CPC Exam Day Mastery Kit

The CPC® Exam Day Mastery Kit

20-Question High-Yield Specialty Drill Pack, Printable 100-Question Bubble Sheets & 2026 CPT® Code Update Companion

By Precision Coding Press
Precision Coding Press

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Welcome to the Mastery Kit

Dear Exam Candidate,

If you are holding this companion, you have taken the single most important step toward earning your CPC® credential: you have recognized that passing the exam requires **tactical discipline, targeted specialty mastery, and speed**.

On the 100-question AAPC examination, you face an unforgiving clock: **2.4 minutes per question**. Candidates rarely fail on basic terminology or straightforward skin lesions. They fail when they hit the "stumbling block" domains: 1. **The 60,000 Series (Nervous System & Spine):** Complex multi-level facet injections, neurostimulators, and laminectomies. 2. **The 30,000 Series (Cardiovascular):** Selective catheterization branches and coronary intervention hierarchies. 3. **Evaluation & Management (E/M):** Calculating the 2-of-3 Medical Decision Making (MDM) matrix under pressure. 4. **Brand-New 2026 Code Sets:** The latest CPT® additions (such as short-duration RPM and reconstructed vascular families) that test-makers love to insert as fresh questions and distractors.

This kit provides **20 advanced specialty drills** formatted with our signature **4-Part Anti-Frustration Rationales**, a **reprintable 100-question bubble sheet**, a **2026 CPT® quick-reference summary**, and our **codebook tabbing protocols**.

Master these 20 cases, and the 100-question exam will feel like second nature.

To your certification success,
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Part I: 20-Question High-Yield Specialty Drill Pack

Question 1 (Neurology / Spine - 60,000 Series):

A 58-year-old male with chronic lumbar spondylosis and facet arthropathy undergoes fluoroscopically guided thermal radiofrequency destruction of the lumbar facet joint nerves (medial branches). The physician anesthetizes and ablates the medial branches supplying the L3-L4 and L4-L5 facet joints bilaterally. Which CPT® code combination should be reported? A. 64635-50, 64636-50 B. 64635, 64636 x 3 C. 64493-50, 64494-50 D. 64635-50, 64636

Question 2 (Neurology / Spine - 60,000 Series):

A 62-year-old female with intractable lumbar radiculopathy presents for transforaminal epidural steroid injections (TFESI). Under continuous fluoroscopic guidance, the physician accesses the right L4-L5 transforaminal epidural space and injects triamcinolone and ropivacaine. The needle is then repositioned into the right L5-S1 transforaminal space, and a second injection is performed. Which CPT® coding is correct? A. 62323-RT, 62323-59 B. 64483-RT, +64484-RT C. 64483-RT, 64483-59 D. 64483-50

Question 3 (Neurology / Spine - 60,000 Series):

A 45-year-old male with severe chronic intractable back and leg pain refractory to conservative therapy presents for permanent implantation of a spinal cord neurostimulator. Through a midline laminotomy, the neurosurgeon places dual paddle/plate neurostimulator electrode leads into the epidural space. In the same operative session, the neurosurgeon creates a subcutaneous gluteal pocket and connects the leads to an implanted rechargeable pulse generator. Which CPT® code combination should be reported? A. 63650 x 2, 63685-51 B. 63655, 63685-51 C. 63655, 63685, 63688-59 D. 63650, 63685

Question 4 (Neurology / Spine - 60,000 Series):

A 67-year-old male with severe lumbar spinal stenosis at L4-L5 undergoes surgical decompression. The neurosurgeon performs an open bilateral laminectomy, partial facetectomy, and foraminotomy to decompress the cauda equina and traversing nerve roots at L4-L5. A separate single-level posterior lumbar interbody fusion (PLIF) with pedicle screw fixation is also performed at L4-L5. How should the laminectomy decompression be reported? A. 63047 B. 63030 C. 63047 is bundled into the arthrodesis and cannot be reported separately. D. 63047-59 (or 63047-51 depending on payer/NCCI rules)

Question 5 (Neurology / Medicine - 60,000 Series):

A 42-year-old female with chronic intractable migraine headache (headaches on 18 days per month, with severe nausea and photophobia) presents for chemodenervation. The neurologist injects onabotulinumtoxinA (Botox) into 31 sites across 7 specific head and neck muscle groups (frontalis, corrugator, procerus, occipitalis, temporalis, trapezius, and cervical paraspinals) according to the standard PREEMPT chronic migraine protocol. Total dosage administered is 155 units. Which CPT® procedural code is reported for the injection service? A. 64612 B. 64615 C. 64615 x 2 D. 96372 x 31

Question 6 (Neurology - New 2026 CPT® Update):

A 71-year-old male with lumbar central canal stenosis with neurogenic claudication undergoes bilateral percutaneous decompression of the lumbar spine. Under continuous fluoroscopic guidance, the interventionalist introduces a percutaneous cannula at L3-L4 and removes hypertrophied ligamentum flavum bilaterally without open incision. The cannula is then repositioned at L4-L5, and percutaneous decompression of the ligamentum flavum is performed at this second interspace. Which CPT® codes represent this 2026 service? A. 62330, +62331 B. 63047, +63048 C. 62323 x 2 D. 22551, +22552

Question 7 (Neurology / Extremity - 60,000 Series):

A 34-year-old female with right wrist carpal tunnel syndrome unresponsive to immobilization undergoes surgery. Using a 1 cm palmar wrist crease incision, the surgeon introduces an endoscope with a blade assembly beneath the transverse carpal ligament. Under direct video visualization, the transverse carpal ligament is divided from distal to proximal. Skin is closed with nylon. Which CPT® code is reported? A. 64721-RT B. 29848-RT C. 25115-RT D. 64719-RT

Question 8 (Cardiovascular - 30,000 Series):

A 64-year-old male with peripheral artery disease undergoes diagnostic angiography. The interventional radiologist accesses the right common femoral artery, introduces a selective catheter into the aorta, and navigates it into the celiac axis (first order), then selectively into the common hepatic artery (second order), and terminates the catheter in the right hepatic artery (third order), where selective angiography is performed. How should the selective catheter placement be reported? A. 36245, 36246, 36247 B. 36247 C. 36245 D. 36200, 36247-51

Question 9 (Cardiovascular - 30,000 Series):

A 60-year-old male with acute anterior ST-elevation myocardial infarction (STEMI) is taken to the cardiac catheterization lab. The interventional cardiologist performs diagnostic left heart catheterization, selective coronary angiography, and left ventriculography. Angiography reveals a 95% thrombotic occlusion of the proximal left anterior descending (LAD) coronary artery. The cardiologist immediately performs balloon angioplasty and places a drug-eluting stent in the LAD. Which CPT® code combination should be reported? A. 92928-LD B. 92928-LD, 93458-51 C. 92928-LD, 92920-59, 93458-51 D. 93458-51

Question 10 (Cardiovascular - 30,000 Series):

During an endovascular intervention in the left superficial femoral artery, the interventionalist performs intravascular ultrasound (IVUS) to assess vessel lumen dimensions, plaque burden, and stent wall apposition. Diagnostic IVUS evaluation is completed in the entire superficial femoral artery before and after stent placement. Which CPT® add-on code should be reported for the initial vessel IVUS? A. +37252 B. +37253 C. 76937 D. 75945

Question 11 (Cardiovascular - 30,000 Series):

A 73-year-old male with symptomatic complete heart block undergoes permanent pacemaker implantation. In the operating room, the electrophysiologist creates a left prepectoral subcutaneous pocket. Under fluoroscopic guidance, transvenous pacing leads are inserted into both the right atrium and right ventricle. The leads are connected to a dual-chamber pulse generator, and pacing thresholds are verified. Which CPT® code should be reported? A. 33206 B. 33207 C. 33208 D. 33208, 33213-51

Question 12 (Respiratory - 30,000 Series):

A 56-year-old female with an unresolved right lower lobe lung infiltrate undergoes bronchoscopy. The pulmonologist advances the flexible bronchoscope into the right lower lobe. Bronchoalveolar lavage (BAL) is performed in the lateral basal segment. The scope is then advanced to a distinct suspicious subsegmental lesion in the posterior basal segment, where transbronchial lung biopsies are obtained under fluoroscopic guidance. Which CPT® coding should be reported? A. 31628, 31624-59 B. 31628 C. 31624 D. 31625, 31628-51

Question 13 (Evaluation & Management - MDM Problems):

A 59-year-old male established patient presents to the clinic with poorly controlled type 2 diabetes mellitus with diabetic neuropathy. His home blood glucose readings have averaged 240 mg/dL, and his in-office HbA1c is 9.8%. The physician reviews his glucose logs, orders an increase in his basal glargine insulin, adds duloxetine for neuropathic pain, and schedules a follow-up in 4 weeks. Under the 2026 E/M guidelines, how is the "Number and Complexity of Problems Addressed" element scored? A. Low (1 stable chronic illness) B. Moderate (1 chronic illness with exacerbation, progression, or side effects of treatment) C. High (1 chronic illness with severe exacerbation posing immediate threat to life) D. Minimal (1 self-limited or minor problem)

Question 14 (Evaluation & Management - MDM Data):

An internist sees a 74-year-old female in the outpatient clinic for acute chest tightness. The physician reviews hospital discharge summaries from an outside health system (Category 1: review of prior external records), independently interprets a 12-lead ECG in the clinic (Category 2: independent interpretation of a test performed by another provider), and telephones the patient's private cardiologist to discuss immediate anticoagulant dosing and transfer protocols (Category 3: discussion of management with external physician). Under the E/M MDM guidelines, what level of "Amount and/or Complexity of Data to be Reviewed and Analyzed" is achieved? A. Minimal or None B. Limited (Category 1 only) C. Moderate (Must meet 1 of 3 categories) D. High (Meets 2 of the 3 categories: Categories 1, 2, and 3 are all satisfied)

Question 15 (Evaluation & Management - MDM Risk):

A 68-year-old male with persistent atrial fibrillation presents for medication review. After discussing risks of thromboembolism versus bleeding, the physician initiates oral anticoagulation therapy with apixaban (Eliquis) 5 mg twice daily and counsels the patient on drug interactions and signs of hemorrhage. Under the "Risk of Complications and/or Morbidity or Mortality of Patient Management" column of the MDM table, what risk level does prescription drug management represent? A. Minimal Risk B. Low Risk C. Moderate Risk D. High Risk

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Question 16 (Evaluation & Management - Prolonged Services):

A primary care physician provides an extensive outpatient evaluation and management service to an established patient with multi-system cognitive and functional decline. The visit is scored based on total practitioner time. The total time spent on the date of encounter (including pre-visit chart review, 55 minutes of face-to-face examination and counseling, and post-visit ordering) is **85 minutes**. * *CPT® 99215 threshold:* 40–54 minutes. * *CPT® 99417 rule:* Each 15 minutes beyond the 54-minute upper threshold. How should this encounter be coded under AMA CPT® rules? A. 99215 B. 99215, +99417 x 1 C. 99215, +99417 x 2 D. 99215, +G2212 x 1

Question 17 (2026 CPT® Update - Remote Physiologic Monitoring):

A cardiology practice enrolls an established heart failure patient in a remote physiologic monitoring (RPM) program following hospital discharge. A cellular-connected blood pressure and weight monitoring device is supplied to the patient. The patient transmits daily physiological data for a total of **8 days** during the 30-day billing cycle before being readmitted. Under the new 2026 CPT® code set for short-duration RPM device supply, which code should be reported? A. 99454 (Requires 16 or more days of transmissions) B. 99445 (Device supply with daily recordings for 2–15 days within a 30-day period) C. 99453 (Initial device setup and patient education) D. 99091

Question 18 (2026 CPT® Update - RPM Treatment Management):

During a calendar month, a clinical nurse specialist under general physician supervision provides remote physiologic monitoring treatment management for a hypertensive patient. Total interactive communication and review of transmitted biometric data equals **12 minutes**. Under the 2026 CPT® revisions introducing initial 10-minute treatment management, which code is reported? A. 99470 (Remote physiologic monitoring treatment management, first 10 minutes) B. 99457 (Requires minimum 20 minutes) C. 99458 D. 99470, 99457-52

Question 19 (2026 CPT® Update - Surgery Restructuring):

A 65-year-old male with elevated PSA (6.8 ng/mL) undergoes transrectal ultrasound-guided needle core biopsy of the prostate gland. The urologist takes 12 systematic core biopsies from the peripheral zones under real-time ultrasound guidance. Under the restructured 2026 CPT® prostate biopsy code family, which code is reported? A. 55700 (Deleted in 2026) B. 55707 (Transrectal ultrasound-guided needle core biopsy of prostate) C. 55706 D. 55720

Question 20 (2026 CPT® Update - Revascularization Overhaul):

In 2026, an interventionalist treats severe atherosclerotic occlusive disease of the lower extremities. The physician performs transluminal angioplasty and stent placement in the superficial femoral artery. The legacy code series 37220–37235 has been deleted. Which

2026 code family replaces these services? A. 37254–37299 (Territory-based lower extremity endovascular revascularization) B. 35301–35390 C. 36245–36248 D. 37236–37239

Part II: The 20-Question Domain Diagnostic Scoring Matrix

Use this scorecard to identify your primary exam stumbling block before checking the detailed rationales.

Question	AAPC Knowledge Domain	Key Clinical Skill Tested	Your Answer	Correct Key	Hit (✓) / Miss (✗)
Q1	60,000 Series (Nervous System)	Bilateral Facet Radiofrequency Ablation (Per Level Math)	[ ]	**A**	[ ]
Q2	60,000 Series (Nervous System)	Lumbar Transforaminal Injections (TFESI Primary + Add-on)	[ ]	**B**	[ ]
Q3	60,000 Series (Nervous System)	Spinal Cord Stimulator Paddle Placement + Pulse Generator	[ ]	**B**	[ ]
Q4	60,000 Series (Nervous System)	Lumbar Decompression vs Spinal Arthrodesis Rules	[ ]	**A**	[ ]
Q5	60,000 Series (Nervous System)	PREEMPT Protocol Botulinum Injections (Head/Neck)	[ ]	**B**	[ ]
Q6	60,000 Series (Nervous System)	Percutaneous Decompression of Ligamentum Flavum	[ ]	**A**	[ ]
Q7	60,000 Series (Nervous System)	Endoscopic vs Open Carpal Tunnel Release	[ ]	**B**	[ ]
Q8	30,000 Series (Cardiovascular)	Celiac & Hepatic Arterial Catheter	[ ]	**B**	[ ]

Question	AAPC Knowledge Domain	Key Clinical Skill Tested	Your Answer	Correct Key	Hit (✓) / Miss (✗)
		Navigation (3rd Order)			
Q9	30,000 Series (Cardiovascular)	Diagnostic Left Heart Cath Converted to STEMI Stenting	[ ]	**A**	[ ]
Q10	30,000 Series (Cardiovascular)	Intravascular Ultrasound (IVUS) Initial Vessel Add-On	[ ]	**A**	[ ]
Q11	30,000 Series (Cardiovascular)	Dual-Chamber Transvenous Pacemaker Implantation	[ ]	**C**	[ ]
Q12	30,000 Series (Respiratory)	Bronchoscopy with Lavage (BAL) + Transbronchial Biopsy	[ ]	**A**	[ ]
Q13	Evaluation & Management (E/M)	MDM Column A: Number & Complexity of Problems Addressed	[ ]	**B**	[ ]
Q14	Evaluation & Management (E/M)	MDM Column B: Amount and/or Complexity of Data Analyzed	[ ]	**D**	[ ]
Q15	Evaluation & Management (E/M)	MDM Column C: Risk of Patient Management (Drug Therapy)	[ ]	**C**	[ ]
Q16	Evaluation & Management (E/M)	Time-Based Prolonged Outpatient Services Math (+99417)	[ ]	**C**	[ ]
Q17	2026 CPT® Code Updates	Remote Physiologic Monitoring (RPM) 2–15 Day Supply	[ ]	**B**	[ ]
Q18	2026 CPT® Code Updates	RPM Treatment Management (Initial 10-Minute Service)	[ ]	**A**	[ ]

Question	AAPC Knowledge Domain	Key Clinical Skill Tested	Your Answer	Correct Key	Hit (✓) / Miss (✗)
Q19	2026 CPT® Code Updates	Restructured Prostate Needle Core Biopsy Guidance	[ ]	**B**	[ ]
Q20	2026 CPT® Code Updates	2026 Lower Extremity Endovascular Revascularization	[ ]	**A**	[ ]

How to Interpret Your Diagnostic Results:

- **Two or more misses in the 60,000 Series (Questions 1–7):** The Nervous System and Spine is your primary vulnerability. The official AAPC CPC exam dedicates **6 full questions** to this series. *CPC® Exam Prep 2026–2027* provides complete multi-level laminectomy, spinal instrumentation, and neurostimulator coverage across Questions 31–36 and the operative report scenarios.
- **Two or more misses in the 30,000 Series (Questions 8–12):** Vascular order selection and cardiac catheterization are your danger zones. The official exam allocates **6 questions** to Cardiovascular and Respiratory. *CPC® Exam Prep 2026–2027* breaks down vascular trees and pacemaker lead hierarchies across Questions 13–18 and 97–98.
- **Two or more misses in Evaluation & Management (Questions 13–16):** E/M accounts for **6 high-value questions** on the exam. *CPC® Exam Prep 2026–2027* provides extensive 2-of-3 MDM scoring walkthroughs and time thresholds across Questions 37–42.
- **Two or more misses in 2026 Code Updates (Questions 17–20):** AAPC test-makers frequently introduce new code sets as both correct answers and subtle traps. *CPC® Exam Prep 2026–2027* incorporates all 2026 deleted and revised code families across all 100 questions.

> **Next Step in Your Preparation:**
> Once you have reviewed the rationales below, transition to full exam simulation with the complete 100-question timed practice test in ***CPC® Exam Prep 2026–2027*** by Precision Coding Press.

Part III: 4-Part Rationales (Questions 1–20)

Question 1 Rationale

- **Correct Answer: A (64635-50, 64636-50)**
- **Official Guideline Citation:** CPT® Nervous System Guidelines (Destruction by Neurolytic Agent / Somatic Nerves): Code 64635 reports thermal destruction of facet joint nerve(s) of the lumbar/sacral spine, single level. Code +64636 reports each

additional level. Bilateral procedures performed at the same spinal level are reported using Modifier 50 (or separate bilateral lines depending on payer).

- **Process of Elimination Breakdown:**
  - **Option A (64635-50, 64636-50):** Correct. L3-L4 represents the initial level (64635-50). L4-L5 represents the additional level (+64636-50).
  - **Option B (64635, 64636 x 3):** Incorrect. CPT guidelines explicitly state that facet codes are reported *per spinal joint level*, not per individual medial branch nerve. L3-L4 and L4-L5 are 2 levels, not 4.
  - **Option C (64493-50, 64494-50):** Incorrect. 64493/64494 report *diagnostic/therapeutic injections* (nerve blocks), not thermal radiofrequency destruction/neurolysis.
  - **Option D (64635-50, 64636):** Incorrect because modifier 50 must be applied to both the primary and add-on codes to indicate bilateral treatment at both levels.
- **Exam Speed Tip & Trap Warning:** Remember: Facet codes are billed per *joint level*, not per *nerve*. An injection or ablation of the L3 and L4 medial branches treats only ONE joint (L4-L5).

Question 2 Rationale

- **Correct Answer: B (64483-RT, +64484-RT)**
- **Official Guideline Citation:** CPT® Somatic Nerve Guidelines: Transforaminal epidural steroid injections are reported with 64483 for the initial lumbar level and add-on code +64484 for each additional level. Imaging guidance (fluoroscopy or CT) is built into these codes and is not coded separately.
- **Process of Elimination Breakdown:**
  - **Option A (62323-RT, 62323-59):** Incorrect. 62323 reports an *interlaminar* or *caudal* epidural injection, not a *transforaminal* injection.
  - **Option B (64483-RT, +64484-RT):** Correct. 64483-RT reports the initial L4-L5 level; +64484-RT reports the second L5-S1 level.
  - **Option C (64483-RT, 64483-59):** Incorrect. Add-on code +64484 must be used for the second level; reporting 64483 twice with modifier 59 is unbundling.
  - **Option D (64483-50):** Incorrect. Both injections were performed on the *right* side (unilateral multi-level), not bilaterally.
- **Exam Speed Tip & Trap Warning:** Never bill fluoroscopy (+77003) with 64483/64484. The code descriptor explicitly states *"with fluoroscopy or CT"*.

Question 3 Rationale

- **Correct Answer: B (63655, 63685-51)**
- **Official Guideline Citation:** CPT® Neurostimulator (Spinal) Guidelines: Code 63655 reports the surgical laminectomy/laminotomy for placement of plate/paddle neurostimulator electrode array. Code 63685 reports the creation of a subcutaneous pocket and insertion of the pulse generator.
- **Process of Elimination Breakdown:**
  - **Option A (63650 x 2, 63685-51):** Incorrect. Code 63650 is for *percutaneous* catheter leads, whereas the scenario specifically describes a *laminotomy for paddle leads* (63655).
  - **Option B (63655, 63685-51):** Correct. 63655 covers plate/paddle electrodes via laminotomy; 63685 covers the pulse generator pocket and insertion.
  - **Option C (63655, 63685, 63688-59):** Incorrect. 63688 is for *revision or removal* of an existing generator.

  - **Option D (63650, 63685):** Incorrect. Misses the laminotomy open approach (63655).
- **Exam Speed Tip & Trap Warning:** Watch the approach! *Percutaneous* wire leads = 63650. *Open laminotomy/laminectomy paddle* = 63655.

Question 4 Rationale

- **Correct Answer: D (63047-59 [or 63047-51 depending on payer/NCCI rules])**
- **Official Guideline Citation:** CPT® Spine Arthrodesis Guidelines & NCCI Policy: When spinal decompression (e.g., laminectomy/facetectomy 63047) is performed to relieve neural impingement at the same level as an interbody fusion (22630), CPT guidelines allow separate reporting of the decompression when performed for significant non-incidental stenosis. Modifier 59 (or -XU/-51) is required to distinguish decompression from the surgical exposure of the fusion.
- **Process of Elimination Breakdown:**
  - **Option A (63047):** Incomplete without a modifier, as standard NCCI edits bundle 63047 into 22630 unless a modifier is appended.
  - **Option B (63030):** Incorrect. 63030 is a laminotomy (hemilaminectomy) for disc herniation, not a full laminectomy for stenosis (63047).
  - **Option C:** Incorrect. Decompression is distinct and separately billable when documented as treating severe neural stenosis.
  - **Option D (63047-59):** Correct. Allows unbundling of decompression from fusion when both procedures are clinically indicated.
- **Exam Speed Tip & Trap Warning:** Laminectomy for decompression (63047) is distinct from laminotomy/discectomy (63030). Look for “stenosis” vs “herniated disc”.

Question 5 Rationale

- **Correct Answer: B (64615)**
- **Official Guideline Citation:** CPT® Chemodenervation Guidelines: Code 64615 specifically reports chemodenervation of muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., for chronic migraine).
- **Process of Elimination Breakdown:**
  - **Option A (64612):** Incorrect. 64612 reports chemodenervation of muscles of facial expression for blepharospasm or hemifacial spasm (unilateral).
  - **Option B (64615):** Correct. 64615 is the dedicated, all-inclusive code for the 31-injection chronic migraine PREEMPT protocol.
  - **Option C (64615 x 2):** Incorrect. The descriptor for 64615 explicitly states *“bilateral”*; units of 2 or modifier 50 are invalid.
  - **Option D (96372 x 31):** Incorrect. 96372 is a therapeutic/prophylactic injection code, not a neurolytic muscle chemodenervation code.
- **Exam Speed Tip & Trap Warning:** Do NOT multiply 64615 by the number of injection sites. Code 64615 includes all 31 injections across both sides of the head and neck.

Question 6 Rationale

- **Correct Answer: A (62330, +62331)**

- **Official Guideline Citation:** CPT® 2026 Nervous System Updates: Code 62330 was introduced to report percutaneous lumbar decompression of the intervertebral canal (ligamentum flavum removal) at a single interspace. Add-on code +62331 reports each additional interspace.
- **Process of Elimination Breakdown:**
  - **Option A (62330, +62331):** Correct. 62330 covers L3-L4; +62331 covers the additional L4-L5 level.
  - **Option B (63047, +63048):** Incorrect. 63047/+63048 report open surgical laminectomy with partial facetectomy, not percutaneous canal decompression.
  - **Option C (62323 x 2):** Incorrect. 62323 is an epidural steroid injection, not surgical tissue decompression.
  - **Option D (22551, +22552):** Incorrect. These are anterior cervical arthrodesis codes.
- **Exam Speed Tip & Trap Warning:** Watch for "percutaneous" vs "open". 62330 is percutaneous; 63047 is open.

Question 7 Rationale

- **Correct Answer: B (29848-RT)**
- **Official Guideline Citation:** CPT® Endoscopy/Arthroscopy Guidelines: Endoscopic release of the transverse carpal ligament is reported with code 29848 (under Musculoskeletal / Arthroscopy). Open carpal tunnel release is reported with 64721 (under Nervous System).
- **Process of Elimination Breakdown:**
  - **Option A (64721-RT):** Incorrect. 64721 is the *open* surgical neuroplasty/release.
  - **Option B (29848-RT):** Correct. Endoscopic carpal tunnel release resides in the 20,000 musculoskeletal arthroscopy series (29848).
  - **Option C (25115-RT):** Incorrect. 25115 reports radical excision of bursa/synovia of wrist.
  - **Option D (64719-RT):** Incorrect. 64719 reports neuroplasty of the ulnar nerve at the wrist, not the median nerve.
- **Exam Speed Tip & Trap Warning:** Classic AAPC cross-chapter trap! Open carpal tunnel = 64721 (Nervous). Endoscopic carpal tunnel = 29848 (Musculoskeletal).

Question 8 Rationale

- **Correct Answer: B (36247)**
- **Official Guideline Citation:** CPT® Vascular Injection Guidelines: Selective vascular catheterization codes include all lesser order catheter placements in that same vascular family. When a catheter is advanced into a third-order abdominal branch (e.g., right hepatic artery from the celiac trunk), only the highest order code (36247) is reported.
- **Process of Elimination Breakdown:**
  - **Option A (36245, 36246, 36247):** Incorrect. Unbundling. First-order (36245) and second-order (36246) placements in the same vascular family are bundled into the third-order code.
  - **Option B (36247):** Correct. 36247 represents third-order selective catheter placement.
  - **Option C (36245):** Incorrect. Fails to report the third-order selective placement.
  - **Option D (36200, 36247-51):** Incorrect. Non-selective aortic catheterization (36200) is bundled into selective catheterization from the same puncture.

- **Exam Speed Tip & Trap Warning:** Vascular catheterization rule: Bill only the **highest order** reached within a single vascular family. Do NOT bill intermediate branches.

Question 9 Rationale

- **Correct Answer: B (92928-LD, 93458-51)**
- **Official Guideline Citation:** CPT® Interventional Cardiology Guidelines: Diagnostic cardiac catheterization (93458) may be reported with coronary therapeutic intervention (stent 92928) when: (1) no prior diagnostic study was available, (2) the patient's condition changed, or (3) the diagnostic study immediately preceded the therapeutic intervention to establish clinical necessity. Modifier 51 (or -59 depending on payer) is appended to 93458.
- **Process of Elimination Breakdown:**
  - **Option A (92928-LD):** Incomplete. Omit legitimate diagnostic catheterization performed for acute STEMI.
  - **Option B (92928-LD, 93458-51):** Correct. Stenting (92928) is primary; diagnostic cath (93458-51) is separately billable with coronary modifier LD.
  - **Option C (92928-LD, 92920-59, 93458-51):** Incorrect. Pre-dilation angioplasty (92920) in the same vessel is an inherent step of stenting and cannot be unbundled.
  - **Option D (93458-51):** Incorrect. Completely misses the therapeutic stenting.
- **Exam Speed Tip & Trap Warning:** Angioplasty is ALWAYS bundled into stent placement in the same coronary vessel. Never bill 92920 with 92928 in the same branch!

Question 10 Rationale

- **Correct Answer: A (+37252)**
- **Official Guideline Citation:** CPT® Intravascular Ultrasound Guidelines: Code +37252 is an add-on code reporting intravascular ultrasound evaluation of the initial non-coronary vessel during diagnostic or therapeutic intervention.
- **Process of Elimination Breakdown:**
  - **Option A (+37252):** Correct. Reports IVUS of the first non-coronary vessel.
  - **Option B (+37253):** Incorrect. +37253 is for *each additional* non-coronary vessel.
  - **Option C (76937):** Incorrect. 76937 is for ultrasound guidance for vascular access (puncture of vein/artery).
  - **Option D (75945):** Incorrect. 75945 is an obsolete radiological supervision code.
- **Exam Speed Tip & Trap Warning:** Know your IVUS add-on codes: +37252 (initial non-coronary vessel) and +37253 (each additional vessel). Both are exempt from modifier 51.

Question 11 Rationale

- **Correct Answer: C (33208)**
- **Official Guideline Citation:** CPT® Pacemaker Guidelines: Code 33208 reports insertion of a new or replacement permanent pacemaker with transvenous leads, dual chamber (atrial and ventricular).

- **Process of Elimination Breakdown:**
  - **Option A (33206):** Incorrect. 33206 is for a single-chamber pacemaker with atrial lead.
  - **Option B (33207):** Incorrect. 33207 is for a single-chamber pacemaker with ventricular lead.
  - **Option C (33208):** Correct. 33208 includes the dual-chamber generator and both atrial and ventricular leads.
  - **Option D (33208, 33213-51):** Incorrect. 33213 is transvenous lead insertion when done separately; with 33208, lead insertion is already bundled.
- **Exam Speed Tip & Trap Warning:** 33208 is an all-in-one code: generator + atrial lead + ventricular lead. Fluoroscopy is also included.

Question 12 Rationale

- **Correct Answer: A (31628, 31624-59)**
- **Official Guideline Citation:** CPT® Endoscopy/Respiratory Guidelines: Bronchoscopy with transbronchial lung biopsy (31628) and bronchoalveolar lavage (31624) may both be reported when performed at distinct anatomical sites/segments. Modifier 59 must be appended to the lower-valued BAL code (31624) to bypass NCCI edits.
- **Process of Elimination Breakdown:**
  - **Option A (31628, 31624-59):** Correct. 31628 is primary; 31624-59 indicates BAL at a distinct site.
  - **Option B (31628):** Incomplete. Omit the distinct bronchoalveolar lavage service.
  - **Option C (31624):** Incomplete. Omit the higher-valued biopsy procedure.
  - **Option D (31625, 31628-51):** Incorrect. 31625 is an endobronchial biopsy, not a transbronchial lung biopsy (31628).
- **Exam Speed Tip & Trap Warning:** Bronchoscopy codes are heavily edited by NCCI. Distinct procedures in separate segments require modifier 59.

Question 13 Rationale

- **Correct Answer: B (Moderate)**
- **Official Guideline Citation:** 2026 E/M Medical Decision Making (MDM) Guidelines (Column 1): “1 or more chronic illnesses with exacerbation, progression, or side effects of treatment” qualifies for **Moderate Complexity**.
- **Process of Elimination Breakdown:**
  - **Option A (Low):** Incorrect. Low requires stable chronic illnesses. An HbA1c of 9.8% with blood sugars of 240 mg/dL represents poor control/progression, not stability.
  - **Option B (Moderate):** Correct. Uncontrolled diabetes requiring dose escalation and addition of a new agent fits the definition of chronic illness with exacerbation or progression.
  - **Option C (High):** Incorrect. High requires severe exacerbation posing an immediate threat to life or bodily function (e.g., DKA, hypertensive crisis).
  - **Option D (Minimal):** Incorrect. Diabetes with neuropathy is a complex chronic disease.
- **Exam Speed Tip & Trap Warning:** “Chronic illness with progression” = Moderate. Look for medication escalations and out-of-range biomarkers (like HbA1c > 9%).

Question 14 Rationale

- **Correct Answer: D (High Data)**
- **Official Guideline Citation:** 2026 E/M MDM Guidelines (Column 2 - Data): To score **High Data**, the encounter must satisfy at least **2 out of 3** categories:
  - Category 1: Review of prior external notes from unique sources.
  - Category 2: Independent interpretation of tests performed by another provider.
  - Category 3: Discussion of management with an external physician.
- **Process of Elimination Breakdown:**
  - **Option A & B:** Incorrect. The physician met all three categories, which far exceeds Minimal or Limited.
  - **Option C (Moderate):** Incorrect. Moderate requires meeting only 1 of the categories.
  - **Option D (High):** Correct. Since Categories 1, 2, and 3 were all documented, the 2-of-3 requirement for High Data is fully satisfied.
- **Exam Speed Tip & Trap Warning:** E/M Data rule: When an encounter has external notes review (Cat 1) + independent test reading (Cat 2) + phone consult with a specialist (Cat 3), Data is AUTOMATICALLY High!

Question 15 Rationale

- **Correct Answer: C (Moderate Risk)**
- **Official Guideline Citation:** 2026 E/M MDM Guidelines (Column 3 - Risk): Under the Table of Risk, “Prescription drug management” is the textbook example of **Moderate Risk**.
- **Process of Elimination Breakdown:**
  - **Option A (Minimal):** Minimal risk involves rest, gargles, or superficial dressings.
  - **Option B (Low):** Low risk involves over-the-counter medications or minor surgery without risk factors.
  - **Option C (Moderate):** Correct. Initiating, titrating, discontinuing, or continuing prescription medication represents Moderate Risk.
  - **Option D (High):** High risk involves parenterally controlled substances, decision regarding major surgery with risk factors, or decision to de-escalate care.
- **Exam Speed Tip & Trap Warning:** Memory Hook: Rx Drug Management = MODERATE RISK. This is the single most frequently tested MDM element on the CPC exam.

Question 16 Rationale

- **Correct Answer: C (99215, +99417 x 2)**
- **Official Guideline Citation:** CPT® Prolonged E/M Services Guidelines: Code +99417 reports each 15 minutes of total practitioner time beyond the required time for the primary service (99215 threshold is 54 minutes).
  - 54 + 15 = 69 minutes (+99417 x 1).
  - 69 + 15 = 84 minutes (+99417 x 2). Since 85 minutes was reached, 2 full 15-minute increments are billable.
- **Process of Elimination Breakdown:**

    - **Option A (99215):** Incomplete. Fails to report the 31 minutes of prolonged practitioner time.
    - **Option B (99215, +99417 x 1):** Incomplete. At 85 minutes, two full 15-minute blocks have been achieved.
    - **Option C (99215, +99417 x 2):** Correct. Base code 99215 (54 min) + 99417 x 2 (30 min) = 84+ minutes.
    - **Option D (99215, +G2212 x 1):** Incorrect. +G2212 is a CMS Medicare HCPCS code, not AMA CPT®; Medicare also requires reaching 69 minutes for the first unit.
- **Exam Speed Tip & Trap Warning:** Time calculation trap: Know who the payer is! CPT begins counting prolonged time at the *upper limit* (54 min); CMS Medicare begins counting at the *maximum plus 15* (69 min for G2212).

Question 17 Rationale

- **Correct Answer: B (99445)**
- **Official Guideline Citation:** 2026 CPT® Medicine / E/M Updates: Code 99445 was established in the 2026 code set to report the supply of a physiologic monitoring device with daily recording(s) or programmed alert(s) transmission for **2–15 days within a 30-day period**.
- **Process of Elimination Breakdown:**
    - **Option A (99454):** Incorrect. 99454 strictly requires 16 or more days of transmissions in a 30-day period.
    - **Option B (99445):** Correct. 99445 fills the historical gap for episodes of 2 to 15 days of data.
    - **Option C (99453):** Incorrect. 99453 is for initial setup and patient education, not monthly transmission.
    - **Option D (99091):** Incorrect. 99091 is for physician analysis of stored data (minimum 30 minutes).
- **Exam Speed Tip & Trap Warning:** 2026 Code Update Alert: 16+ days = 99454. 2–15 days = 99445.

Question 18 Rationale

- **Correct Answer: A (99470)**
- **Official Guideline Citation:** 2026 CPT® Medicine / E/M Updates: Code 99470 was introduced in the 2026 code set to report the first **10 minutes** of remote physiologic monitoring treatment management in a calendar month, requiring at least one interactive communication.
- **Process of Elimination Breakdown:**
    - **Option A (99470):** Correct. 99470 reports 10–19 minutes of treatment management.
    - **Option B (99457):** Incorrect. Code 99457 was revised to report the initial 20 minutes; it cannot be billed for 12 minutes.
    - **Option C (99458):** Incorrect. 99458 is an add-on code for each additional 20 minutes.
    - **Option D:** Incorrect. Modifier 52 is not appropriate when a dedicated time-based code (99470) exists.
- **Exam Speed Tip & Trap Warning:** 2026 Code Update Alert: The new 10-minute entry-level RPM treatment code is 99470!

Question 19 Rationale

- **Correct Answer: B (55707)**
- **Official Guideline Citation:** 2026 CPT® Urinary / Genital Updates: Legacy code 55700 was deleted for 2026 and replaced by a structured series (55707–55714) categorizing prostate needle core biopsies by anatomical approach and imaging modality. Code 55707 reports transrectal approach with ultrasound guidance.
- **Process of Elimination Breakdown:**
  - **Option A (55700):** Incorrect. 55700 is DELETED in the 2026 CPT® code set.
  - **Option B (55707):** Correct. 55707 is the new primary Category I code for transrectal ultrasound-guided core biopsy.
  - **Option C (55706):** Incorrect. 55706 is saturation biopsy of the prostate (typically 30+ cores under general anesthesia).
  - **Option D (55720):** Incorrect. 55720 is prostatitis drainage.
- **Exam Speed Tip & Trap Warning:** Major 2026 Deletion: Never pick 55700 on a 2026 exam! Look for the new 55707–55714 family.

Question 20 Rationale

- **Correct Answer: A (37254–37299)**
- **Official Guideline Citation:** 2026 CPT® Vascular Surgery Overhaul: The American Medical Association deleted codes 37220–37235 and replaced them with 46 new territory-based codes (37254–37299) covering iliac, femoral/popliteal, and tibial/peroneal revascularization services.
- **Process of Elimination Breakdown:**
  - **Option A (37254–37299):** Correct. This is the new comprehensive outpatient-focused lower extremity revascularization code range.
  - **Option B (35301–35390):** Incorrect. These are open surgical thromboendarterectomy codes.
  - **Option C (36245–36248):** Incorrect. These are catheter placement codes, not revascularization intervention codes.
  - **Option D (37236–37239):** Incorrect. These report open/percutaneous non-lower-extremity arterial stents.
- **Exam Speed Tip & Trap Warning:** 2026 Massive Overhaul: Old codes 37220-37235 are completely gone. Learn the new 37254-37299 territory grid.

Part IV: Printable 100-Question Exam Day Bubble Sheet

Instructions: Use this page to simulate real testing conditions. Time yourself for exactly 4 hours (240 minutes). Fill in each bubble completely with a #2 pencil or pen.

```
+-------------------------------------------------------------------
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|                        OFFICIAL 100-QUESTION TIMED PRACTICE BUBBLE
SHEET                          |
+-------------------------------------------------------------------
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```

```
|  Q#   BUBBLES      |  Q#   BUBBLES      |  Q#   BUBBLES      |  Q#
BUBBLES      |  Q#   BUBBLES     |
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| [20] [A] [B] [C] [D]| [40] [A] [B] [C] [D]| [60] [A] [B] [C] [D]|
[80] [A] [B] [C] [D]| [100][A] [B] [C] [D]|
+-------------------------------------------------------------------
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```

Self-Grading Scorecard:

- **Total Correct:** _____ / 100 (_____%)
- **Passing Threshold: 70% (70 / 100)**
- **Time Taken:** _____ minutes (Target: ≤ 240)

Part V: 2026 CPT® Code Updates Quick-Reference

Update Category	Key Changes & Code Ranges	Practical Exam Impact
Deleted Codes (84 Codes)	• `37220–37235` (Lower extremity revascularization) • `55700` (Prostate biopsy) • `0600T` (Replaced by `47384`)	**NEVER SELECT THESE CODES.** If you see `37220` or `55700` as an option on a 2026 question, eliminate it immediately.
New 2026 Codes (288 Codes)	• `99445` (RPM device data for 2–15 days) • `99470` (RPM initial 10-minute treatment) • `37254–37299` (New territory vascular revascularization) • `55707–55714` (New prostate biopsy family) • `62330` / `+62331` (Percutaneous lumbar ligamentum decompression)	High likelihood of appearance as either correct answers or sophisticated distractors.
Revised Codes (46 Codes)	• `99453`, `99454`, `99457`, `99458` (RPM descriptors updated to align with new 10-min and short-duration codes) • `61624`, `61626` (Imaging guidance now bundled)	Watch for revised time thresholds and parenthetical bundling instructions.

Part VI: Official Codebook Tabbing & Highlighting Guide

1. AAPC Exam Room Tabbing Rules

- **Permitted:** Pre-printed commercial tabs, hand-labeled tabs, indexing tabs attached to the outer edge of pages.
- **Strictly Prohibited:** Loose sticky notes, loose scraps of paper, notebook inserts, or taped-in reference tables. Any tab must be permanently adhered to a specific page.

2. The 3-Color Highlighting System

Do not highlight large blocks of text—it causes visual fatigue. Use this strict 3-color scheme: 1. **Yellow (Anatomical Site & Approach):** Highlight keywords such as *percutaneous*, *open*, *laparoscopic*, *endoscopic*, *cervical*, *lumbar*, *single*, *multiple*. 2. **Pink/Red (Inclusions & Traps):** Highlight parenthetical notes stating *"Do not report*

with…", *"Includes fluoroscopy"*, or *"Separate procedure"*. 3. **Green (Primary Action/Measurements):** Highlight the core verb: *excision*, *repair*, *destruction*, and measurement ranges (e.g., *over 4.0 cm*).

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