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AAPC COC Certification Exam

Course Title and Number: AAPC COC Certification Exams
Exam Title: Midterm, Finals, Certification and Assessment
Exam Date: Exam 2025- 2026
Instructor: [Insert Instructor's Name]
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Examination
Time: - ____ Hours: ____ Minutes

Instructions:

1. Read each question carefully and Answer All Questions
2. Use the provided answer sheet to mark your responses.
3. Please Ensure all you answer each question below and click Submit when you have completed the Exam.
4. This test has a time limit, The test will save and submit automatically when the time expires
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Medical Tests American Academy of Professional Coders: Certified Professional Coder Sample Questions (Q131-Q136):

NEW QUESTION # 131

A 45-year-old female patient with urinary incontinence is treated by means of a Burch procedure. The patient is morbidly obese. What CPT and ICD-IO-CM codes should be reported by the surgeon?

- A. 51841, R32
- **B. 51841, R32, E66.8**
- C. 51840, R32, E66.8
- D. 51840, R32

Answer: B

Explanation:

When choosing between CPT 51840 and 51841, consider that obesity reduces the operative field, increases surgical time, and poses difficulties in surgical technique. It is therefore considered one of several complicating factors to this surgery because it has an abdominal approach.

Additionally, although the obesity is not the reason for the surgical encounter, it nevertheless should be coded due to the impact it has on the procedure.

NEW QUESTION # 132

In the Current Procedural Terminology book, how is the icon "Excludes" meant to be interpreted?

- A. It may include services that are bundled and cannot be separately billed.
- B. An additional code should be reported to fully describe a condition.
- **C. It may identify services that are not bundled and may lead the user to a more appropriate code.**
- D. A causal relationship should be presumed between the two conditions.

Answer: C

Explanation:

The "Excludes" note identifies services that are not bundled into a procedure and may be reported in addition to the primary code. It may also lead the user to another code that would be more appropriate for the procedure being reported. Answer B describes "with." Answer C describes the icon "Includes." Answer D describes the "code also" note attached to a diagnosis.

NEW QUESTION # 133

If all the following statements were documented by the anesthesiologist in one record, which would be chosen as the start time for anesthesia services?

- A. Propofol is administered to the patient intravenously.
- B. Medical history and vital signs for the patient are obtained prior to the surgery.
- **C. A pulse oximeter is attached to the patient's finger while in the operating room.**
- D. Request for services is received for an operation that begins in 1 hour.

Answer: C

Explanation:

Anesthesia time begins when the provider begins to prepare the patient for anesthesia services. This usually will take place in the operating room or an equivalent area. Although answer B would not be incorrect as a chosen starting point, answer C is more

accurate according to the anesthesia time definition. Preoperative evaluations of the patient, such as a history intake, cannot be counted as anesthesia time.

NEW QUESTION # 134

A patient presents to physical therapy status post repair of a complete rotator cuff tear in the right shoulder due to a fall. After applying ice to the shoulder for 8 minutes, the physical therapist performs a soft-tissue massage to the infraspinatus muscle that lasts 23 minutes. Just prior to discharge, the therapist spends 20 minutes instructing the patient on isokinetic exercises to help improve range of motion. Which CPT and ICD-IO-CM code(s) should be used to accurately describe encounter?

- A. 97110, 97140, 97010, Z48.89, S46.091A, W19XXXA
- B. 97010, 97140x2, 97530, M75.121
- C. 97010, 97140, 97530, S46.011A, W19XXXA
- **D. 97110, 97010, S46.011D, W19,XXXD**

Answer: D

Explanation:

Although CPT code 97530 does describe therapeutic activities, the focus is directed at improving functional performance, whereas the correct CPT code 97110 works to develop range of motion. The CPT code for a soft tissue massage (or manual therapy 97140) is based on 15-minute increments, however, anything over 8 minutes prior to or after can be counted as a unit. Based on this, the 23 minutes spent can be counted as two units. Sequencing is based on highest RVU.

Coding crosswalk for a rotator cuff tear is classified as a muscle strain, so answer B, which specifies

"other injury," can be eliminated. Because the patient is in the recovery period of the injury, the seventh character would not be considered active but subsequent.

NEW QUESTION # 135

A low-risk obstetrical patient is told to come in for weekly ultrasounds in her first trimester. This is an example of what?

- A. Fraud
- B. Misuse
- **C. Waste**
- D. Abuse

Answer: C

Explanation:

In this case, the patient is not at risk, and most organs either are not developed and/or cannot be visualized in the first trimester.

Thus, this would constitute as waste due to the provider overutilizing services that result in unnecessary cost. AAPC defines fraud as purposely billing "for services that were never given or to bill for a service that has a higher reimbursement than the service provided." Abuse is payment for services "that are billed by mistake by providers."

NEW QUESTION # 136

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