

CPC인기덤프자료 - CPC덤프



PassTIP CPC 최신 PDF 버전 시험 문제집을 무료로 Google Drive에서 다운로드하세요: <https://drive.google.com/open?id=1M1hQRPeY39fBfcCcVKZzhAle5qOcpepE>

PassTIP는 CPC 시험 문제가 변경되면 CPC 덤프 업데이트를 시도합니다. 업데이트가 가능하면 바로 업데이트하여 업데이트된 최신 버전을 무료로 제공해 드리는데 시간은 1년 동안입니다. CPC 시험을 패스하여 자격증을 취득하고 싶은 분들은 PassTIP 제품을 추천해 드립니다. 온라인 서비스를 찾아주시면 할인해드릴게요.

PassTIP를 검색을 통해 클릭하게 된 지금 이 순간 IT 인증 자격증 취득 AAPC CPC 시험은 더는 힘든 일이 아닙니다. 다른 분들이 AAPC CPC 시험 준비로 수없는 고민을 할 때 고객님의 저희 AAPC CPC 덤프로 제일 빠른 시일 내에 시험을 패스하여 자격증을 손에 넣을 수 있습니다.

>> CPC 인기덤프자료 <<

CPC덤프, CPC 시험대비 최신 덤프 공부자료

IT 국제 공인 자격증 AAPC CPC 시험 대비 덤프를 제공하는 전문적인 사이트로서 회원님의 개인정보를 철저히 보호해드리고 페이지를 통한 결제라 안전한 결제를 진행할 수 있습니다. AAPC CPC 덤프 외에 다른 인증 시험 덤프에 관심이 있으신 분은 온라인 서비스를 클릭하여 문의해주세요.

AAPC CPC 시험요강:

주제	소개
주제 1	<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.
주제 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.
주제 3	<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.
주제 4	<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.:

주제 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.
주제 6	<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.
주제 7	<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.
주제 8	<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.
주제 9	<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.
주제 10	<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.
주제 11	<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.
주제 12	<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.

최신 Certified Professional Coder CPC 무료 샘플문제 (Q268-Q273):

질문 # 268

A patient presents to the surgical suite for a planned sterilization procedure via a bilateral excisional vasectomy. What is the correct CPTcode and diagnosis code for the service?

- A. 55250, Z30.2
- B. 55250-50, Z30.012
- C. 55250-50, Z30.2
- D. 55250, Z30.012

정답: A

설명:

1. Procedure and CPTCode Selection:

The patient underwent a bilateral excisional vasectomy for sterilization.

CPTCode 55250 represents a bilateral vasectomy with excision, which includes postoperative care. The code already implies a bilateral procedure, so it is not necessary to add the -50 modifier for bilateral designation.

2. Diagnosis and ICD-10-CM Code Selection:

ICD-10-CM Code Z30.2 is used for encounter for sterilization and is the correct code to report for a planned sterilization procedure such as a vasectomy.

Code Z30.012 is specific to encounter for sterilization of a female patient, which does not apply in this male patient scenario.

3. Rationale for Excluding Other Options:

55250-50 (in options C and D) is unnecessary because the CPT code 55250 inherently covers a bilateral vasectomy, and applying the -50 modifier is redundant.

Z30.012 (options B and D) is incorrect as it pertains to female sterilization procedures, not male.

4. AAPC and CPT Coding Guidelines:

According to AAPC guidelines, 55250 is reported without a bilateral modifier, as the procedure inherently covers both sides.

Additionally, Z30.2 is the correct ICD-10-CM code for male sterilization procedures.

Thus, the correct answer based on CPT and ICD-10-CM guidelines is A. 55250, Z30.2.

질문 # 269

Mr. Woolridge has had a suspicious lesion on his left shoulder for approximately eight weeks that is not healing. On the dermatologist's exam of left shoulder blade, there is excoriation and scabbing and the lesion not healing. Patient agrees and wishes to proceed with a punch biopsy of the lesion. A punch biopsy is taken of the lesion and sent to pathology. A simple repair is performed at the biopsy site.

What CPT and ICD-10-CM codes are reported?

- A. 11102, 12001-51, D49.2
- B. 11104, 12001-51, L98.9
- C. 11104, D49.2
- D. 11102, L98.9

정답: A

설명:

CPT code 11102 is for punch biopsy of skin, including simple closure. CPT code 12001-51 is for simple repair of superficial wounds, with modifier 51 indicating multiple procedures. ICD-10-CM code D49.2 is used for a neoplasm of unspecified behavior of the bone, soft tissue, and skin. This coding accurately reflects the punch biopsy and simple repair performed on the lesion. AMA's CPT Professional Edition (current year), ICD-10-CM (current year)

질문 # 270

A cardiologist uses the hospital's equipment for a cardiac stress test as he doesn't own equipment for the test. He supervises the test and provides the interpretation and report of the test.

What CPT codes are reported?

- A. 93016, 93018
- B. 93016, 93017, 93018
- C. 93015, 93018
- D. 93015, 93016

정답: A

설명:

Procedure: Cardiac stress test performed using hospital's equipment with the cardiologist providing supervision, interpretation, and report.

CPT Codes:

93016: This code is for supervision only without provision of the equipment.

93018: This code is for interpretation and report only.

Code Selection Justification: Since the cardiologist does not own the equipment, codes 93016 and 93018 correctly represent the supervision, interpretation, and report of the test.

AMA CPT Professional Edition (current year)

질문 # 271

A patient comes in complaining of pain in the lower left back, which is accompanied by a numbing sensation that extends into the leg. Attempts to alleviate the pain with home treatments have been unsuccessful. The provider orders an MRI of the lumbar spine initially without, and then with, contrast material. The images are interpreted by the physician, the final diagnosis is left-sided low back pain with sciatica.

What CPT and ICD-10-CM codes are reported?

- A. 72148,72149, M54.42, M54.50
- B. 72158,M54.42,M54.50
- C. 72158,M54.42
- D. 72148,72149, M54.42

정답: C

설명:

Procedure Coding:

72158 - MRI, lumbar spine; without contrast, followed by with contrast

Single comprehensive code

Diagnosis Coding:

M54.42 - Low back pain with sciatica, left side

Why Other Options Are Incorrect:

B / C - Incorrectly unbundling MRI codes

D - Coding additional unspecified low back pain is inappropriate

질문 # 272

(A 32-year-old is in the outpatient clinic for anoscopy due to increased difficulty swallowing with histiocytosis. The flexible scope is inserted into the esophagus. Examination notes narrowing in the distal esophagus. Following an injection of Kenalog, a transendoscopic balloon dilation is performed in the area of stenosis, eventually reaching 18 mm. What CPT coding is reported for this procedure?)

- A. 43220, 43201
- B. 43214, 43201
- C. 43220, 43204
- D. 43220, 43200-59

정답: A

설명:

This encounter includes two reportable endoscopic services: esophagoscopy with dilation and a submucosal injection performed via the endoscope. Balloon dilation of an esophageal stricture/stenosis performed transendoscopically is captured by 43220 (esophagoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus). The scenario also documents an injection of Kenalog delivered endoscopically to the stenotic area; endoscopic injection is reported with 43201 (esophagoscopy with directed submucosal injection

[s]). These services are not mutually exclusive when both are performed and documented, and no separate diagnostic-only esophagoscopy code is reported because the therapeutic codes include the scope. Option D is incorrect because 43200 is the base diagnostic esophagoscopy and should not be reported in addition to the therapeutic dilation; modifier -59 does not fix that bundling. Options A and B include codes that do not match the described esophagoscopy balloon dilation plus injection combination. Therefore, 43220 and 43201 is correct.

질문 # 273

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PassTIP는 여러분의 꿈을 이루어 줄 뿐만 아니라 일년 무료 업뎃서비스도 따릅니다. PassTIP에서 제공하는 덤프로 여러분은 100% 시험을 패스하실 수 있고 AAPC CPC 자격증을 취득하실 수 있습니다. 지금 바로 사이트에서 AAPC CPC 덤프 데모 즉 덤프의 일부 문제와 답을 다운 받으셔서 체험하실 수 있습니다.

CPC 덤프 : <https://www.passtip.net/CPC-pass-exam.html>

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