CPB (CERTIFIED PROFESSIONAL BILLER) CERTIFICATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. What does HRA stand for?

A. Health savings security account

B. Health reimbursement arrangement

C. no, not

D. away from

2. Which type of code in CPT identifies temporary codes for data collection purposes?

A. Category I Codes

B. Category II Codes

C. Category III Codes

D. Case Manager

3. What is the meaning of "colp-, kolp-" in medical terminology?

A. Vagina

B. Condition

C. Bronchial tube

D. Against, opposite

4. What does the prefix "gluc- glyc-" refer to?

A. sugar, glucose

B. record

C. instrument for reading

D. process of recording

5. What is the meaning of "Accounts Receivable" in a medical billing context?

A. Payment correction resulting in additional payment(s) to the provider

B. Process that assists providers in collecting appropriate reimbursement

C. The amount owed to a business for services or goods provided

D. Judicial dispute resolution process by an appeals board

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6. What type of codes in CPT are located after the Medicine section and have an alphanumeric identifier with a letter in the last field?

A. Category II Codes

B. Category III Codes

C. Case Management Services

D. Case Mix

7. What does the acronym CDAC represent in the medical field?

A. Beneficiary Services Representative

B. Belief in the development of whole self, including a healthy balance of mental, social/emotional and physical well-being

C. Clinical Data Abstracting Center

D. Computer Assisted Coding

8. What do care plan oversight services cover for physicians?

A. Consultation Fees

B. Supervising Complex Care Programs

C. Medication Costs

D. Physical Examinations

9. In medical coding, what is represented by the abbreviation AP-DRG?

A. All Patient Diagnosis-Related Group

B. American National Standards Institute

C. Accredited Standards Committee

D. All Patient Refined Diagnosis-Related Group

10. What is the significance of "abdomin-"?

A. abdomen

B. fat

C. toward

D. no, not

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Answers

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

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Explanations

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1. What does HRA stand for?

A. Health savings security account

B. Health reimbursement arrangement

C. no, not

D. away from

Health Reimbursement Arrangement (HRA) is a specific type of employee benefit plan that employers use to reimburse employees for out-of-pocket medical expenses and, in some cases, health insurance premiums. The arrangement is funded solely by the employer, and the funds are not subject to taxation for the employee when they are used for qualified medical expenses. HRAs are utilized as a way for employers to manage healthcare costs while providing employees with financial support for healthcare expenses. They can also be designed to help meet employees' healthcare needs by allowing them to roll over unused funds from one year to the next, depending on how the HRA is structured. In contrast, the other options do not accurately reflect any established terms used in health insurance or reimbursement. For instance, "Health savings security account" is not a recognized term, and the other options do not relate to healthcare benefits in a meaningful way. Thus, understanding the role and meaning of HRAs is essential for those preparing for the Certified Professional Biller certification.

2. Which type of code in CPT identifies temporary codes for data collection purposes?

A. Category I Codes

B. Category II Codes

C. Category III Codes

D. Case Manager

Category III Codes in CPT identify temporary codes for data collection purposes. These codes are used for emerging technologies, services, and procedures. They allow data to be collected to determine the effectiveness and utilization of these new technologies before potentially being moved to Category I or Category II codes. Category I codes are used for procedures and services widely performed in clinical practice, while Category II codes are used for performance measurement. Case Manager is not a type of code in CPT.

3. What is the meaning of "colp-, kolp-" in medical terminology?

A. Vagina

B. Condition

C. Bronchial tube

D. Against, opposite

The term "colp-, kolp-" in medical terminology refers specifically to the vagina. These prefixes are derived from Greek, where "kolpos" means "vagina." In medical contexts, this is often utilized in terms related to gynecology and reproductive health. Understanding this prefix is crucial for accurately communicating concepts related to female anatomy and associated medical conditions. The other terms provided do not relate to the anatomical structure that "colp-, kolp-" describes; thus, the focus on the vagina is definitively the correct interpretation.

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4. What does the prefix "gluc- glyc-" refer to?

A. sugar, glucose

B. record

C. instrument for reading

D. process of recording

The prefix "gluc- glyc-" refers specifically to sugar, particularly glucose. This terminology is often used in medical and billing contexts to describe conditions related to glucose levels or the metabolism of sugars in the body. Recognizing this connection is crucial for understanding various medical conditions and treatments, such as diabetes, where glucose regulation is a key factor. Terms like "glycogen" (the stored form of glucose) and "gluconeogenesis" (the process of producing glucose) further illustrate the relevance of this prefix in both clinical and billing documentation. Understanding such terminology assists professionals in accurate coding and billing for relevant services related to glucose and carbohydrate metabolism.

5. What is the meaning of "Accounts Receivable" in a medical billing context?

A. Payment correction resulting in additional payment(s) to the provider

B. Process that assists providers in collecting appropriate reimbursement

C. The amount owed to a business for services or goods provided

D. Judicial dispute resolution process by an appeals board

In a medical billing context, "Accounts Receivable" refers to the amount owed to a healthcare provider for services rendered or goods provided to patients. This figure represents the outstanding payments that are still pending and reflects the total charges for procedures and treatments given, which have not yet been collected. This concept is essential in understanding the financial health of a medical practice, as it highlights the revenue that is expected to be received. Effective management of accounts receivable is crucial for maintaining cash flow and ensuring that providers receive timely payments for the services they deliver. Consequently, monitoring accounts receivable allows providers to manage their billing processes more effectively, improve collections, and identify any delays in payment from insurers or patients. Understanding what accounts receivable entails is fundamental for billing professionals, as it directly impacts the financial operations of a healthcare organization.

6. What type of codes in CPT are located after the Medicine section and have an alphanumeric identifier with a letter in the last field?

A. Category II Codes

B. Category III Codes

C. Case Management Services

D. Case Mix

The correct answer is Category III Codes. These codes are a subset of the Current Procedural Terminology (CPT) coding system and are used to represent emerging technology, procedures, and services that are not yet widely accepted or performed. Category III Codes are indeed identified by an alphanumeric structure where the last character is a letter. This unique distinction signifies that these codes are temporary and allow for data collection on new services or procedures. In contrast, Category II Codes are supplementary tracking codes that are used to facilitate data collection for performance measures and are not typically associated with the last character being a letter. Case Management Services and Case Mix do not directly relate to the CPT coding system in the same manner as the Category III Codes do. Therefore, the focus on the alphanumeric identifier, especially the inclusion of a letter at the end, clearly indicates that Category III Codes is the correct choice in this context.

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7. What does the acronym CDAC represent in the medical field?

A. Beneficiary Services Representative

B. Belief in the development of whole self, including a healthy balance of mental, social/emotional and physical well-being

C. Clinical Data Abstracting Center

D. Computer Assisted Coding

The correct identification of CDAC as Clinical Data Abstracting Center is significant in the medical field, as it pertains to the systematic collection and analysis of clinical data. This center is crucial for ensuring accurate data abstraction, which enables health organizations to compile and analyze medical information efficiently. By standardizing the way clinical data is documented and stored, these centers enhance the quality of patient records, support research initiatives, and improve healthcare outcomes. The other choices provide various relevant concepts within the healthcare environment, such as beneficiary services and holistic health perspectives, but they do not align with the established meaning of the acronym CDAC. Computer Assisted Coding does relate to coding but is distinct from the concept of clinical data abstraction.

8. What do care plan oversight services cover for physicians?

A. Consultation Fees

B. Supervising Complex Care Programs

C. Medication Costs

D. Physical Examinations

Care plan oversight services for physicians cover supervising complex care programs. This involves monitoring and managing the implementation of detailed care plans for patients with complex healthcare needs. Physicians coordinate various aspects of patient care, ensure that treatment plans are effectively carried out, and adjust the plan as necessary to optimize patient outcomes. This oversight includes reviewing patient progress, making recommendations, and communicating with other healthcare providers involved in the patient's care to ensure a comprehensive and cohesive approach.

9. In medical coding, what is represented by the abbreviation AP-DRG?

A. All Patient Diagnosis-Related Group

B. American National Standards Institute

C. Accredited Standards Committee

D. All Patient Refined Diagnosis-Related Group

In medical coding, the abbreviation AP-DRG stands for All Patient Refined Diagnosis-Related Group. This classification system is used to categorize hospital patients into groups for the purpose of determining the appropriate reimbursement rates under Medicare and other insurance plans. The "All Patient" aspect indicates that this system encompasses a broader range of patients, not limited to specific subsets like those based on age or payer source. The refinement aspect of AP-DRGs allows the system to account for variations in severity of illness, thus providing a more nuanced approach to payment models that reflects the complexity of care provided to patients. Understanding this classification is essential for medical coders, as accurate coding directly influences reimbursement rates and financial outcomes for healthcare facilities. It promotes a fair evaluation of resources required for patient care, aligning payments more closely with the level of service provided.

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10. What is the significance of "abdomin-"?

A. abdomen

B. fat

C. toward

D. no, not

The term "abdomin-" is derived from Latin and refers specifically to the abdomen, which is the part of the body that contains many vital organs, including the stomach, intestines, and liver. In medical terminology, "abdomin-" is often used as a prefix in various terms related to the abdomen, such as "abdominal" (pertaining to the abdomen) or "abdominoplasty" (surgical procedure involving the abdomen). The other choices relate to different concepts: "fat" refers to adipose tissue, "toward" indicates direction or orientation in anatomical terms, and "no, not" serves as a negation prefix. Each of these terms serves a unique function in medical language but does not encapsulate the meaning related to the abdomen as "abdomin-" does. Understanding this prefix is essential for recognizing and interpreting medical terms associated with abdominal health and procedures.

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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://certifiedprofessionalbiller.examzify.com

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

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