높은통과율CPC덤프데모문제다운인기덤프

그 외, PassTIP CPC 시험 문제집 일부가 지금은 무료입니다: https://drive.google.com/open?id=1u93DHlLjEGvwHnGrbRKTIg4_IzV-rn7d

IT인증자격증을 취득하는 것은 IT업계에서 자신의 경쟁율을 높이는 유력한 수단입니다. 경쟁에서 밀리지 않으려면 자격증을 많이 취득하는 편이 안전합니다.하지만 IT자격증취득은 생각보다 많이 어려운 일입니다. AAPC인증 CPC시험은 인기자격증을 취득하는데 필요한 시험과목입니다. PassTIP는 여러분이 자격증을 취득하는 길에서의 없어서는 안될 동반자입니다. PassTIP의AAPC인증 CPC덤프로 자격증을 편하게 취득하는게 어떨가요?

AAPC CPC 시험요강:

주제	소개
주제 1	• 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 2	• 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 3	• 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 4	• 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 5	• 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 6	• 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 7	• 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 8	• 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.
주제 9	• 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 10	• 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 11	• 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 12	• 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 13	• 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 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.

>> CPC덤프데모문제 다운 <<

CPC인증시험 인기 덤프문제, CPC최신 업데이트 시험덤프문제

PassTIP의AAPC인증 CPC시험덤프공부가이드 마련은 현명한 선택입니다. AAPC인증 CPC덤프구매로 시험패스가 쉬워지고 자격증 취득율이 제고되어 공을 많이 들이지 않고서도 성공을 달콤한 열매를 맛볼수 있습니다.

최신 Certified Professional Coder CPC 무료샘플문제 (Q151-Q156):

질문 # 151
Which one of the following is an example of a case in which a diabetes-related problem exists and the code for diabetes is never sequenced first?

- A. If the patient has an underdose of insulin due to an insulin pump malfunction
- B. If the patient is being treated for type 2 diabetes
- C. If the patient is being treated for secondary diabetes
- D. If the patient has hyperglycemia that Is not responding to medication

정답：A

설명：
When a patient experiences an underdose of insulin due to an insulin pump malfunction, the primary reason for the encounter would be the malfunction itself, which is coded first. The resulting hyperglycemia or hypoglycemia due to the pump failure is a secondary condition. According to ICD-10-CM guidelines, the code for the mechanical complication of the pump (T85.633-) is sequenced first, followed by a code for the diabetes with complication (E11.65 for type 2 diabetes with hyperglycemia).References: ICD-10-CM (current year), Chapter 19: Injury, Poisoning and Certain Other Consequences of External Causes (S00-T88), ICD-10-CM Official Guidelines for Coding and Reporting, Section I.C.4.

질문 # 152
(Full Case:Preoperative diagnosis:Recurrent dysphagia.Postoperative diagnosis:Hiatal hernia with obstruction. Procedure:EGD with dilation.Consent:PAR conference; informed consent signed; premedication given. Position/monitoring:left lateral decubitus; monitored with BP cuff and pulse oximeter throughout.Topical: Hurricaine spray to posterior pharynx.Scope passage:flexible endoscope passed under direct visualization through cricopharyngeus into esophagus; advanced with identification of EG junction into stomach; rugal folds visualized; advanced to antrum/pylorus; pylorus cannulated; duodenal bulb and second portion visualized; retroflexed views of cardia/fundus/lesser curvature.Dilation technique:guidewire placed in antrum; scope removed; wire positioned by markings;#14 French dilatorpassed into stomach area;esophageal dilation performed over guidewire.Findings:tortuous/shortened esophagus; large sliding hiatal hernia; EG junction ~30 cm; stomach abnormal with very large sliding hiatal hernia; duodenum normal.Question:What CPT coding is reported?)

- A. 0
- B. 43235, 43248
- C. 1
- D. 43235, 43249

정답：C

설명：
The documented service is an upper GI endoscopy (EGD) withesophageal dilationperformed using aguidewireand a passed dilator ("dilation performed over the guidewire"). In CPT, when a therapeutic endoscopic service is performed, you report thetherapeutic EGD code, not the separate diagnostic EGD code, because diagnostic visualization is inherent in performing the therapeutic procedure. Therefore,43235 (diagnostic EGD) is not additionally reported. The key distinction between the dilation codes offered is the method:43248describes EGD withesophageal dilation using a guidewire technique(bougie/dilator passed over a guidewire), which matches the narrative: guidewire placed in the antrum, scope removed, and a dilator passedover the guidewireinto the stomach area. Code43249generally reflects balloon dilation of the esophagus performed endoscopically; the note does not describe balloon inflation, diameter, or balloon equipment. The hiatal hernia findings and dysphagia indication support medical necessity but do not change code selection. Thus, the correct CPT code is43248alone.

질문 # 153
A patient presents with fever, cough, SOB, and a recent history of COVID-19. A PCR test was positive for COVID-19. The provider documents a final diagnosis of "pneumonia with history of COVID-19." What ICD-10-CM coding is reported?

- A. J18.9, U09.9
- B. U07.1, J22
- C. J18.9, Z86.16
- D. U07.1, J20.9

정답：C

설명：
The provider documents history of COVID-19, not active COVID-19.
Z86.16 = Personal history of COVID-19
J18.9 = Pneumonia, unspecified organism
Codes U07.1 and U09.9 are for current or post-COVID conditions, which are not documented here.
Therefore, A is correct.

질문 # 154
A physician orders an obstetric panel that includes syphilis screening using the non-treponemal antibody approach, an automated CBC with manual differential WBC count, HBsAg, rubella antibody, a serum antibody screen, and ABO and Rh blood typing. What CPTcoding is reported?

- A. 85027, 85007, 87340, 86762, 86780, 86850, 86900, 86901
- B. 0
- C. 80055, 85027, 85007, 87340, 86762, 86780, 86850, 86900, 86901
- D. 80081, 86780

정답：B

설명：
1. Procedure and CPTCode Selection:
The obstetric panel ordered includes the following tests: syphilis screening (non-treponemal), automated CBC with manual differential WBC count, HBsAg, rubella antibody, serum antibody screen, and ABO/Rh blood typing.
CPTCode 80055 is for a comprehensive obstetric panel that includes all these components. This code is intended to report the entire panel of tests as a bundled service rather than itemizing each individual test.
2. Rationale for Excluding Other Options:
Option B lists the individual component codes for each test in the obstetric panel (e.g., 85027, 85007, 87340, etc.), but using 80055 is more appropriate because it provides a single code to report the full obstetric panel and follows CPTbundling guidelines.
Option C also lists the individual tests separately, which is unnecessary when 80055 includes all these components.
Option D lists 80081, which is for an obstetric panel that includes HIV testing. Since HIV testing is not part of the tests described in this scenario, 80081 is incorrect.
3. AAPC and CPTCoding Guidelines:
AAPC guidelines recommend using the single code 80055 when all components of an obstetric panel are ordered together, as itemizing each test individually is not necessary.
Therefore, the correct answer is A. 80055.

질문 # 155
A patient who was training for a marathon collapsed due to heat exhaustion on a very hot day. The patient is driven by his wife to a non-facility urgent care center for him to be treated. On examination, the physician diagnoses heat exhaustion and dehydration. The physician began IV therapy of normal saline that consists of pre-packaged fluid and electrolytes. The hydration lasts for 1 and 30 minutes.
What CPTcoding is reported?

- A. 0
- B. 1
- C. 96365, 96366
- D. 96360, 96361

정답：D

설명：
1. Procedure and CPTCode Selection:
The patient received IV hydration therapy with normal saline, which lasted for 1 hour and 30 minutes.
CPTCode 96360 is used for initial IV hydration for the first hour. This code applies to the first 31-60 minutes of hydration therapy.
CPTCode 96361 is used for each additional hour of IV hydration. Since the hydration lasted 1 hour and 30 minutes, 96361 should be reported once to cover the additional 30 minutes after the initial hour.
2. Rationale for Excluding Other Options:
Code 96365 is for initial IV infusion for therapeutic, prophylactic, or diagnostic purposes, rather than hydration, and is not applicable in this case.
Code 96366 is used for additional therapeutic, prophylactic, or diagnostic infusions and does not apply to hydration services.
Option A (96360) would only cover the initial hour of hydration, missing the additional 30 minutes, which is appropriately coded with 96361.
3. AAPC and CPTCoding Guidelines:
According to AAPC and CPTguidelines, 96360 should be used for the first hour of IV hydration, and
96361 should be used for each additional hour or portion of an hour beyond the initial 60 minutes.
Therefore, the correct answer is D. 96360, 96361.

질문 # 156
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AAPC인증 CPC시험은 인기있는 IT자격증을 취득하는데 필요한 국제적으로 인정받는 시험과목입니다. AAPC인증 CPC시험을 패스하려면 PassTIP의AAPC인증 CPC덤프로 시험준비공부를 하는게 제일 좋은 방법입니다. PassTIP덤프는 IT전문가들이 최선을 다해 연구해낸 멋진 작품입니다. AAPC인증 CPC덤프구매후 업데이트될시 업데이트버전을 무료서비스료 제공해드립니다.

CPC인증시험 인기 덤프문제: https://www.passtip.net/CPC-pass-exam.html

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BONUS!!! PassTIP CPC 시험 문제집 전체 버전을 무료로 다운로드하세요: https://drive.google.com/open?id=1u93DHlLjEGvwHnGrbRKTIg4_IzV-rn7d