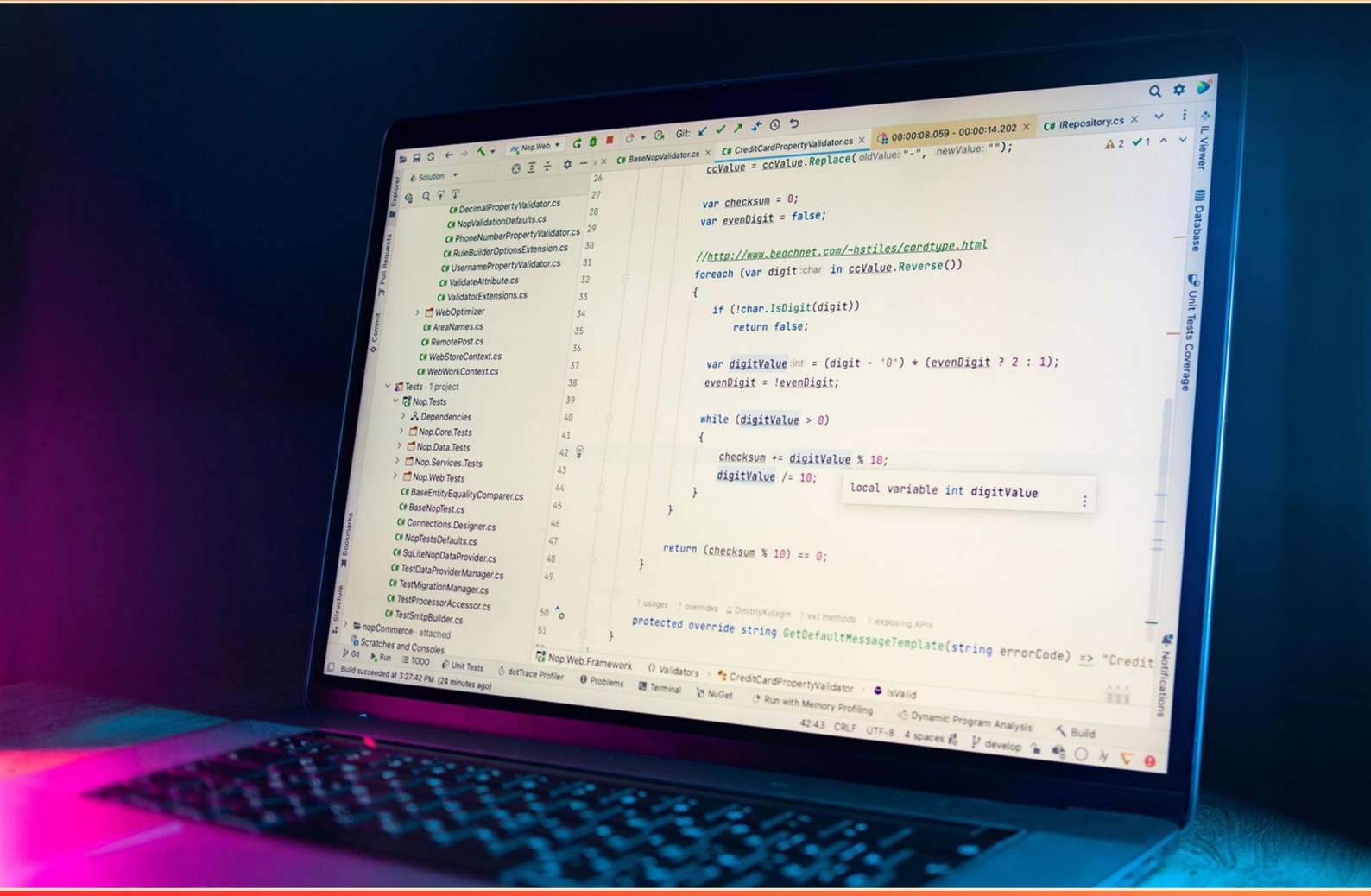
3-2-1 CODE IT! EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://321codeit1.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1
Table of Contents 2
Introduction 3
How to Use This Guide 4
Questions 5
Answers 8
Explanations 10
Next Steps 16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

SAMPLE

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

SAMPLE

Questions

SAMPLE

1. What does a subterm indicate in ICD coding?

A. An additional condition must be documented

B. A specific type of the main term

C. The severity of the main diagnosis

D. Alternative treatments for the diagnosis

2. What represents an online professional network for discussing various topics?

A. Place-bound conference

B. Application service provider

C. Listserv

D. Wide area network

3. What defines a "sequel" in ICD-10-CM?

A. A newly acquired condition

B. A condition resulting from a previous disease or injury

C. A complication from a procedure

D. A pre-existing condition

4. What term is used for the general rules included in the ICD-10-CM and ICD-10-PCS classifications?

A. guidelines

B. conventions

C. regulations

D. statutes

5. What does a CPT code generally indicate?

A. A specific diagnosis

B. A type of healthcare insurance

C. A medical procedure or service

D. A patient's age group

SAMPLE

6. In the ICD-10-CM index main term Stricture, which term is identified as the nonessential modifier?

A. disorder

B. condition

C. stenosis

D. disease

7. In coding, what is a "root operation"?

A. A type of medical billing error

B. A fundamental action taken during a procedural intervention

C. A specific code category within ICD-10

D. A measurable outcome of a procedure

8. Conditions that are not integral to a disease process should be treated how in coding?

A. They are not coded when documented

B. They result in a physician query

C. They should always have modifiers added

D. They should be coded when present

9. ICD-10-PCS codes are primarily associated with procedures performed where?

A. In physician offices

B. In outpatient clinics

C. In nursing homes

D. In inpatient hospitals

10. Which four organizations are known to approve the Official Guidelines for Coding and Reporting?

A. AHA, AHIMA, DOJ, FDA

B. AMA, AHIMA, OIG, SSA

C. AMA, AHIMA, CMS, NCHS

D. AHA, AHIMA, CMS, NCHS

SAMPLE

Answers

SAMPLE

1. B
2. C
3. B
4. B
5. C
6. C
7. B
8. D
9. D
10. D

SAMPLE

Explanations

SAMPLE

1. What does a subterm indicate in ICD coding?

A. An additional condition must be documented

B. A specific type of the main term

C. The severity of the main diagnosis

D. Alternative treatments for the diagnosis

In ICD coding, a subterm indicates a specific type of the main term. Each main term in the ICD coding system can have several subterms that narrow down the classification of a diagnosis. This specificity allows coders to accurately capture the nuances of a patient's condition and ensures that the clinical details are appropriately reflected in the coding. For instance, if the main term is "diabetes," subterms may describe different types of diabetes or the presence of complications associated with it, thereby providing a clearer picture of the patient's health status. The other options do not accurately reflect the role of a subterm. While an additional condition or severity might be important in clinical documentation, they are not directly indicated by a subterm. Similarly, treatments are not captured by subterms in the coding system, as coding focuses primarily on diagnoses rather than therapeutic approaches.

2. What represents an online professional network for discussing various topics?

A. Place-bound conference

B. Application service provider

C. Listserv

D. Wide area network

A listserv refers to an automated mailing list that allows individuals to send messages to a group of subscribers via email. It serves as a platform where members can engage in discussions about a wide range of topics, share information, ask questions, and provide support. This form of online communication creates a professional network where individuals with common interests can interact and exchange ideas efficiently, regardless of their physical location. Other options do not fit this context. A place-bound conference refers to in-person gatherings that require participants to be present at a specific location, while an application service provider generally refers to a business that offers software applications over the internet. A wide area network connects computers over large distances, facilitating data transfer but does not serve as a platform for discussion. Therefore, the characteristics of a listserv align perfectly with the concept of an online professional network.

SAMPLE

3. What defines a "sequel" in ICD-10-CM?

A. A newly acquired condition

B. A condition resulting from a previous disease or injury

C. A complication from a procedure

D. A pre-existing condition

A sequel in ICD-10-CM refers specifically to a condition that arises as a direct result of a previous disease or injury. This concept is important in medical coding because it allows healthcare providers and coders to accurately document and capture the full scope of a patient's medical history and complications arising from prior health events. In the coding system, after a disease or injury has been resolved, any ongoing or subsequent complications that are directly linked to that initial event can be classified as sequels. This ensures that the medical records and data reflect the proper relationships between conditions, which can significantly affect treatment plans and insurance claims. The other choices do not accurately capture the definition of a sequel. For instance, a newly acquired condition is not inherently related to previous health issues but rather stands on its own. Complications from a procedure can occur independently of prior diseases, and a pre-existing condition does not necessarily arise from something previous but instead indicates ongoing health issues that were present before current treatment or diagnosis. Thus, the definition of a sequel fits best with the idea of a condition that results from a prior event, which aids in understanding patient care continuity and management.

4. What term is used for the general rules included in the ICD-10-CM and ICD-10-PCS classifications?

A. guidelines

B. conventions

C. regulations

D. statutes

The correct term for the general rules included in the ICD-10-CM and ICD-10-PCS classifications is "conventions." These conventions provide important instructions that help in the correct coding of diagnoses and procedures. They are essential for ensuring uniformity and consistency in how codes are applied, making it easier for healthcare professionals, billers, and coders to accurately document patient care. Conventions include definitions, instructional notes, official guidelines, and categories that guide users in selecting the appropriate codes for various conditions and services. Other terms, while they may seem related, do not correctly capture the specific nature of these rules. For example, "guidelines" often refer to broader recommendations or a set of instructions that may or may not be exclusive to coding, while "regulations" and "statutes" imply legal requirements rather than coding standards in healthcare settings. Therefore, "conventions" distinctly describes the set of rules specifically designed for accurate coding within the ICD-10 framework.

SAMPLE

5. What does a CPT code generally indicate?

A. A specific diagnosis

B. A type of healthcare insurance

C. A medical procedure or service

D. A patient's age group

A CPT code, which stands for Current Procedural Terminology code, is specifically designed to provide a standardized method for reporting medical procedures and services across healthcare settings. These codes are used primarily for billing and documenting healthcare services provided to patients, ensuring consistency in how these services are referenced. The purpose of CPT codes is to identify and describe the actual medical, surgical, and diagnostic services performed by healthcare providers. This allows for clear communication between healthcare professionals, insurers, and other stakeholders involved in patient care. By utilizing CPT codes, providers can ensure they are accurately paid for the services they render, which is crucial for the sustainability of healthcare practices. In contrast, codes that refer to specific diagnoses, types of insurance, or patient demographics do not fulfill the primary role of CPT codes, which is focused explicitly on the actions or services provided.

6. In the ICD-10-CM index main term Stricture, which term is identified as the nonessential modifier?

A. disorder

B. condition

C. stenosis

D. disease

In the ICD-10-CM index, a nonessential modifier is a term that can be used to provide additional information about a main term but is not required for coding purposes. When looking at the main term "Stricture," the term "stenosis" is identified as a nonessential modifier. "Stenosis" refers to an abnormal narrowing of a body passage which can describe a type of stricture but does not change the essential meaning of the main term itself. The main term "Stricture" can stand alone as it pertains to the narrowing, while "stenosis" adds specificity but is not required to convey the main concept. In contrast, other options like "disorder," "condition," and "disease" serve more as general descriptors of the state or nature of a stricture and are not defined as nonessential modifiers in this context. They imply a broader classification of health issues, but the term "stenosis" is more specific, making it nonessential in the coding hierarchy for this particular main term.

7. In coding, what is a "root operation"?

A. A type of medical billing error

B. A fundamental action taken during a procedural intervention

C. A specific code category within ICD-10

D. A measurable outcome of a procedure

A "root operation" refers to the fundamental actions or procedures that are performed during a surgical intervention as categorized in the medical coding systems, particularly in the ICD-10-PCS (Procedure Coding System). Each root operation is defined based on its intent, objectives, and the techniques used, providing a standardized way to classify surgical procedures. This classification helps ensure consistency in reporting and billing for medical services. Understanding root operations is vital for coding accuracy, as it influences both the procedure coding and subsequent billing. For example, root operations include activities such as resection, excision, and replacement, and each has specific coding guidelines to follow. The other choices reflect concepts that do not capture the essence of what a root operation represents in the context of medical coding. Being aware of the definition and implications of root operations is essential for effective coding practices.

EXAMPLE

8. Conditions that are not integral to a disease process should be treated how in coding?

A. They are not coded when documented

B. They result in a physician query

C. They should always have modifiers added

D. They should be coded when present

When coding for conditions that are not integral to a disease process, it is important to recognize that these conditions can still impact a patient's care and treatment. Therefore, they should be coded when present. This ensures that the medical record accurately reflects all aspects of a patient's health status and provides a complete picture for anyone reviewing the record, including other healthcare providers and insurance companies. Coding these additional conditions is crucial as they often affect the complexity of the treatment provided or influence the overall management of the patient's condition. Proper coding of these non-primary conditions allows for more accurate reporting, which can help in understanding the full scope of a patient's medical issues and potentially inform future treatment options. In contexts where the other choices were offered, they refer to scenarios that do not align with the recommended practices for coding additional conditions that might not directly lead to the disease process but are relevant enough to encompass the patient's overall health assessment.

9. ICD-10-PCS codes are primarily associated with procedures performed where?

A. In physician offices

B. In outpatient clinics

C. In nursing homes

D. In inpatient hospitals

ICD-10-PCS codes are specifically designed for use in inpatient settings, particularly for the classification of procedures performed in hospitals. This coding system captures detailed information about surgical procedures and other interventions done during a patient's stay in an inpatient hospital. Each code provides comprehensive data related to the procedure, such as the type, approach, and body part involved, which is essential for billing, healthcare analytics, and reporting purposes that are primarily associated with inpatient care. In contrast, the other settings mentioned—physician offices, outpatient clinics, and nursing homes—utilize different coding systems more suited for the range of services and procedures performed in those environments, such as the Current Procedural Terminology (CPT) for outpatient services and various coding methods for long-term care facilities.

SAMPLE

10. Which four organizations are known to approve the Official Guidelines for Coding and Reporting?

A. AHA, AHIMA, DOJ, FDA

B. AMA, AHIMA, OIG, SSA

C. AMA, AHIMA, CMS, NCHS

D. AHA, AHIMA, CMS, NCHS

The correct answer highlights the organizations that collaborate to develop the Official Guidelines for Coding and Reporting, which are crucial for ensuring accurate medical coding practices. The American Health Information Management Association (AHIMA) and the American Hospital Association (AHA) play significant roles in providing guidelines and support for health information management and hospital administration, respectively. The Centers for Medicare & Medicaid Services (CMS) is involved in overseeing the nation's healthcare policies and regulations, including coding guidelines. The National Center for Health Statistics (NCHS) contributes to the establishment of standards and guidelines related to health statistics, which are essential in coding and reporting accurately. These organizations collectively ensure that the coding practices employed in healthcare settings reflect the most current standards and frameworks, making the coding process coherent and standardized across the healthcare system. The other choices include organizations that do not have a direct role in this specific aspect, which differentiates them from the correct selection.

SAMPLE

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://321codeit1.examzify.com

We wish you the very best on your exam journey. You've got this!

SAMPLE