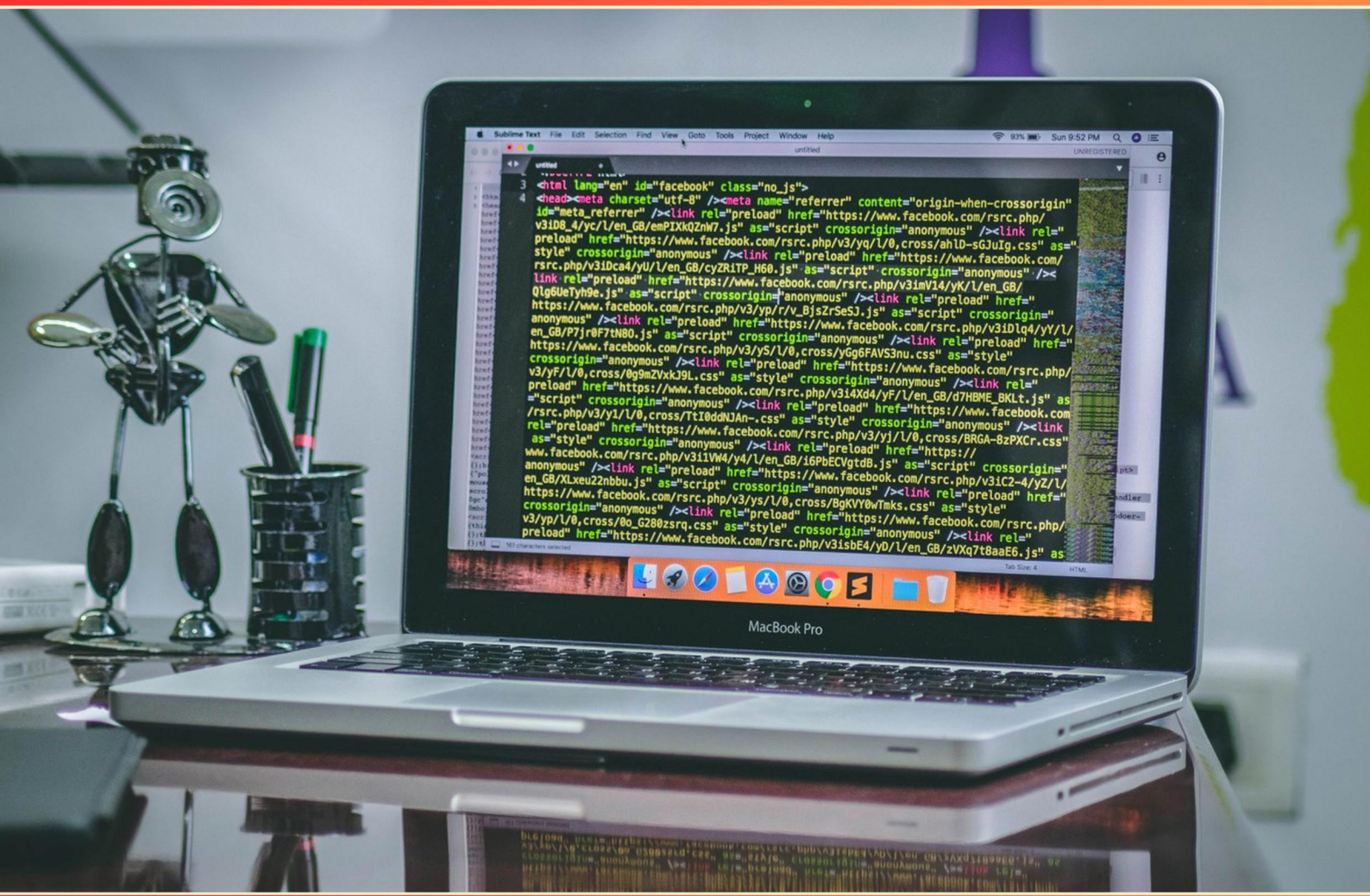
ICD-10-CPT CODING PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 15

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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. **Nonobstetrical cerclage of the uterine cervix is reported using which code?**

   A. 57700

   B. 59012

   C. 59100

   D. 51860

2. **Hematology is primarily the study of which bodily fluid?**

   A. Plasma

   B. Urine

   C. Blood

   D. Tissues

3. **What modifier is used to report reduced services?**

   A. 51

   B. 52

   C. 53

   D. 54

4. **What does the abbreviation IVF stand for?**

   A. In Vitro Fertilization

   B. In Vivo Fertilization

   C. In Vitro Fertility

   D. In Vivo Fertility

5. **What is the purpose of a lymphadenectomy?**

   A. To treat an infection

   B. To examine the gastrointestinal tract

   C. To remove cancerous lymph nodes

   D. To perform a bypass around an artery

6. **What is the anesthesia code used when a biopsy of soft tissue of the nose is performed?**

   A. 00162

   B. 00164

   C. 00163

   D. 00165

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7. CPT code _____ is used for the removal of up to 15 skin tags.

A. 11200

B. 11300

C. 12001

D. 11440

8. Which of the following is a primary factor in determining the level of E/M services?

A. Setting of the encounter

B. Age of the patient

C. Insurance type

D. Status of the physician

9. Incision and drainage of a scrotal space abscess are reported using which code?

A. 54700

B. 54800

C. 54900

D. 54600

10. Insertion of pacing cardioverter-defibrillator pulse generator only, with existing single lead, is reported with which code?

A. 33230

B. 33240

C. 33250

D. 33260

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Answers

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

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Explanations

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1. Nonobstetrical cerclage of the uterine cervix is reported using which code?

A. 57700

B. 59012

C. 59100

D. 51860

The code used for nonobstetrical cerclage of the uterine cervix is 57700. This procedure involves placing a stitch around the cervix to support it, which is typically indicated when there's an increased risk of spontaneous abortion or preterm birth due to cervical insufficiency. The code 57700 specifically describes the surgical procedure of cerclage, distinguishing it from obstetrical procedures which are coded differently. Understanding the importance of accurate coding in this procedure is essential because using the correct code ensures appropriate billing and reimbursement, as well as better tracking of surgical outcomes and monitoring of related complications in obstetrical care. In this context, the other codes listed do not apply to nonobstetrical cerclage procedures, as they pertain to different types of surgeries or conditions. Therefore, 57700 is the correct choice for reporting nonobstetrical cerclage of the uterine cervix.

2. Hematology is primarily the study of which bodily fluid?

A. Plasma

B. Urine

C. Blood

D. Tissues

Hematology is primarily the study of blood and its components, including red blood cells, white blood cells, platelets, and plasma. This field focuses on understanding the causes, diagnosis, treatment, and prevention of blood-related disorders such as anemia, clotting disorders, and leukemia. Blood serves as a critical bodily fluid that transports oxygen, nutrients, and waste products throughout the body, making it a central focus of study in hematology. The other options represent fluids or materials that are not the primary focus of hematology. Plasma is a component of blood rather than a separate entity studied independently. Urine pertains to nephrology and the study of the urinary system, while tissues relate more closely to pathology and histology, but do not encompass the study of blood, which is the essence of hematology.

3. What modifier is used to report reduced services?

A. 51

B. 52

C. 53

D. 54

The correct modifier used to report reduced services is 52. This modifier indicates that a procedure or service was partially reduced or eliminated at the physician's discretion. It is commonly applied in situations where the service is performed, but less than the usual amount or complexity of the service was provided. For instance, if a surgical procedure is performed but requires less work than what is typically expected or is partially completed, the use of modifier 52 communicates to payers that the service rendered was diminished compared to what is standard for that code. This is important for accurate billing, as it helps ensure that reimbursement is aligned with the actual level of service provided. The other modifiers listed serve different purposes; for example, modifier 51 denotes multiple procedures, modifier 53 indicates a discontinued procedure due to extenuating circumstances, and modifier 54 refers to the surgical care aspect when a procedure is split between different providers. Each modifier has a specific context, which is why modifier 52 is the appropriate choice in this case.

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4. What does the abbreviation IVF stand for?

A. In Vitro Fertilization

B. In Vivo Fertilization

C. In Vitro Fertility

D. In Vivo Fertility

The abbreviation IVF stands for In Vitro Fertilization, which refers to a medical procedure that involves combining an egg and sperm outside the body in a laboratory setting. This technique is commonly used to assist individuals or couples facing infertility challenges. By performing fertilization in vitro, healthcare providers can control and optimize the conditions under which fertilization occurs, making it a critical option in reproductive technology. Understanding this term is fundamental for those working in healthcare, as IVF is a significant treatment method in reproductive medicine. The other options, while they contain parts of the correct terminology, do not accurately reflect the established medical procedure associated with the abbreviation IVF.

5. What is the purpose of a lymphadenectomy?

A. To treat an infection

B. To examine the gastrointestinal tract

C. To remove cancerous lymph nodes

D. To perform a bypass around an artery

The purpose of a lymphadenectomy is to surgically remove lymph nodes that are suspected to be cancerous or have been confirmed to contain cancer. This procedure is often performed to help stage cancer, assess the extent of the disease, and reduce the risk of cancer metastasizing to other parts of the body. By removing these potentially affected lymph nodes, healthcare providers can better determine the appropriate course of treatment for a patient and improve the chances of successful cancer management. In the context of the other choices, treating an infection typically does not involve a lymphadenectomy, as this procedure is focused on cancerous conditions rather than infections. Examining the gastrointestinal tract is more related to procedures like endoscopy, which is not relevant to the lymphatic system. Performing a bypass around an artery refers to a different type of surgery, usually related to vascular issues, and is unrelated to lymphadenectomy.

6. What is the anesthesia code used when a biopsy of soft tissue of the nose is performed?

A. 00162

B. 00164

C. 00163

D. 00165

The correct anesthesia code for a biopsy of soft tissue of the nose is specifically designed to represent procedures involving the nasal area. The code selected ensures proper classification for anesthesia services related to the soft tissue biopsy. In this instance, code 00164 is appropriate because it provides a detailed description that aligns with the specific anatomical site and type of procedure being performed. This code covers anesthesia for procedures involving the nasal area and is applicable for the context of a soft tissue biopsy, making it the most precise option available. Selecting the right anesthesia code is crucial for proper billing and reimbursement, as it reflects the complexity of the anesthesia services required based on the surgical procedure. Each code correlates to certain anatomical regions, and correct usage helps in accurate reporting of the services rendered.

EXAMPLE

7. CPT code _____ is used for the removal of up to 15 skin tags.

A. 11200

B. 11300

C. 12001

D. 11440

The selection of CPT code 11200 is correct for the removal of up to 15 skin tags. This code specifically pertains to the excision of benign skin conditions, particularly skin tags, and is applicable when treating a limited number, specifically up to 15. This procedure generally involves either cutting or otherwise removing the skin tags, which are benign, soft tissue protrusions. CPT codes are developed to ensure accurate coding for various medical procedures, and 11200 stands out as it provides clear guidelines for reporting the removal of these specific skin lesions. The proper use of this code enhances billing accuracy and aligns with the established medical coding guidelines for dermatological procedures. The other codes listed represent different procedures: 11300 pertains to the excision of benign skin lesions for a larger area, 12001 relates to the closure of a wound, and 11440 is designated for the excision of malignant skin tumors. These do not apply to the removal of skin tags, which is why they would not be suitable choices in this scenario.

8. Which of the following is a primary factor in determining the level of E/M services?

A. Setting of the encounter

B. Age of the patient

C. Insurance type

D. Status of the physician

The primary factor in determining the level of Evaluation and Management (E/M) services is the setting of the encounter. This includes the location where the service is provided, such as a hospital, outpatient clinic, or private practice, as well as the complexity and nature of the patient's condition. Different settings have specific guidelines and requirements that dictate the appropriate level of service that can be billed. For instance, services rendered in a hospital setting might be assessed differently than those in an office due to the resources available and the typical patient acuity in each environment. While other factors, such as patient age, insurance type, and physician status, may influence coding decisions, they are not the primary determinants under the E/M guidelines. Age might affect certain clinical considerations but does not directly impact the level of service in the same way the setting does. Similarly, while the type of insurance could affect reimbursement, it does not alter the actual coding process or the level of service determined by the encounter's context. Lastly, the status of the physician, although important for various administrative purposes, does not directly influence the determination of E/M levels in the way that the setting does.

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9. Incision and drainage of a scrotal space abscess are reported using which code?

A. 54700

B. 54800

C. 54900

D. 54600

The correct code for an incision and drainage of a scrotal space abscess is 54700. This code specifically pertains to procedures involving the scrotum and encompasses the surgical intervention of making an incision to drain the pus or fluid from an abscess in that area. Understanding the anatomy and applicable codes is crucial in selecting the correct CPT code. Code 54700 describes the procedure accurately by indicating it is focused on the scrotal region, which is essential for proper documentation and billing. The other options refer to different procedures or anatomical sites, which do not include incision and drainage of a scrotal space abscess directly. This helps ensure that medical records accurately represent the services provided and that claims are processed appropriately.

10. Insertion of pacing cardioverter-defibrillator pulse generator only, with existing single lead, is reported with which code?

A. 33230

B. 33240

C. 33250

D. 33260

The procedure of inserting a pacing cardioverter-defibrillator (ICD) pulse generator is denoted by the specific code that reflects the nature of the insertion with existing leads. When a pulse generator is replaced or inserted and there is already an existing lead present, the appropriate code must indicate that the single lead is in place and a new pulse generator is being added. In this case, the code for "Insertion of pacing cardioverter-defibrillator pulse generator only, with existing single lead" is 33240. This code specifically pertains to the insertion of the pulse generator in the context outlined, meaning it recognizes that the lead is already present and focuses solely on the generator aspect of the procedure. Understanding this coding is critical for accurately capturing the service provided, ensuring proper billing and reimbursement for the procedure performed. Other codes listed would apply to different scenarios involving leads or complete devices, but 33240 directly addresses the situation presented in the question.

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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://icd10cptcoding.examzify.com

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

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