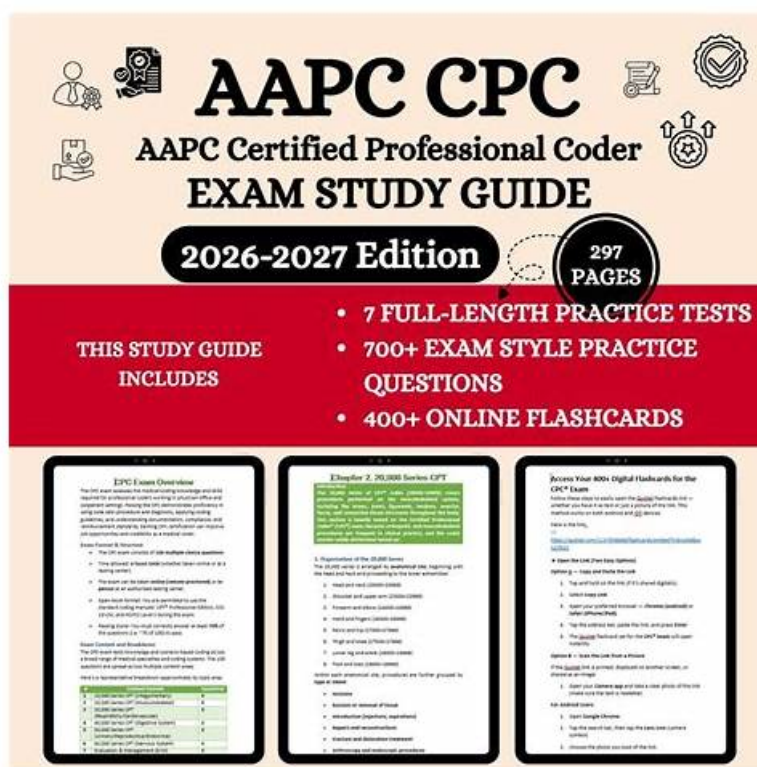


AAPC CPC関連資料、CPC全真模擬試験



BONUS!!! CertJuken CPCダンプの一部を無料でダウンロード: <https://drive.google.com/open?id=1bGxdJFKuSznRJ-6kqzTKy0Y0v0qEAKS5>

AAPCのCPC認定試験に合格するためにたくさん方法があって、非常に少ないの時間とお金を使いのは最高で、CertJukenが対応性の訓練が提供いたします。

AAPC CPC 認定試験の出題範囲:

トピック	出題範囲
トピック 1	<ul style="list-style-type: none"> 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.
トピック 2	<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.
トピック 3	<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.
トピック 4	<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.

トピック 5	<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.:
トピック 6	<ul style="list-style-type: none"> • 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.
トピック 7	<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.
トピック 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.
トピック 9	<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.
トピック 10	<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.
トピック 11	<ul style="list-style-type: none"> • 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.
トピック 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.
トピック 13	<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.
トピック 14	<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.
トピック 15	<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.
トピック 16	<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.
トピック 17	<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.

CPC試験の準備方法 | ユニークなCPC関連資料試験 | 最新のCertified Professional Coder (CPC) Exam全真模擬試験

CPC試験に合格すると、特定の分野で能力と知識が向上し、高い給料で良い仕事が見つかるため、テストCPC証明書はますます重要になっています。CPC試験の教材を購入すると、CPC試験に簡単に合格することができます。CPC試験の教材は99%~100%の高い合格率を持っていることが証明されたデータがあります。CPCトレーニング質問で勉強すると、確実にCPC試験に合格します。

AAPC Certified Professional Coder (CPC) Exam 認定 CPC 試験問題 (Q114-Q119):

質問 # 114

A patient had surgery a year ago to repair two flexor tendons in his forearm. He is in surgery for a secondary repair for the same two tendons.

Which CPT coding is reported?

- A. 25272 x 2
- B. 0
- C. 1
- **D. 25263 x 2**

正解: D

質問 # 115

A patient who has colon adenocarcinoma undergoes an open partial colectomy. The surgeon removes the proximal colon and terminal ileum and reconnects the cut ends of the distal ileum and remaining colon.

What procedure and diagnosis codes are reported?

- A. 44205, C18.9
- B. 44140, C18.9
- C. 44204, C18.2
- **D. 44160, C18.2**

正解: D

解説:

1. Procedure and CPT Code Selection:

The patient underwent an open partial colectomy involving the removal of the proximal colon and terminal ileum with reconnection of the distal ileum to the remaining colon.

CPT Code 44160 is specific for an open partial colectomy with removal of a portion of the colon and the terminal ileum with an ileocolostomy (reconnection of the ileum to the colon). This accurately describes the procedure performed.

Code 44140 is for a partial colectomy without removal of the terminal ileum, making it inappropriate in this case.

Codes 44205 and 44204 involve laparoscopic approaches for colectomy procedures, but since this procedure was open, these codes are not suitable.

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

ICD-10-CM Code C18.2 is for a malignant neoplasm of the ascending colon, which is specified in this case as colon adenocarcinoma.

Code C18.9 represents an unspecified malignant neoplasm of the colon, which is less specific than C18.2.

Therefore, C18.2 is the most accurate choice based on the location of the adenocarcinoma.

3. AAPC and CPT Coding Guidelines:

Per AAPC guidelines, selecting the correct colectomy code involves identifying the specific approach (open vs. laparoscopic) and anatomical structures resected, both of which align with 44160 for this open ileocolic resection.

Thus, the correct answer, based on CPT and ICD-10-CM guidelines, is D. 44160, C18.2.

質問 # 116

A patient presents with fever, cough, SOB, and fatigue. PCR test is positive for COVID-19. Final diagnosis: pneumonia due to COVID-19. What ICD-10-CM coding is reported?

- A. U07.1, J12.82
- B. U07.1, J20.8
- C. U07.1, J18.9
- D. U07.1, J20.9

正解: A

解説:

U07.1 = COVID-19

J12.82 = Pneumonia due to COVID-19 This follows COVID-19 coding guidelines for confirmed cases.

質問 # 117

A 64-year-old with congestive heart failure (CHF) has pericardial effusion. The provider inserts a needle under ultrasound guidance, aspirating the fluid from the pericardial sac.

What CPT coding is reported?

- A. 0
- B. 33017, 76942
- C. 1
- D. 33016, 76942

正解: C

解説:

33016 = Pericardiocentesis, including imaging guidance (e.g., ultrasound) when performed. Because the code already includes imaging guidance, you do not separately report 76942. So the correct coding is 33016 only → B.

質問 # 118

(An 8-day-old newborn, weighing 3 kilograms, is seen for a circumcision. A numbing cream is applied. A circumferential incision is made and the foreskin is excised with a scalpel. What CPT coding is reported?)

- A. 54160-63
- B. 54150-52
- C. 0
- D. 1

正解: C

解説:

Newborn circumcision coding depends primarily on whether the circumcision is performed using a clamp/device technique versus a surgical excision technique. CPT 54150 is commonly associated with circumcision using a clamp or other device method (often described with a Gomco/Mogen-type approach in many training contexts). In contrast, CPT 54160 represents surgical circumcision using a circumferential incision with excision of the foreskin—matching the documentation ("circumferential incision... foreskin excised with a scalpel").

The infant's age (8 days old) supports that this is a newborn service, but the decisive factor in this vignette is the technique described. Modifier-52 (reduced services) is not supported because the full circumcision service is performed. Modifier-63 applies to procedures performed on infants less than 4 kg for certain CPT codes when applicable, but it is not universally appended and is not the best answer here given typical CPC exam expectations for standard newborn circumcision technique identification. Therefore, 54160 is correct.

質問 # 119

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CertJukenのCPC問題集はあなたを楽に試験の準備をやらせます。それに、もし最初で試験を受ける場合、試験

のソフトウェアのバージョンを使用することができます。これは完全に実際の試験雰囲気とフォーマットをシミュレートするソフトウェアですから。このソフトで、あなたは事前に実際の試験を感じることができます。そうすれば、実際のCPC試験を受けるときに緊張をすることは不会です。ですから、心のリラックスした状態で試験に出る問題を対応することができます、あなたの正常なレベルをプレイすることもできます。

CPC全真模擬試験: <https://www.certjuken.com/CPC-exam.html>

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