

# Certified Outpatient Coder (COC) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Table of Contents

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

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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 is a hematoma?**

- A. A type of tumor**
- B. A localized mass of blood**
- C. A type of swelling**
- D. A form of inflammation**

**2. Which method is NOT an acceptable format for receiving an X-ray order?**

- A. Fax order**
- B. Written request**
- C. Telephone order without a written order**
- D. Electronic health record request**

**3. The chargemaster may include which of the following?**

- A. Medication side effects**
- B. Item numbers for internal billing**
- C. CPT or HCPCS codes**
- D. Comprehensive patient history**

**4. Why is the OIG Work Plan significant for healthcare facilities?**

- A. It determines the payment rates for services**
- B. It announces potential problem areas for claims scrutiny**
- C. It provides guidelines for clinical practices**
- D. It offers a list of covered services**

**5. What does MRSA stand for in a medical context?**

- A. Mycobacterium Resistant Staphylococcus Aures**
- B. Methicillin Resistant Staphylococcus Aureus**
- C. Multi-resistant Staphylococcus Aurelius**
- D. Medically Resistant Staphylococcus Aureus**

**6. What structure is the site of implantation for a fertilized ovum in a normal pregnancy?**

- A. Ovaries**
- B. Uterine wall**
- C. Fallopian tubes**
- D. Cervix**

**7. What does the status indicator H represent in outpatient coding?**

- A. Payment subject to copayment**
- B. Separate cost-based pass-through, not subject to copayment**
- C. Bundled payment for multiple services**
- D. Indicator for inpatient only procedures**

**8. Under what circumstance may special payments under OPPS be made for new technology items?**

- A. For items related to major surgeries**
- B. Pass-through payments for certain drugs and devices for a specific period**
- C. When bundled with outpatient procedures**
- D. For emergency services only**

**9. What documentation is essential when seeking adjustments in the CDM based on new services?**

- A. Service contracts**
- B. Payer information**
- C. Patient feedback**
- D. Market research reports**

**10. What type of incision is specifically made in the perineum during childbirth to facilitate delivery?**

- A. Episiotomy**
- B. Laparotomy**
- C. Cesarean**
- D. Hysterectomy**

## **Answers**

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

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## **Explanations**

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## 1. What is a hematoma?

- A. A type of tumor
- B. A localized mass of blood**
- C. A type of swelling
- D. A form of inflammation

A hematoma is specifically defined as a localized mass of blood that accumulates outside of blood vessels, typically due to injury or trauma. This accumulation occurs when blood seeps out of damaged blood vessels into the surrounding tissues, forming a distinct pocket or collection. Hematomas can appear in various parts of the body, including the skin (a bruise), muscles, or organs, and their characteristics may differ based on their location and age. The term "localized" is crucial in this definition, as it distinguishes hematomas from other blood-related conditions. Unlike a type of tumor, hematomas do not involve abnormal cell growth; they consist solely of pooled blood. While they can cause swelling due to the pressure of the collected blood, they are not classified as swelling in a general sense, which could include other fluid accumulations. Similarly, while inflammation might occur around a hematoma as the body responds to the injury, the hematoma itself is specifically about blood collection and not about an inflammatory process.

## 2. Which method is NOT an acceptable format for receiving an X-ray order?

- A. Fax order
- B. Written request
- C. Telephone order without a written order**
- D. Electronic health record request

The method that is not an acceptable format for receiving an X-ray order is a telephone order without a written order. This is because most healthcare facilities require that any verbal order for an X-ray must be followed up with a written order to ensure proper documentation and to reduce the risk of errors. Written documentation is crucial not only for maintaining accurate medical records but also for complying with legal and regulatory standards. Additionally, fax orders, written requests, and requests made through electronic health records are typically considered acceptable methods of ordering X-rays. These methods provide a reliable and verifiable means of communication that can be easily stored, tracked, and referenced, contributing to better patient safety and care continuity. Following established protocols for ordering diagnostic imaging ensures that all necessary information is accurately conveyed and documented, supporting both clinical decision-making and administrative processes in healthcare settings.

### **3. The chargemaster may include which of the following?**

- A. Medication side effects**
- B. Item numbers for internal billing**
- C. CPT or HCPCS codes**
- D. Comprehensive patient history**

The chargemaster is a comprehensive list used by healthcare facilities to itemize the services and items provided to patients, which includes essential details necessary for billing purposes. One of the critical components of the chargemaster consists of CPT (Current Procedural Terminology) codes or HCPCS (Healthcare Common Procedure Coding System) codes. These codes are used to represent medical procedures, services, and supplies accurately, which is vital for ensuring that the facility receives appropriate reimbursement from insurers. In context, CPT and HCPCS codes provide a standardized language that describes medical services, allowing for consistent billing across different insurance payers. This function is essential since accurate coding affects billing accuracy, revenue cycle management, and compliance with regulations. Therefore, the inclusion of these codes in the chargemaster is crucial for the billing process and organizational financial operation. Other options, such as medication side effects, item numbers for internal billing, and comprehensive patient history, do not typically serve as standard components listed in the chargemaster. While they may be relevant to clinical practice or internal processes, they do not directly contribute to the external billing mechanism represented by the chargemaster.

### **4. Why is the OIG Work Plan significant for healthcare facilities?**

- A. It determines the payment rates for services**
- B. It announces potential problem areas for claims scrutiny**
- C. It provides guidelines for clinical practices**
- D. It offers a list of covered services**

The significance of the OIG Work Plan lies in its role in announcing potential problem areas for claims scrutiny. The Office of Inspector General (OIG) is responsible for overseeing and monitoring healthcare practices, and the Work Plan serves as a guide for healthcare facilities to understand where there may be increased focus for audits and investigations. This information is crucial for facilities as it helps them identify areas that may attract scrutiny and encourages them to review and improve compliance processes to mitigate the risk of improper billing or other compliance issues. By being aware of these focus areas, facilities can proactively address potential issues in their billing practices and ensure adherence to regulations. The other options do not capture the primary purpose of the OIG Work Plan. While payment rates for services and a list of covered services are essential elements in the healthcare reimbursement structure, they do not reflect the Work Plan's focus. Similarly, while the Work Plan may indirectly influence clinical practices through compliance awareness, its main function is centered around identifying risk areas for claims and audits rather than providing explicit clinical guidelines.

## 5. What does MRSA stand for in a medical context?

- A. **Mycobacterium Resistant Staphylococcus Aures**
- B. Methicillin Resistant Staphylococcus Aureus**
- C. Multi-resistant Staphylococcus Aurelius
- D. Medically Resistant Staphylococcus Aureus

MRSA stands for Methicillin Resistant Staphylococcus Aureus, which is a type of bacteria that is resistant to several antibiotics, including methicillin. This specific strain of *Staphylococcus aureus* has gained attention due to its role in various infections, particularly those that are difficult to treat because of this resistance. The resistance to methicillin and other beta-lactam antibiotics makes infections caused by MRSA more challenging to manage, requiring alternative antibiotics for effective treatment. In this context, understanding MRSA is crucial for healthcare professionals, especially in outpatient settings, as it can often lead to skin infections, pneumonia, and other more severe infections. The knowledge of antibiotic resistance patterns is key for effective coding, medical documentation, and treatment planning. The other options contain inaccuracies. "Mycobacterium" refers to a different genus of bacteria unrelated to *Staphylococcus aureus*. "Multi-resistant" and "Medically Resistant" are vague terms and do not accurately represent the specific antibiotic resistance of MRSA. Therefore, recognizing the correct definition is essential for accurate communication in clinical settings.

## 6. What structure is the site of implantation for a fertilized ovum in a normal pregnancy?

- A. Ovaries
- B. Uterine wall**
- C. Fallopian tubes
- D. Cervix

The site of implantation for a fertilized ovum in a normal pregnancy is the uterine wall. After fertilization occurs, the fertilized egg, or blastocyst, travels from the fallopian tube to the uterus. Once it reaches the uterus, implantation occurs when the blastocyst adheres to and invades the endometrial lining of the uterine wall. This process is crucial for the establishment of a pregnancy, as it allows for the necessary connection to the mother's blood supply, supporting the developing embryo. The other structures mentioned play different roles in reproduction. The ovaries are responsible for producing eggs and hormones but are not involved in implantation. The fallopian tubes are the location where fertilization typically occurs, serving as the pathway for the egg to move from the ovaries to the uterus. The cervix acts as a passage between the uterus and the vagina and serves a different functional purpose in pregnancy, such as protecting the uterus and allowing for the passage of sperm during fertilization, but it is not the site of implantation. Understanding the specific roles of each structure in the reproductive process highlights why the uterine wall is the correct answer for the site of implantation.

**7. What does the status indicator H represent in outpatient coding?**

- A. Payment subject to copayment**
- B. Separate cost-based pass-through, not subject to copayment**
- C. Bundled payment for multiple services**
- D. Indicator for inpatient only procedures**

The status indicator H in outpatient coding signifies a separate cost-based pass-through payment that is not subject to copayment. This status indicates that certain services or items, which may involve significant costs, are reimbursed by Medicare on a cost-related basis rather than through traditional fee-for-service methods. Being classified as a pass-through payment means that the cost for these services is separate from bundled payments, allowing providers to receive reimbursement without the burden of patient copayments. This distinction is important as it helps to ensure that facilities can provide high-cost services without financial barriers to patients. Pass-through payments support access to necessary, potentially expensive treatments or technologies that might otherwise be limited due to cost considerations. Understanding the role of status indicators like H is essential for coders, as it contributes to accurate billing, patient care continuity, and overall financial planning for healthcare facilities.

**8. Under what circumstance may special payments under OPPS be made for new technology items?**

- A. For items related to major surgeries**
- B. Pass-through payments for certain drugs and devices for a specific period**
- C. When bundled with outpatient procedures**
- D. For emergency services only**

Special payments under the Outpatient Prospective Payment System (OPPS) may be made for new technology items specifically through pass-through payments for certain drugs and devices. This mechanism allows for additional reimbursement to healthcare providers when they use innovative technologies that are not adequately covered by existing payment rates. New technology often comes at a higher cost, and the pass-through payment system helps ensure that providers are incentivized to adopt these advancements in care without facing a financial burden that could otherwise deter their use. This payment method is typically in effect for a limited time, during which new technologies can be assessed for broader inclusion in standard payment rates. The other options do not align with the specific provisions of OPPS regarding new technology payments. For instance, while major surgeries and bundled outpatient procedures are important contexts within the payment system, they do not directly relate to special payments for new technology items. Emergency services are critical as well, but they do not have a specific provision under the OPPS for new technology reimbursements as outlined in the context of pass-through payments.

**9. What documentation is essential when seeking adjustments in the CDM based on new services?**

- A. Service contracts**
- B. Payer information**
- C. Patient feedback**
- D. Market research reports**

When seeking adjustments in the Charge Description Master (CDM) based on new services, having payer information is crucial. Payer information includes details about various insurance companies' payment policies, reimbursement rates, and coverage criteria for specific services. This information is critical for determining how new services will be billed and what reimbursement is likely to be received. Coders and revenue cycle personnel rely on this data to ensure that the services listed in the CDM align with the expectations and requirements of different payers, enabling appropriate pricing strategies and revenue projections. While service contracts may provide insight into pricing arrangements with specific insurers, they do not encompass the broader array of payer policies that influence billing practices. Patient feedback, though valuable for service improvement, does not directly impact billing or reimbursement strategies. Market research reports might provide insights into industry trends and competitor pricing but lack the specificity required for adjustments to the CDM in the context of individual payer negotiations and regulations. Therefore, payer information stands out as the essential documentation needed in this scenario.

**10. What type of incision is specifically made in the perineum during childbirth to facilitate delivery?**

- A. Episiotomy**
- B. Laparotomy**
- C. Cesarean**
- D. Hysterectomy**

The incision made in the perineum during childbirth to assist with delivery is known as an episiotomy. This surgical procedure is carried out to create a larger opening for the baby to exit the birth canal, which can help reduce the risk of tearing and facilitate a smoother delivery. The episiotomy is typically performed at the height of a contraction to minimize discomfort and ensure the safety of both the mother and the baby. In contrast, the other choices involve different procedures and areas of the body. A laparotomy refers to a surgical incision into the abdominal cavity, primarily used for exploratory surgery or to access abdominal organs. A cesarean section is a surgical procedure in which the baby is delivered through an incision made in the mother's abdomen and uterus, rather than through the vaginal canal. A hysterectomy involves the removal of the uterus and is not performed specifically for childbirth. Understanding these distinctions is crucial for coding and medical documentation related to obstetrical procedures.

# 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](mailto:hello@examzify.com).**

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

**<https://coc.examzify.com>**

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

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