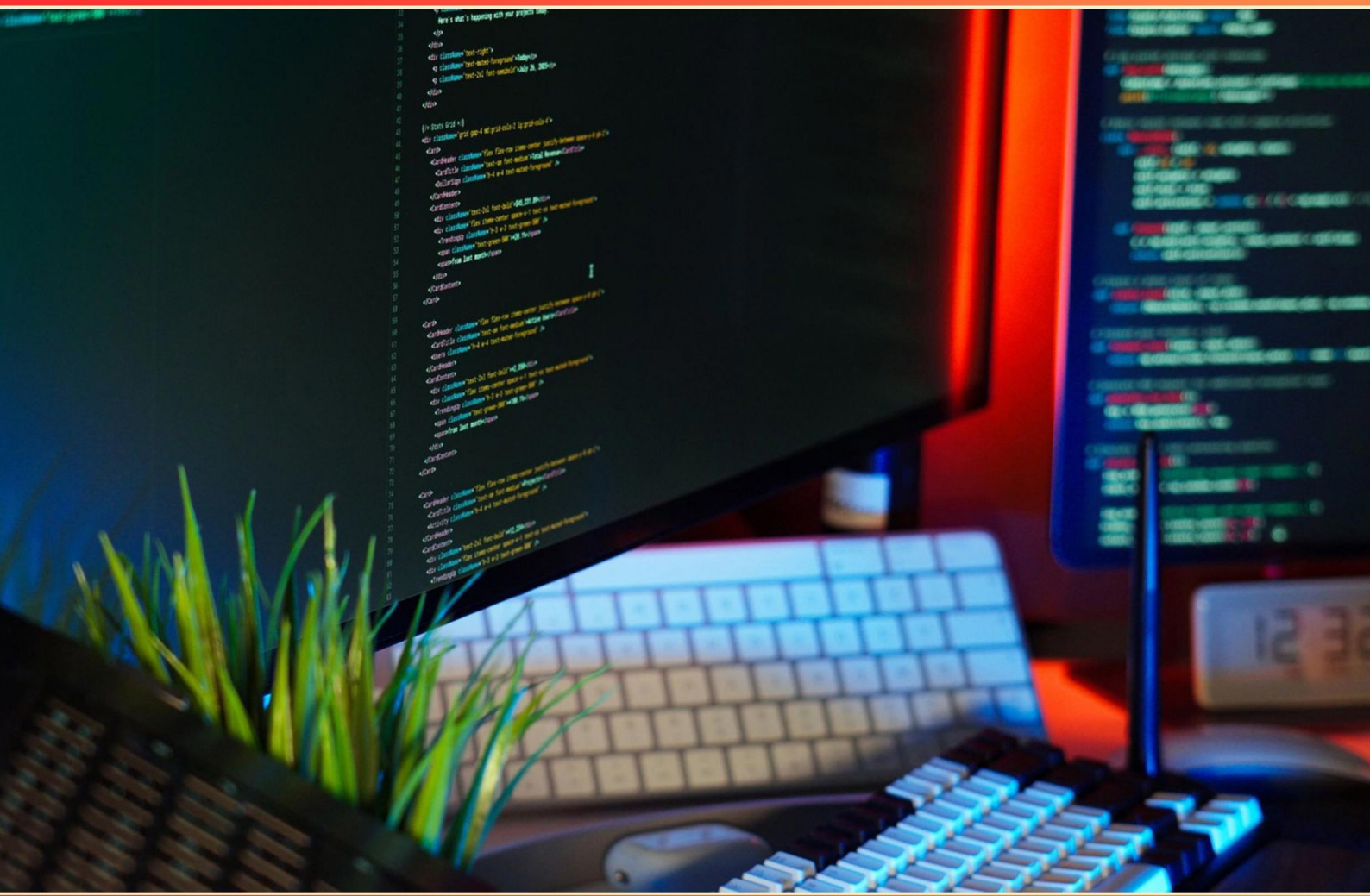
# AAPC CERTIFIED EVALUATION AND MANAGEMENT CODER (CEMC) PRACTICE EXAM (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE**

https://aapccemc.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 the 7th character in Chapter 19 codes indicate?**
   - A. The severity of the injury
   - B. The episode of care
   - C. The cause of the injury
   - D. The treatment type

2. **What is the requirement for proving time spent with a patient in critical care?**
   - A. Must be documented in office notes
   - B. Must be recorded in the patient's record
   - C. Time must be continuous without breaks
   - D. Only needs to include contact with the family

3. **What type of services should be reported for a patient who is not critically ill but is in a critical care unit?**
   - A. Critical care codes
   - B. Other appropriate E/M codes
   - C. Transport service codes
   - D. Inpatient visit codes

4. **What is the purpose of conducting a venipuncture?**
   - A. To remove impacted cerumen
   - B. To collect blood specimens for laboratory testing
   - C. To inject medications
   - D. To perform a joint aspiration

5. **What specific guideline exists for secondary diabetes due to a pancreatectomy?**
   - A. Code E89.1 first, followed by a code from category E13
   - B. Code from category E13 first, then E89.1
   - C. Primary diabetes should always be reported
   - D. Coding is not necessary for pancreatectomy cases

SAMPLE

**6. What is not a determining factor when selecting a diabetes diagnosis?**

A. Age of the patient

B. Insulin dependence

C. Body weight

D. Family history of diabetes

**7. When are emergency department codes not applicable for reporting?**

A. When the patient is admitted

B. When services are rendered in a physician's office

C. When a follow-up is required

D. During a telehealth visit

**8. Which word indicates a possible open fracture in medical records?**

A. Comminuted

B. Puncture

C. Linear

D. Transverse

**9. Which categories should be used as a secondary diagnosis with burn/corrosion codes?**

A. T30 and T31

B. T31 and T32

C. T32 and T33

D. T33 and T34

**10. Which factor does not influence the coding of medical decision making?**

A. The number of past visits

B. The nature of the presenting problem

C. The number of diagnosis options

D. The status of the problem

SAMPLE

# Answers

SAMPLE

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

SAMPLE

# Explanations

SAMPLE

## 1. What does the 7th character in Chapter 19 codes indicate?

A. The severity of the injury

B. The episode of care

C. The cause of the injury

D. The treatment type

*The seventh character in Chapter 19 codes, which pertain to injury, poisoning, and certain other consequences of external causes, specifically indicates the episode of care. This is crucial for providing a clear and comprehensive description of the patient's condition, as well as for tracking the treatment process over time. The episode of care can indicate whether the treatment is being provided for an initial encounter, a subsequent encounter, or a sequela. For instance, this differentiation is essential in establishing whether the patient is still receiving treatment for an ongoing issue or if they are returning for follow-up care after an initial treatment period. Understanding the episode of care helps coders accurately reflect the patient's progress and treatment needs, which is vital for both clinical documentation and billing purposes. Accurate coding of the episode of care also allows healthcare providers to ensure appropriate management of the patient's condition and adherence to reporting requirements.*

## 2. What is the requirement for proving time spent with a patient in critical care?

A. Must be documented in office notes

B. Must be recorded in the patient's record

C. Time must be continuous without breaks

D. Only needs to include contact with the family

*The requirement for proving time spent with a patient in critical care states that it must be recorded in the patient's record. This documentation is essential as it provides a clear, legal account of the care provided and the time spent with the patient. Proper documentation in the medical record ensures that the time spent can be substantiated for billing and coding purposes, especially since critical care services are reimbursed at a higher rate due to their complexity and intensity. In critical care situations, thorough documentation reflects not just the duration of care but also the nature of the services provided during that time. This is key for compliance with coding guidelines and justifying the billing for the critical care codes utilized. The other options, while they have their own relevance in medical practice, do not fulfill the specific requirement for documentation in the context of critical care billing. For instance, office notes or points of contact with family may not suffice in demonstrating the critical nature and specifics of the care provided directly to the patient. Additionally, the requirement does not specify that the time must be continuous; rather, it's the total time spent that matters, as long as the segments of time can be tracked and documented clearly.*

SAMPLE

**3. What type of services should be reported for a patient who is not critically ill but is in a critical care unit?**

A. Critical care codes

B. Other appropriate E/M codes

C. Transport service codes

D. Inpatient visit codes

*When reporting services for a patient who is not critically ill but is situated in a critical care unit, the correct approach is to utilize other appropriate evaluation and management (E/M) codes. This is because critical care codes are specifically designed for patients who require a high level of medical care, typically involving direct supervision and management of critical conditions. If the patient is stable and not in a critical condition, then they do not meet the criteria necessary to bill for critical care services. Utilizing other appropriate E/M codes allows for accurate representation of the level of service provided based on the patient's condition and the complexity of the medical decision-making involved. This approach ensures proper coding compliance and accurate reimbursement based on the services rendered, reflecting the patient's actual clinical status rather than simply the location of their care. In this context, critical care codes would not be suitable since they are reserved for patients who are critically ill, and transport service codes do not apply to the scenario of providing care in a unit. Inpatient visit codes also do not capture the nuances of the patient's scenario, as they are typically used for hospitalized patients receiving general care rather than those in critical units who are not critically ill.*

**4. What is the purpose of conducting a venipuncture?**

A. To remove impacted cerumen

B. To collect blood specimens for laboratory testing

C. To inject medications

D. To perform a joint aspiration

*The primary purpose of conducting a venipuncture is to collect blood specimens for laboratory testing. This procedure involves inserting a needle into a vein, typically in the arm, to obtain a blood sample. The collected blood can then be used for various diagnostic tests that help evaluate a person's health and identify potential medical conditions. Venipuncture is crucial for a wide range of tests, including complete blood counts, metabolic panels, blood cultures, and various other assays that provide vital information about the patient's bodily functions and conditions. This process allows healthcare providers to make informed decisions regarding diagnosis and treatment based on the results obtained from these blood samples. The other options, while involving the use of needles or similar techniques, do not describe the purpose of venipuncture accurately. For instance, removing impacted cerumen, injecting medications, or performing joint aspiration serve different medical purposes and are distinct procedures with specific goals and techniques.*

SAMPLE

## 5. What specific guideline exists for secondary diabetes due to a pancreatectomy?

A. Code E89.1 first, followed by a code from category E13

B. Code from category E13 first, then E89.1

C. Primary diabetes should always be reported

D. Coding is not necessary for pancreatectomy cases

*For secondary diabetes due to a pancreatectomy, the appropriate guideline is to code E89.1 first, followed by a code from category E13. The reasoning behind this guideline lies in the classification of conditions. E89.1 specifically addresses postprocedural hypoinsulinemia, which is a direct result of the pancreatectomy. By coding this first, it establishes the context of the patient's condition as being a consequence of surgery, which is crucial for accurate medical reporting and understanding the patient's medical history. After establishing the postprocedural status with E89.1, a code from category E13, which encompasses other specified diabetes mellitus, captures the secondary diabetes that results from the patient's condition. This coding sequence ensures that the underlying cause (the pancreatectomy) is documented first, emphasizing the procedural aspect of the patient's diabetes, which is essential for both treatment plans and insurance purposes. This structured approach helps healthcare providers give a clearer picture of the patient's diabetes, reflecting its secondary nature and underlying cause while adhering to coding guidelines and ensuring claims are processed correctly.*

## 6. What is not a determining factor when selecting a diabetes diagnosis?

A. Age of the patient

B. Insulin dependence

C. Body weight

D. Family history of diabetes

*When selecting a diabetes diagnosis, insulin dependence is not a determining factor. Instead, diabetes classification relies on characteristics such as the age of the patient, body weight, and family history. These aspects can provide insights into the type of diabetes and how it may manifest. For instance, Type 1 diabetes typically presents in younger patients, while Type 2 diabetes often occurs in adults and is associated with being overweight. Family history can indicate a predisposition to diabetes, influencing diagnosis and management strategies. Insulin dependence, while relevant to the management of diabetes, does not impact the initial diagnosis; individuals with Type 2 diabetes may eventually require insulin but are not necessarily dependent on it from the outset. Therefore, the most relevant factors for diagnosing diabetes do not include insulin reliance, making that the correct choice.*

## 7. When are emergency department codes not applicable for reporting?

A. When the patient is admitted

B. When services are rendered in a physician's office

C. When a follow-up is required

D. During a telehealth visit

*Emergency department codes are specifically designed for situations where a patient is evaluated and treated in an emergency department setting. These codes capture the unique circumstances and resource utilization associated with emergency care. When services are rendered in a physician's office, they fall under different coding guidelines that pertain to outpatient office visits rather than emergency department services. In a physician's office, patients typically experience care that is much less acute, and the services provided are coded according to the established guidelines for outpatient or office visit codes, not those meant for emergencies. Hence, when care is delivered in a different setting such as a physician's office, it is not appropriate to report using emergency department codes. This separation ensures accurate billing and reflects the appropriate level of care provided.*

SAMPLE

## 8. Which word indicates a possible open fracture in medical records?

A. Comminuted

B. Puncture

C. Linear

D. Transverse

*The word that indicates a possible open fracture in medical records is "comminuted." A comminuted fracture is characterized by bone being broken into multiple fragments, which can increase the likelihood of the fracture extending through the skin and becoming an open fracture. When assessing medical records, identifying the type of fracture using specific terminology is vital. Comminuted fractures often pose higher risks of complications, such as infection, if the bone ends create a pathway for bacteria. In contrast, the other terms—puncture, linear, and transverse—describe the nature of the fracture but do not inherently indicate that the fracture may be open. For example, a puncture may refer to a wound through the skin but doesn't directly relate to the bone's condition. Linear fractures indicate a simple break along the bone's length, while transverse fractures are horizontal breaks across the bone shaft, neither of which automatically suggests an open fracture scenario. Understanding these distinctions is essential when evaluating and coding for fractures in medical documentation.*

## 9. Which categories should be used as a secondary diagnosis with burn/corrosion codes?

A. T30 and T31

B. T31 and T32

C. T32 and T33

D. T33 and T34

*The correct answer is associated with the categories T31 and T32, which relate to the severity of burns and the extent of body surface affected. When coding for burns or corrosions, it is important to also capture the impact of the injury comprehensively on the patient's health status. Category T31 includes codes for burn injuries covering a specific percentage of body surface area, which helps in determining the severity and management of the burn. Meanwhile, category T32 deals with complications and sequelae of burns, which can include issues like infection or other complications arising from the burn injury. Using T31 and T32 as secondary diagnoses provides a complete clinical picture; this combination not only captures the nature of the burn but also considers any complications that might arise, which is critical for correct coding and for ensuring appropriate treatment plans and resource allocation are made. In summary, T31 and T32 complement the diagnosis of a burn injury, ensuring that all aspects of the patient's condition are accurately represented in medical records and billing.*

SAMPLE

## 10. Which factor does not influence the coding of medical decision making?

A. The number of past visits

B. The nature of the presenting problem

C. The number of diagnosis options

D. The status of the problem

*The correct answer is based on the specific factors that contribute to the complexity of medical decision making, which is essential in determining the level of service for coding purposes. Medical decision making involves evaluating patient history, the physical examination, and the complexity of your decision in regard to diagnosis and management. The number of past visits does not have a direct influence on the medical decision-making process. Instead, coding takes into account aspects such as the nature of the presenting problem, which encompasses the severity and urgency of the condition being addressed, as well as the number and complexity of diagnosis options that may be considered. Additionally, the status of the problem, whether it is new, stable, worsening, or resolved, also significantly impacts the coding process by establishing the level of risk and the complexity involved. In contrast, while past visits can provide context for the patient's ongoing care, they do not alter the key factors required for determining the complexity of the decision-making process in a given visit.*

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://aapccemc.examzify.com

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

SAMPLE