CPC인증시험인기덤프문제 & CPC최신시험최신덤프

그리고 Fast2test CPC 시험 문제집의 전체 버전을 클라우드 저장소에서 다운로드할 수 있습니다: https://drive.google.com/open?id=11I7hM5JHzU-ppRCVuV0zoARYrN5LRfzZ

지금 같은 정보시대에, 많은 IT업체 등 사이트에AAPC CPC인증관련 자료들이 제공되고 있습니다, 하지만 이런 사이트들도 정확하고 최신 시험자료 확보는 아주 어렵습니다. 그들의AAPC CPC자료들은 아주 기본적인 것들뿐입니다. 전면적이지 못하여 응시자들의 관심을 쌓지 못합니다.

AAPC CPC 시험요강:

주제	소개
주제 1	- 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.
주제 2	- 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.

주제 3	• 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.
주제 4	• 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.
주제 5	• 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.
주제 6	• 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.
주제 7	• 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.:
주제 8	• 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.
주제 9	• 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.
주제 10	• 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.
주제 11	• 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.
주제 12	• 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.
주제 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.
주제 14	• 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.
주제 15	• 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.

주제 16	• 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.
주제 17	• 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.

CPC최신 시험 최신 덤프 & CPC최신 인증시험 기출문제

IT업계에 종사하는 분이 점점 많아지고 있는 지금 IT인증자격증은 필수품으로 되었습니다. IT인사들의 부담을 덜어드리기 위해Fast2test는AAPC인증 CPC인증시험에 대비한 고품질 덤프를 연구제작하였습니다. AAPC인증 CPC시험을 준비하려면 많은 정력을 기울여야 하는데 회사의 야근에 시달리면서 시험공부까지 하려면 스트레스가 이만저만이 아니겠죠. Fast2test 덤프를 구매하시면 이제 그런 고민은 끝입니다. 덤프에 있는 내용만 공부하시면 IT인증자격증 취득은 한방에 가능합니다.

최신 Certified Professional Coder CPC 무료샘플문제 (Q26-Q31):

질문 # 26
The CPT code book provides full descriptions of medical procedures, with some descriptions requiring the use of a semicolon (;) to distinguish among closely related procedures.
What is the full description of CPT code 35860?

- A. Exploration for postoperative hemorrhage, thrombosis or infection; extremity
- B. Exploration for postoperative hemorrhage, thrombosis or infection; excluding extremity
- C. Exploration for postoperative hemorrhage, thrombosis or infection; neck, chest, abdomen, and/or extremity
- D. Exploration for postoperative hemorrhage, thrombosis or infection; neck and/or extremity

정답：C

설명：
In the CPT code book, code 35860 describes an "Exploration for postoperative hemorrhage, thrombosis or infection" in multiple areas, specifically including the neck, chest, abdomen, and/or extremity. This code is used when a surgeon explores these areas postoperatively to locate and address complications such as bleeding, clots, or infections.
B, C, and D are incorrect as they do not fully encompass all the areas listed in the actual description of CPT code 35860, which includes all four regions (neck, chest, abdomen, and extremity).
Thus, the correct answer is A. Exploration for postoperative hemorrhage, thrombosis or infection; neck, chest, abdomen, and/or extremity.

질문 # 27
A patient presents to the urgent care facility with multiple burns acquired while burning debris in his backyard. After examination the physician determines the patient has third-degree burns of the left and right posterior thighs (10%). He also has second-degree burns of the anterior portion of the right side of his chest wall (8%) and upper back (6%). TBSA is 24% with third-degree burns totaling 10%.
What ICD-10-CM codes are reported, according to 1CD-10-CM coding guidelines?

- A. T24.311A, T24.312A, T21.21XA, T21.23XA, T31.21
- B. T21.21XA, T21.23XA, T24.311A, T24.312A, T31.21
- C. T24.711A, T24.712A, T21.61XA, T31.63XA, T32.21
- D. T24.311A, T24.312A, T21.21XA, T21.23XA, T31.31

정답：A

설명：

In coding burns, ICD-10-CM guidelines indicate that each burn site is coded separately, specifying the degree, location, and extent of the burn. Additionally, a code for total body surface area (TBSA) burned is included when burns cover more than 10% of the body. Here's the breakdown:

1. T24.311A: Represents a third-degree burn on the left thigh, initial encounter.
2. T24.312A: Represents a third-degree burn on the right thigh, initial encounter.
3. T21.21XA: Represents a second-degree burn on the anterior chest wall, initial encounter.
4. T21.23XA: Represents a second-degree burn on the upper back, initial encounter.
5. T31.21: Represents burns with 20-29% TBSA involvement, with third-degree burns covering 10-19% of the TBSA.

Explanation of incorrect answers:

A includes an incorrect TBSA code (T31.21).

B has the correct codes but lists an incorrect TBSA code for third-degree burns.

C uses incorrect burn site codes for the areas involved and incorrect TBSA percentages.

Therefore, the correct answer is D. T24.311A, T24.312A, T21.21XA, T21.23XA, T31.21, which accurately captures the burns' degrees, locations, and TBSA.

질문 # 28

View MR 006399
MR 006399
Operative Report
Preoperative Diagnosis: Chronic otitis media in the right ear
Postoperative Diagnosis: Chronic otitis media in the right ear
Procedure: Eustachian tube inflation
Anesthesia: General
Blood Loss: Minimal
Findings: Serous mucoid fluid
Complications: None
Indications: The patient is a 2-year-old who presented to the office with chronic otitis media refractory to medical management. The treatment will be eustachian tube inflation to remove the fluid. Risks, benefits, and alternatives were reviewed with the family, which include general anesthetic, bleeding, infection, tympanic membrane perforation, routine tubes, and need for additional surgery. The family understood these risks and signed the appropriate consent form.
Procedure in Detail: After the patient was properly identified, he was brought into the operating room and placed supine. The patient was prepped and draped in the usual fashion. General anesthesia was administered via inhalation mask, and after adequate sedation was achieved, a medium-sized speculum was placed in the right ear and cerumen was removed atraumatically using instrument with operative microscope. The tube is dilated, an incision is made to the tympanum and thick mucoid fluid was suctioned. The patient was awakened after having tolerated the procedure well and taken to the recovery room in stable condition.
What CPT coding is reported for this case?

- A. 69436-RT
- B. 69433-RT
- C. 69421-RT
- D. 69420-RT

정답: C

설명:

The procedure involves eustachian tube inflation to remove serous mucoid fluid in the right ear of a 2-year-old patient with chronic otitis media.
Procedure Description:
Eustachian tube inflation to remove fluid.
General anesthesia.
Incision to the tympanum and suctioning of thick mucoid fluid.
CPT Coding:
69421-RT: Eustachian tube inflation, transnasal or transoral; with catheterization, including general anesthesia. The modifier -RT indicates the right ear.
AMA's CPT Professional Edition (current year).
CPT Assistant for detailed coding guidelines on eustachian tube procedures.

질문 # 29

A 55-year-old patient was recently diagnosed with an enlarged goiter. It has been two years since her last visit to the endocrinologist. A new doctor in the exact same specialty group will be examining her. The physician performs a medically appropriate history and exam. The provider reviewed the TSH results and ultrasound. The provider orders a fine needle aspiration biopsy which is a minor procedure.

What E/M code is reported?

- A. 0
- B. 1
- C. 2
- D. 3

정답: D

설명:

The patient is seeing a new doctor in the same specialty group for an enlarged goiter and is undergoing a medically appropriate history and exam, along with a fine needle aspiration biopsy.

Procedure Description:

Medically appropriate history and exam.

Review of TSH results and ultrasound.

Ordering of fine needle aspiration biopsy.

CPT Coding:

99202: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.

Since it has been two years since the last visit and the patient is being seen by a new doctor in the same specialty group, the encounter is considered a new patient visit.

AMA's CPT Professional Edition (current year).

CPT Assistant for detailed coding guidelines on evaluation and management services.

질문 # 30

A surgeon removes the right and left fallopian tubes and the left ovary via an abdominal incision. How is this reported?

- A. 58720-50
- B. 58700-50
- C. 0
- D. 1

정답: D

설명:

* Bilateral salpingo-oophorectomy: This involves the removal of both fallopian tubes and ovaries.

* Right and left fallopian tubes: Both fallopian tubes are removed.

* Left ovary: Only the left ovary is removed.

* Abdominal incision: The procedure is performed via an abdominal approach.

* 58720: Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure).

The procedure involves the removal of both fallopian tubes and one ovary, making 58720 the appropriate code.

References:

* AMA's CPT Professional Edition (current year)

* ICD-10-CM (current year), HCPCS Level II (current year)

질문 # 31

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