CPC Exam Complete Study Guide

All exam domains, key rules, and exam strategy — the complete CPC prep reference

100	**17**	**70%**	**4 hrs**	**Open Book**
Questions	Domains	Pass Mark	Time Limit	Format

1. Exam Domain Breakdown

Domain	Questions	Weight	Priority
Surgery CPT — all body systems	~36 questions	36%	Must Master
Evaluation & Management (E&M)	~10 questions	10%	Must Master
Radiology / Pathology / Medicine	~18 questions	18%	High
Medical Terminology & Anatomy	~8 questions	8%	High
Coding Guidelines & Modifiers	~7 questions	7%	High
ICD-10-CM Diagnosis Codes	~5 questions	5%	High
Anesthesia	~4 questions	4%	Medium
HCPCS Level II	~3 questions	3%	Medium
Reimbursement & Compliance	~9 questions	9%	Medium

2. Surgery CPT — Must-Know Rules

■ Surgery = 36% of the exam. If you master Surgery CPT, you are more than a third of the way to passing.

Rule	Key Point
Lesion excision diameter	Lesion diameter + BOTH margins = excised diameter for code selection
Wound repair — same classification	ADD lengths together, report once per anatomic group
Laparoscopic to open conversion	Report OPEN procedure code only — laparoscopic work is included

Rule	Key Point
Bilateral procedures	Modifier 50 — same procedure, both sides of the body
Add-on codes	Never reported alone, exempt from modifier 51, marked with + in CPT
Global surgical package	90-day major / 10-day minor / 0-day endoscopy
Modifier 58	Planned staged procedure during global period
Modifier 78	Unplanned return to OR for related complication
Two surgeons	Modifier 62 — each performs distinct portion of single procedure
Unlisted codes	Use when no specific CPT code exists — end in -99 or -9

3. ICD-10-CM — Must-Know Rules

■■ Outpatient rule: NEVER code "possible", "probable", or "suspected" diagnoses. Code signs and symptoms instead.

Topic	Rule
Excludes1 note	NEVER code both conditions — they cannot occur together
Excludes2 note	Both codes MAY be reported if both conditions are present
Diabetes combination codes	E11.x covers diabetes + complication. Add stage/severity codes separately.
Hypertension + CKD	I12.- (hypertensive CKD) — not I10 + N18 separately
Sepsis sequencing	Systemic infection first, then localized infection, then organ dysfunction
Injury 7th characters	A=initial, D=subsequent, S=sequela — always required for injuries
Pathological fracture	M84.5- first (fracture), then neoplasm code
Acute on chronic	Use the specific combination code (e.g., I50.23 = acute on chronic systolic HF)
Signs & symptoms	Do NOT code if integral to a confirmed diagnosis
Z-codes	Used for factors influencing health — screening, history, status, SDOH

4. Anesthesia — Key Formula

■ Anesthesia payment = (Base Units + Time Units + Physical Status Units + Qualifying Circumstance Units) x Conversion Factor. Time unit = 1 per 15 minutes.

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Modifier	ASA Physical Status	Additional Units
P1	Normal healthy patient	0 units
P2	Mild systemic disease	0 units
P3	Severe systemic disease	1 unit
P4	Severe systemic disease — constant threat to life	2 units
P5	Moribund — not expected to survive without operation	3 units
P6	Brain-dead — organ donation	0 units

5. HCPCS Level II — Key Facts

Topic	Key Point
Purpose	Supplies, DME, drugs, and services not in CPT
Format	One alpha + 4 numeric characters (e.g., J3370)
Drug codes (J-codes)	Report units based on the dose stated in the code descriptor
Ambulance	A0021–A0999 series
DME	E0100–E9999 series
Modifiers LT/RT	Left side / Right side — used with bilateral structures
Modifier GA	ABN (Advance Beneficiary Notice) on file — Medicare

6. Compliance & Reimbursement — Key Terms

Term	Definition
Upcoding	Billing a higher-level code than documentation supports — fraud

Term	Definition
Unbundling	Reporting separate codes for services included in a single code — fraud
False Claims Act	Federal law — liability for knowingly submitting false claims to government
Qui Tam provision	Allows private citizens (whistleblowers) to sue on behalf of government
Stark Law	Prohibits physician self-referral for designated health services
Anti-Kickback Statute	Prohibits payment/receipt of anything of value to induce referrals
RBRVS	Resource-Based Relative Value Scale — basis of Medicare physician fee schedule
NCCI edits	CMS edits that prevent unbundling of bundled procedure code pairs
ABN	Advance Beneficiary Notice — required before non-covered Medicare services
ERA/EOB	Electronic Remittance Advice — payer explanation of claim payment/denial

7. Exam Day Strategy

■ You have 4 hours for 100 questions = 2.4 minutes per question. If stuck, mark and move on — come back at the end.

Strategy	How to Apply
Time management	Spend max 2 min per question. Flag difficult ones. Review flagged last.
Open-book strategy	Tab your CPT index: Surgery, E&M, Modifiers. Tab ICD-10-CM: Table of Drugs, Neoplasm Table, External Cause Index.
Eliminate wrong answers	For difficult questions — eliminate 2 clearly wrong options first, then choose between remaining 2.
Operative reports	~10 scenario-based questions. Read the impression/diagnosis first, then operative technique.
Code verification	Always verify in the Tabular List — never code from the Index alone.
Modifiers	If the question mentions the same procedure on both sides — think modifier 50.
E&M questions	Use the MDM table. Identify the number of problems, data reviewed, and highest risk element.

Strategy	How to Apply
ICD-10-CM questions	Start in the Alphabetic Index, then verify in the Tabular List. Follow all instructional notes.

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