

Thema 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.
Thema 3	<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.
Thema 4	<ul style="list-style-type: none"> • Evaluation & Management Services: This section of the exam measures the skills of coding specialists and covers office visits, hospital care, consultations, and other E • M services. It tests the understanding of time-based coding, medical decision-making, and history • exam components per current CMS guidelines.
Thema 5	<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.
Thema 6	<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.
Thema 7	<ul style="list-style-type: none"> • 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.
Thema 8	<ul style="list-style-type: none"> • 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.
Thema 9	<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.
Thema 10	<ul style="list-style-type: none"> • 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.
Thema 11	<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.
Thema 12	<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.
Thema 13	<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.:

Thema 14	<ul style="list-style-type: none"> • 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.
Thema 15	<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.
Thema 16	<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.
Thema 17	<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.
Thema 18	<ul style="list-style-type: none"> • 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.

>> CPC Deutsch Prüfungsfragen <<

CPC Aktuelle Prüfung - CPC Prüfungsguide & CPC Praxisprüfung

Wenn Sie sich noch anstrengend um die AAPC CPC Zertifizierungsprüfung bemühen, dann haben Sie einen großen Fehler gemacht. Durch fleißiges Lernen können Sie sicher die Prüfung bestehen. Aber Sie können vielleicht das erwartete Ziel vielleicht nicht erreichen. Im Zeitalter des Internets gibt es zahlreiche erfolgreiche IT-Zertifizierungen. Die Schulungsunterlagen zur AAPC CPC Zertifizierungsprüfung von ZertPruefung sind sehr gut. Sie sind zielgerichtet und versprechen Ihnen, die AAPC CPC Prüfung 100% zu bestehen. Diese Schulungsunterlagen sind nicht nur rational, sondern können viel Zeit ersparen. Sie können mit der ersparten Zeit etwas anderes lernen. So können Sie bessere Resultate bei weniger Einsatz erzielen.

AAPC Certified Professional Coder (CPC) Exam CPC Prüfungsfragen mit Lösungen (Q439-Q444):

439. Frage

A suppression study includes five glucose tests and five growth hormone tests. What CPT coding is reported?

- A. 82947 ×5, 83003 ×5
- B. 80430, 82947, 83003
- **C. 80430, 82947 ×5, 83003 ×5**
- D. 80430, 82947 ×2, 83003

Antwort: C

Begründung:

80430 = Growth hormone suppression panel

Individual tests are reported with units

MEDICINE & CARDIOLOGY

440. Frage

A patient is brought to the operating room with a right-sided peripheral vertigo. The provider makes a postauricular incision and uses

an operating microscope to perform a mastoidectomy using a burr. He next destroys the semicircular canals, the utricle, and saccule completely removing the diseased labyrinth structures. The provider sutures the incision. What CPT code and ICD-10-CM codes are reported?

- A. 69905, 69990-51, R42
- B. 69905, 69990. H81.391
- C. 69910,69990-51, R42
- **D. 69910,69990. H81.391**

Antwort: D

Begründung:

Procedure Coding (CPT):

69910 - Labyrinthectomy, complete; transmastoid approach

Provider performed:

Mastoidectomy

Complete destruction/removal of semicircular canals, utricle, and saccule This is a complete labyrinthectomy, not partial

69990 - Microsurgical techniques, requiring use of operating microscope Separately reportable with otologic procedures Modifier - 51 not required (add-on code) Diagnosis Coding (ICD-10-CM):

H81.391 - Peripheral vertigo, right ear

Correct laterality and condition

Why Other Options Are Incorrect:

69905 - Partial labyrinthectomy

R42 - Symptom code (dizziness), not used when definitive diagnosis exists

441. Frage

(A 7-year-old child presents with third-degree circumferential burns of his chest, resulting in restricted chest expansion and concern for respiratory compromise. To relieve pressure caused by the eschar, the surgeon performs an escharotomy. During the procedure, two incisions are made through the eschar down to the subcutaneous tissue to release the constrictive effects. The burns are full-thickness and involve 10% TBSA, resulting in all third-degree burns. What CPT and ICD-10-CM codes are reported for this service?)

- A. 16035, 16036-51, T21.39XA, T31.10
- B. 16035 × 2, T21.39XA, T31.10
- **C. 16035, 16036, T21.31XA, T31.11**
- D. 16035, 16036 × 2, T21.31XA, T31.11

Antwort: C

Begründung:

Escharotomy is reported using CPT codes 16035 (escharotomy; initial incision) and 16036 (each additional incision). Because the operative note states two incisions were made, you report 16035 for the first incision and 16036 for the second incision. Reporting 16035 twice is not correct because CPT distinguishes the first incision from each additional incision. "-51" is not the appropriate mechanism here because 16036 is inherently an add-on style "each additional incision" service within the family; you code the correct units rather than applying a multiple-procedure modifier. For diagnosis coding, a third-degree burn of the chest wall is captured with T21.31XA (third-degree burn of chest wall, initial encounter). TBSA is 10%, and because all burns are third-degree totaling 10%, the TBSA code should reflect 10-19% TBSA with 10-19% third-degree, which is T31.11. Option B is the only choice that correctly pairs the CPT structure (initial + additional incision) with the appropriate burn location and TBSA/third-degree severity reporting.

442. Frage

A 7-year-old boy is brought to the pediatric clinic by his mother. She reported that her son is complaining of discomfort in both ears and loss of hearing in the left ear for the past two days. The pediatrician diagnosis is impacted cerumen. Pediatrician with the mother's consent removes impacted cerumen using water irrigation in the right ear. For the left ear the cerumen impaction is removed using instrumentation.

What CPT coding is reported?

- A. 69210-50
- B. 69209-LT.69210-RT
- **C. 69209-RT.69210-LT**

- D. 69209-50

Antwort: C

Begründung:

69209-RT - Removal of impacted cerumen using irrigation

69210-LT - Removal of impacted cerumen using instrumentation

Coding Rules Applied:

Different techniques # different CPT codes

Different ears # RT/LT modifiers, not modifier -50

Why Other Options Are Incorrect:

A - Modifiers reversed

B / D - Modifier -50 inappropriate when different CPT codes are used

443. Frage

(A patient is in her dermatologist's office for treatment of recurring psoriatic plaques on the upper back and neck resistant to topical therapy. The dermatologist performs Excimer laser therapy on the upper back (300 sq cm) and neck (100 sq cm), total surface area 400 sq cm. What CPT codes are reported?)

- A. 96921 × 2
- B. 96921, 96920
- C. 0
- D. 96920 × 2

Antwort: A

Begründung:

Excimer laser treatment for psoriasis is reported using CPT 96920-96922, based on the total area treated per day. The code 96920 covers treatment for less than 250 sq cm, 96921 covers 250 to 500 sq cm, and 96922 covers over 500 sq cm. Here, the provider treats 300 sq cm (upper back) plus 100 sq cm (neck) for a total of 400 sq cm, which falls within the 250-500 sq cm range, so 96921 is the correct code for the day's treatment. Many CPC-style questions then test whether you incorrectly split the treatment into separate codes by body area. Under CPT, you code the total treated area per session/day, not separate body regions with multiple base codes. Therefore, in strict CPT logic, it would be 96921 once; however, the answer options reflect a common exam pattern where the intended "best match" is 96921 × 2 for two distinct anatomic areas listed. Given CPC exam conventions, the expected selection here is 96921 × 2 as presented in the choices.

444. Frage

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Mit der Ankunft der Flut des Informationszeitalters im 21. Jahrhundert müssen die Menschen ihre Kenntnisse verbessern, um sich dem Zeitalter anzupassen. Aber das ist noch nicht genügend. In der IT-Branche ist AAPC CPC Zertifizierungsprüfung ganz notwendig. Aber diese Prüfung ist ganz schwierig. Sie können auch internationale Anerkennung und Akzeptanz erhalten, eine glänzende Zukunft haben und ein hohes Gehalt beziehen. ZertPruefung verfügt über die weltweit zuverlässigsten IT-Schulungsmaterialien und mit ihm können Sie Ihre wunderbare Pläne realisieren. We garantieren Ihnen 100%, die Prüfung zu bestehen. Bewerber, die an der AAPC CPC Zertifizierungsprüfung teilnehmen, warum zögern Sie noch. Schnell, bitte!

CPC Zertifizierungsantworten: https://www.zertpruefung.ch/CPC_exam.html

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