 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	• 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 10	• 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 11	• 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 12	• 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 13	• 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 14	• 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 15	• 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 16	• 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 17	• 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.

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AAPC Certified Professional Coder (CPC) Exam Sample Questions (Q300-Q305):

NEW QUESTION # 300

A 40-year-old woman with progressive sensory neural hearing loss in the right ear since the age of 13 has not gained benefit from her hearing aid. She has normal hearing in the left ear. A cochlear implant is placed for the right ear. Anesthesia is provided by a CRNA with medical direction by an anesthesiologist who is concurrently directing 5 CRNAs. PS is 3. What anesthesia CPT and ICD-10-CM codes are reported by the Anesthesiologist?

- A. 00120-AD-P3.H90.41
- B. 00120-AA-P3, H90.41
- C. 00300-QX-P3, H90.5
- D. 00300-QY-P3, H90.5

Answer: A

Explanation:

Anesthesia CPT:

00120 - Anesthesia for ear procedures

AD modifier:

Anesthesiologist medically directing >4 CRNAs

P3 - Severe systemic disease

Diagnosis Code:

H90.41 - Sensorineural hearing loss, unilateral, right ear

Why others are incorrect:

AA - Personally performed

QX / QY - Incorrect direction model

H90.5 - Unspecified hearing loss

NEW QUESTION # 301

Which one of the following activities, when performed, is NOT considered when selecting an E/M service level based on time?

- A. Preparing to see the patient (e.g., review of tests).
- B. Documenting clinical information in the patient's medical record.
- C. Ordering medications, tests, and/or procedures.

- D. Time spent on other services that are reported separately.

Answer: D

Explanation:

Per CPT E/M guidelines, time spent on separately reported services is excluded from total E/M time calculations.

NEW QUESTION # 302

The CPT code book provides full descriptions of medical procedures, although some descriptions require the use of a semicolon (;) to distinguish among closely related procedures.

What is the full description of CPT code 69644?

- A. Without ossicular chain reconstruction with intact or reconstructed canal wall, with ossicular chain reconstruction
- B. Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
- C. Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction with intact or reconstructed canal wall, with ossicular chain reconstruction
- D. With intact or reconstructed canal wall with ossicular chain reconstruction

Answer: B

NEW QUESTION # 303

(A 45-year-old patient has a history of chronic otitis media in the left ear. The otolaryngologist performs a tympanoplasty and does not remove the mastoid to repair the patient's perforated tympanic membrane. What CPT and ICD-10-CM codes are reported?)

- A. 69631, H66.92, H72.92
- B. 69632, H72.822, H66.92
- C. 69610, H66.92, H72.92
- D. 69635, H72.822, H66.92

Answer: A

Explanation:

A tympanoplasty repairs a perforated tympanic membrane. The key phrase "does not remove the mastoid" means this is tympanoplasty without mastoidectomy, which is correctly represented by 69631 in the answer set.

Codes that include mastoid work (or represent different tympanoplasty variants) are incorrect because the documentation explicitly states the mastoid was not removed. Diagnosis coding should reflect both the chronic otitis media and the perforation. In the options, H66.92 represents otitis media (as offered) and H72.92 represents perforation of the tympanic membrane (as offered).

Although the clinical story specifies the left ear, the provided diagnosis options do not include laterality; on CPC-style questions, you choose the best match among the answer choices. Therefore, the correct combination within this question's choices is 69631 with H66.92 and H72.92, matching tympanoplasty without mastoidectomy plus the documented conditions.

NEW QUESTION # 304

Miranda is in her provider's office for follow up of her diabetes. Her blood sugars remain at goal with continuing her prescribed medications.

When referring to the MDM Table in the CPT code book for number and complexity of problems addressed at the encounter, what type of problem is this considered?

- A. Minimal problem
- B. Stable, acute illness
- C. Acute, uncomplicated illness or injury
- D. Stable, chronic illness

Answer: D

Explanation:

1. Problem Type Selection:

Miranda is following up on her diabetes, which is a chronic condition. Her blood sugars are controlled, indicating that the condition is

Stable, chronic illness is defined in the CPTMDM (Medical Decision Making) Table as a chronic condition that is under control and not currently worsening, even if ongoing management is required. This aligns with the patient's diabetes being well-managed with her prescribed medications.

A: Acute, uncomplicated illness or injury is not applicable as diabetes is a chronic condition, not an acute issue.

D: Stable, acute illness would refer to an acute condition that has stabilized, whereas diabetes is a chronic condition, not acute.

According to the CPTMDM Table, a "Stable, chronic illness" is the correct classification for a follow-up encounter on a controlled chronic condition like diabetes.

NEW QUESTION # 305

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