

AAPC A/P CERTIFIED INPATIENT CODER (CIC) 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.

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!

Questions

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- 1. What term refers to abnormally light or infrequent menstruation?**
 - A. Menorrhagia
 - B. Dysmenorrhea
 - C. Oligomenorrhea
 - D. Polymenorrhea

- 2. What is an example of a vesicle?**
 - A. Blister
 - B. Fever blister
 - C. Pressure sore
 - D. Wart

- 3. What is the primary characteristic of hemorrhoids?**
 - A. Inflammation of the pancreas
 - B. Telescoping of the intestines
 - C. Swollen veins in the distal rectum or anus
 - D. Obstruction of the intestine

- 4. What is the anatomical term for the great toe?**
 - A. Phalanx
 - B. Hallux
 - C. Metatarsal
 - D. Calcaneus

- 5. What condition is identified by the presence of black, tarry stool containing digested blood?**
 - A. Achalasia
 - B. Melena
 - C. Diverticular Disease
 - D. Borborygmus

- 6. What does the term 'orthopnea' suggest about a patient's positioning preference?**
- A. They prefer to rest while seated
 - B. They prefer to lie flat as much as possible
 - C. They can only breathe properly when upright
 - D. They have no position preference
- 7. What type of skin lesion is a Nevus?**
- A. Benign
 - B. Malignant
 - C. Viral
 - D. Fungal
- 8. An ectopic pregnancy occurs when the fertilized ovum is implanted in any tissue other than which location?**
- A. Ovary
 - B. Fallopian tube
 - C. Uterine wall
 - D. Cervix
- 9. What is the process of preserving cells or whole tissues at extremely low temperatures called?**
- A. Cryopreservation
 - B. Dehydration
 - C. Transfusion
 - D. Rehydration
- 10. Thyrotoxicosis is commonly referred to as what medical emergency?**
- A. Myxedema coma
 - B. Thyroid storm
 - C. Diabetic ketoacidosis
 - D. Cushing's crisis

Answers

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

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Explanations

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1. What term refers to abnormally light or infrequent menstruation?

- A. Menorrhagia
- B. Dysmenorrhea
- C. Oligomenorrhea**
- D. Polymenorrhea

Oligomenorrhea refers specifically to abnormally light or infrequent menstruation. This condition is characterized by an irregular menstrual cycle where periods may occur only a few times a year, typically defined as cycles occurring more than 35 days apart. It suggests that the individual is not experiencing the expected menstrual flow or frequency, which can be due to various factors including hormonal imbalances or other health issues. In contrast, the other terms relate to different menstrual conditions: menorrhagia refers to heavy or prolonged menstrual bleeding, dysmenorrhea indicates painful periods, and polymenorrhea signifies a shorter menstrual cycle where periods occur more frequently than normal. Understanding these distinctions is crucial for correctly identifying and discussing menstrual disorders.

2. What is an example of a vesicle?

- A. Blister**
- B. Fever blister
- C. Pressure sore
- D. Wart

A blister serves as a prime example of a vesicle because it is defined as a small, fluid-filled sac that forms on the skin's surface, typically in response to friction, burning, or other injuries. Vesicles are characterized by their size and the fluid they contain, which is often serous (clear or straw-colored). In this case, a blister's formation involves the separation of the upper layers of skin, allowing fluid to accumulate in the space, which is precisely how vesicles are formed. This distinct trait is what categorizes blisters within the broader classification of vesicular lesions. Other options, like fever blisters, while also displaying vesicular characteristics, are specifically herpes simplex lesions that can appear on the lips or mouth and may differ in context. Pressure sores, on the other hand, are ulcers resulting from prolonged pressure and do not exhibit the same fluid-filled sac structure as vesicles, and warts are benign growths caused by the human papillomavirus and do not correspond to the definition of a vesicle. Thus, a blister stands out as the textbook definition of a vesicle.

3. What is the primary characteristic of hemorrhoids?

- A. Inflammation of the pancreas
- B. Telescoping of the intestines
- C. Swollen veins in the distal rectum or anus**
- D. Obstruction of the intestine

The primary characteristic of hemorrhoids is the presence of swollen veins in the distal rectum or anus. Hemorrhoids occur when the veins in this area become engorged with blood, leading to discomfort, pain, and potential bleeding during bowel movements. This condition is often exacerbated by factors such as straining during defecation, prolonged sitting, or increased pressure on the pelvic area during pregnancy. Recognizing that hemorrhoids specifically involve the dilation and inflammation of the veins in the rectal region is key to understanding their nature and symptoms. This distinction is important for proper diagnosis and treatment, as it differentiates hemorrhoids from other gastrointestinal disorders.

4. What is the anatomical term for the great toe?

- A. Phalanx
- B. Hallux**
- C. Metatarsal
- D. Calcaneus

The anatomical term for the great toe is indeed hallux. This term specifically refers to the first digit of the foot, which is crucial for balance and movement. The hallux plays a significant role in walking and running, as it helps in propulsion and maintaining stability. In contrast, phalanx refers to the individual bones that make up the toes, not specifically the great toe itself. Metatarsal describes the long bones located in the middle part of the foot that connect to the toes, but it does not denote any specific toe. Calcaneus, on the other hand, is the name of the heel bone, which supports weight and facilitates movement but is unrelated to the toes. Understanding these anatomical terms is essential for coders, as precise terminology ensures accurate communication in medical documentation and coding.

5. What condition is identified by the presence of black, tarry stool containing digested blood?

- A. Achalasia
- B. Melena**
- C. Diverticular Disease
- D. Borborygmus

The condition characterized by the presence of black, tarry stool that contains digested blood is known as melena. This occurs when there is bleeding in the upper gastrointestinal tract, such as from the stomach or the first part of the small intestine. The blood undergoes chemical changes as it is digested, leading to the dark, tarry appearance of the stool. Melena is often an indication of significant gastrointestinal issues, like peptic ulcers or esophageal varices, and requires further medical evaluation to identify the source of the bleeding. Understanding this symptom is crucial for proper diagnosis and treatment, making it essential knowledge for an inpatient coder evaluating patient records related to gastrointestinal conditions. The other conditions listed do not relate to the appearance of stool in this specific way: achalasia involves the inability of the esophagus to move food into the stomach; diverticular disease refers to pouches that form in the colon which may not necessarily cause black stool; and borborygmus pertains to the sounds produced by the movement of gas in the intestines, not the appearance of stool.

6. What does the term 'orthopnea' suggest about a patient's positioning preference?

- A. They prefer to rest while seated
- B. They prefer to lie flat as much as possible
- C. They can only breathe properly when upright**
- D. They have no position preference

The term 'orthopnea' specifically refers to a condition in which a patient experiences difficulty breathing when lying flat. This leads them to prefer an upright position, such as sitting or standing, in order to relieve their shortness of breath and facilitate easier breathing. Therefore, the correct interpretation is that the patient can only breathe properly when upright. This condition is often associated with heart failure, chronic obstructive pulmonary disease (COPD), or other respiratory issues that worsen in a supine position. As such, understanding the implications of orthopnea is crucial for providing appropriate care and patient comfort.

7. What type of skin lesion is a Nevus?

- A. Benign
- B. Malignant
- C. Viral
- D. Fungal

A nevus, commonly known as a mole, is classified as a benign skin lesion. Benign lesions are non-cancerous growths that do not invade surrounding tissues or spread to other parts of the body. A nevus usually appears as a small, dark spot on the skin, resulting from a cluster of pigmented cells. While most nevi are harmless, it's important to monitor them for any changes, as some could potentially develop into melanoma, which is malignant. Nonetheless, the classification of a nevus itself is benign based on its typical characteristics and behavior. Understanding this classification helps in recognizing the distinctions between different types of skin lesions and their implications for patient health.

8. An ectopic pregnancy occurs when the fertilized ovum is implanted in any tissue other than which location?

- A. Ovary
- B. Fallopian tube
- C. Uterine wall
- D. Cervix

An ectopic pregnancy is defined as the implantation of a fertilized ovum in any location other than the normal uterine cavity. In this context, the correct answer is the uterine wall, as a normal pregnancy occurs when the fertilized ovum successfully implants within this structure. When an ectopic pregnancy occurs, it may be situated in various typical abnormal locations such as the ovary (which would be classified as an ovarian pregnancy), or more commonly in the fallopian tube (tubal pregnancy), or even in the cervix. Each of these locations is abnormal for implantation and leads to the condition defined as ectopic pregnancy. Therefore, since the uterine wall is where implantation should occur in a normal pregnancy, it correctly identifies the one location that does not fall under the category of ectopic sites.

9. What is the process of preserving cells or whole tissues at extremely low temperatures called?

- A. Cryopreservation
- B. Dehydration
- C. Transfusion
- D. Rehydration

The process of preserving cells or whole tissues at extremely low temperatures is referred to as cryopreservation. This technique is crucial in various fields, including cell biology, reproductive medicine, and organ transplantation, as it helps to maintain the viability and function of cells and tissues over extended periods. By cooling biological samples to very low temperatures, typically in liquid nitrogen, cellular metabolism slows significantly, halting the degradation processes that would otherwise occur, thus preserving the structural integrity and functional characteristics of the cells. Other processes listed, such as dehydration, transfusion, and rehydration, serve different purposes and do not involve preserving biological samples at low temperatures. Dehydration refers to the removal of water from cells or tissues, transfusion is the process of transferring blood or blood products into an individual, and rehydration involves restoring moisture to cells or tissues. None of these processes involve the extreme cold that characterizes cryopreservation.

10. Thyrotoxicosis is commonly referred to as what medical emergency?

- A. Myxedema coma
- B. Thyroid storm**
- C. Diabetic ketoacidosis
- D. Cushing's crisis

Thyrotoxicosis represents a condition characterized by excessive thyroid hormone levels in the body, often leading to a hypermetabolic state. Among the options provided, the term that specifically refers to a severe and life-threatening exacerbation of thyrotoxicosis is thyroid storm. Thyroid storm, also known as thyrotoxic crisis, occurs when there is a sudden and extreme increase in thyroid hormones, which can result in symptoms such as fever, tachycardia, altered mental status, and other manifestations of hypermetabolism. This condition requires immediate medical intervention due to its potential for severe complications, including heart failure and shock. Understanding the specifics of this medical emergency is crucial, as it directly reflects the acute and potentially fatal nature of severe thyrotoxicosis compared to other conditions listed in the choices, which pertain to different endocrine emergencies.

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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://aapapcic.examzify.com>

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

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