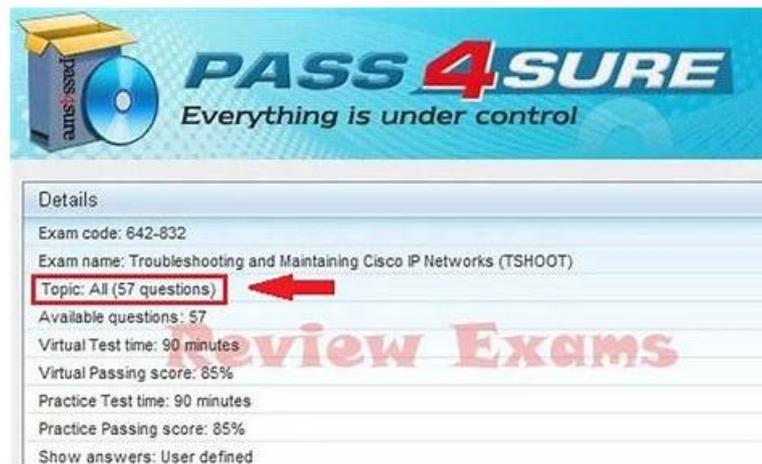


# CPC Pass4sure Dumps & CPC Sichere Praxis Dumps



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## AAPC CPC Prüfungsplan:

Thema	Einzelheiten
Thema 1	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Thema 2	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Thema 3	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Thema 4	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Thema 5	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
Thema 6	<ul style="list-style-type: none"> <li>• Evaluation &amp; Management Services: This section of the exam measures the skills of coding specialists and covers office visits, hospital care, consultations, and other E</li> <li>• M services. It tests the understanding of time-based coding, medical decision-making, and history</li> <li>• exam components per current CMS guidelines.</li> </ul>

Thema 7	<ul style="list-style-type: none"> <li>• <b>Integumentary System:</b> 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.</li> </ul>
Thema 8	<ul style="list-style-type: none"> <li>• <b>Hemic &amp; Lymphatic Systems, Mediastinum, Diaphragm:</b> 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.</li> </ul>
Thema 9	<ul style="list-style-type: none"> <li>• <b>The Business of Medicine:</b> 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.</li> </ul>
Thema 10	<ul style="list-style-type: none"> <li>• <b>Female Reproductive System and Maternity Care &amp; Delivery:</b> 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.</li> </ul>
Thema 11	<ul style="list-style-type: none"> <li>• <b>Digestive System:</b> 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.</li> </ul>
Thema 12	<ul style="list-style-type: none"> <li>• <b>Special Senses (Ocular and Auditory):</b> 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</li> <li>• inner ear, as well as related diagnostic procedures.</li> </ul>
Thema 13	<ul style="list-style-type: none"> <li>• <b>Introduction to CPT®, HCPCS Level II, and Modifiers:</b> 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.</li> </ul>
Thema 14	<ul style="list-style-type: none"> <li>• <b>Accurate ICD-10-CM Coding:</b> 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.</li> </ul>

>> CPC Prüfung <<

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Ob man in einem bestimmten Bereich den Erfolg macht, spiegelt an Ihren Zertifizierungen, sowie in IT-Industrie. Deshalb wollen viele Leute an AAPC CPC Zertifizierungsprüfungen teilnehmen, um Ihre selbe Fähigkeit zu beweisen. Und es ist nicht einfach, AAPC CPC Zertifizierung zu bekommen. Aber wenn sie den kürzeren Weg finden, können Sie die CPC Prüfung leicht bestehen. So wollen Wir Ihnen ZertSoft Dumps empfehlen. Es kann Ihnen helfen, weniger Zeit zu verwenden und die CPC Prüfung zu bestehen.

## AAPC Certified Professional Coder (CPC) Exam CPC Prüfungsfragen mit Lösungen (Q104-Q109):

### 104. Frage

A patient presents to the labor and delivery department for a planned cesarean section for triplets. She is at 37 weeks gestation. She is given a continuous epidural for the delivery.

What anesthesia coding is reported?

- A. 01967, 01968
- B. 01967
- C. 01958
- **D. 01961**

**Antwort: D**

**105. Frage**

A 30-year-old patient with a scalp defect is having plastic surgery to insert tissue expanders. The provider inserts the implants, closes the skin, and increases the volume of the expanders by injecting saline solution. Tissue is expanded until a satisfactory aesthetic outcome is obtained to repair the scalp defect.

What CPT code is reported?

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

**Antwort: A**

Begründung:

The CPT code 11960 is used for the insertion of tissue expanders for other than breast, which includes the scalp in this case. The procedure involves inserting the tissue expanders, closing the skin, and gradually increasing the volume of the expanders until a satisfactory outcome is achieved for repairing the scalp defect. The other options do not accurately describe the procedure performed on the scalp.

AMA's CPT Professional Edition (current year)

**106. Frage**

A 20-year-old female is being seen for the first time by a primary care physician to have a yearly physical.

During the examination for the physical, the provider discovers non-inflamed lesions on her legs and arms.

The physician performs a complete physical and additional separate documentation for the treatment of the lesions on the bilateral upper and lower extremities. The provider has the patient buy an over-the-counter ointment and will continue to watch them.

What CPT coding is reported for this visit?

- A. 99385-25, 99203
- B. 0
- C. 1
- **D. 99385, 99203-25**

**Antwort: D**

Begründung:

CPT code 99385 is used for initial comprehensive preventive medicine evaluation and management of an individual, including a detailed history and examination, and anticipatory guidance. Since additional documentation and treatment for non-inflamed lesions are provided, an additional E/M service code 99203 with modifier -25 (significant, separately identifiable evaluation and management service by the same physician on the same day) is appropriate to indicate both services were rendered. References: CPT Professional Edition (current year), AMA.

**107. Frage**

What modifier is appended to indicate when a procedure performed during the postoperative period is unrelated to the original surgery?

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

**Antwort: C**

Begründung:

Modifier -79 is used to indicate an unrelated procedure or service performed by the same physician during the postoperative (global) period.

-57 = decision for surgery

-25 = significant, separately identifiable E/M

-55 = postoperative management only

Modifier usage is a high-yield CPC exam topic.

### 108. Frage

A patient in a radiology facility has an X-ray examination of her lumbosacral spine due to pain while playing golf. The radiologist takes a complete 7-view of the lumbosacral spine, including bending views.

What CPTcode is reported?

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

**Antwort: B**

Begründung:

1. Procedure and CPTCode Selection:

The patient underwent a 7-view X-ray of the lumbosacral spine, which included bending views. A complete set of views is captured. CPTCode 72114 is appropriate for a complete lumbosacral spine X-ray with a minimum of six views. This code includes comprehensive imaging, such as bending and other specialized views, which were taken in this scenario.

2. Rationale for Excluding Other Options:

Code 72020 is for a single-view X-ray of the spine, which is not adequate to describe a 7-view series.

Code 72080 is for a two- or three-view X-ray of the thoracolumbar spine, which does not cover the full set of seven views described in this scenario.

Code 72084 represents a complete thoracic spine study with multiple views but does not specifically cover the lumbosacral spine, which is the focus of this X-ray examination.

3. AAPC and CPTCoding Guidelines:

According to AAPC and CPTguidelines, 72114 is the correct choice for a complete lumbosacral spine study involving multiple views, including specialized views like bending.

Therefore, the correct answer is C. 72114.

### 109. Frage

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