

CERTIFIED OUTPATIENT CODER (COC) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. Which of the following best describes the purpose of APCs in outpatient coding?**
 - A. To create maximum reimbursement for providers
 - B. To classify outpatient services for payment purposes
 - C. To promote equality among inpatient and outpatient services
 - D. To reduce insurance fraud
- 2. What is the primary function of the corpus luteum in the menstrual cycle?**
 - A. Secretes estrogen to regulate menses
 - B. Secretes progesterone to prepare the endometrium
 - C. Releases eggs during ovulation
 - D. Produces follicle-stimulating hormone
- 3. Which layer of the skin lies just beneath the epidermis?**
 - A. Hypodermis
 - B. Dermis
 - C. Subcutaneous layer
 - D. Stratum corneum
- 4. What does MDC stand for in medical coding?**
 - A. Major Diagnostic Category
 - B. Minor Diagnostic Code
 - C. Medical Device Classification
 - D. Model Diagnosis Category
- 5. What is one defining characteristic of an outlier payment in OPPS?**
 - A. Payment is significantly lower than standard rates
 - B. Adjustment based on unusual service costs
 - C. Bundling of unrelated services
 - D. Fixed payment regardless of service type
- 6. Which of the following are auditory ossicles?**
 - A. Hammer and anvil
 - B. Stapes and incus
 - C. Ulna and radius
 - D. Ossicles and stapes

- 7. 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
- 8. In a hospital's CDM layout, what do three asterisks (***) indicate about specific services?**
- A. These services are high-revenue
 - B. They are experimental services
 - C. They do not have a CPT®/HCPCS Level II code
 - D. These services require pre-authorization
- 9. If a code change in the chargemaster increases or decreases revenue, what department should be consulted?**
- A. Human Resources Department
 - B. Finance/Accounting Department
 - C. Compliance Department
 - D. Healthcare Operations Department
- 10. What is one of the primary criteria for inpatient-only procedures?**
- A. Non-invasive techniques
 - B. Need for postoperative care
 - C. Low-risk surgical procedures
 - D. Patient preference for treatment location

Answers

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

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Explanations

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1. Which of the following best describes the purpose of APCs in outpatient coding?

- A. To create maximum reimbursement for providers
- B. To classify outpatient services for payment purposes**
- C. To promote equality among inpatient and outpatient services
- D. To reduce insurance fraud

The purpose of Ambulatory Payment Classifications (APCs) in outpatient coding is to classify outpatient services for payment purposes. APCs are a system used by Medicare to determine how much healthcare providers will be reimbursed for outpatient services. Each outpatient procedure or service is assigned to a specific APC, which groups together similar services that typically have similar costs. This classification system enables efficient payment processes and helps healthcare organizations budget and manage their financial resources effectively. By utilizing APCs, the reimbursement is standardized, which also aids insurance companies and providers in understanding the payment structure for outpatient services. Unlike other options, which may suggest motives like maximizing reimbursement, promoting equality, or tackling fraud, the primary and most accurate role of APCs is centered around the classification of outpatient services for the purpose of establishing a payment mechanism. This classification directly impacts how services are billed and reimbursed, ensuring that providers are compensated fairly while maintaining cost-effectiveness in the healthcare system.

2. What is the primary function of the corpus luteum in the menstrual cycle?

- A. Secretes estrogen to regulate menses
- B. Secretes progesterone to prepare the endometrium**
- C. Releases eggs during ovulation
- D. Produces follicle-stimulating hormone

The primary function of the corpus luteum in the menstrual cycle is to secrete progesterone, which is essential for preparing the endometrium, or uterine lining, for potential implantation of an embryo. After ovulation occurs, the ruptured follicle transforms into the corpus luteum, which then releases progesterone. This hormone maintains the thickened state of the endometrium, making it suitable for a fertilized egg to implant. If pregnancy does not occur, the corpus luteum degrades, leading to a drop in progesterone levels, and ultimately resulting in the shedding of the uterine lining, or menstruation. The other options do not accurately describe the primary role of the corpus luteum. While estrogen is produced during the menstrual cycle, it is mainly the follicles that secrete estrogen rather than the corpus luteum. The release of eggs during ovulation is a function of the follicle, not the corpus luteum. Follicle-stimulating hormone (FSH) is produced by the pituitary gland and is responsible for the growth and maturation of ovarian follicles; it is not produced by the corpus luteum. Understanding the specific role of progesterone and the physiological significance of the corpus luteum towards the endometrium is

3. Which layer of the skin lies just beneath the epidermis?

- A. Hypodermis
- B. Dermis**
- C. Subcutaneous layer
- D. Stratum corneum

The dermis is the layer of the skin that lies just beneath the epidermis. It is a vital support structure that contains connective tissue, blood vessels, and nerve endings, playing a significant role in thermoregulation and sensation. This layer houses essential components such as hair follicles, sweat glands, and sebaceous glands, all of which are crucial for maintaining skin health and function. The hypodermis, although related to the skin structure, is not directly beneath the epidermis; it is located underneath the dermis and primarily serves as a padding for the body, providing insulation and energy storage through adipose tissue. The subcutaneous layer is synonymous with the hypodermis, emphasizing its role as protective padding beneath the dermis and not being the immediate layer beneath the epidermis. The stratum corneum is actually the outermost layer of the epidermis, made up of dead skin cells that help protect the underlying layers of skin, but it is not beneath the epidermis in the same sense as the dermis. Understanding the structure and function of these layers is vital for anyone working in dermatology, surgical procedures, or any medical field where skin health is crucial.

4. What does MDC stand for in medical coding?

- A. Major Diagnostic Category**
- B. Minor Diagnostic Code
- C. Medical Device Classification
- D. Model Diagnosis Category

MDC stands for Major Diagnostic Category in medical coding. This term is particularly relevant in the context of inpatient coding, where it is used to classify diagnoses into broad categories. Each MDC encompasses a group of related diagnoses that typically require similar treatment and resources. This classification helps streamline the billing and reimbursement process by linking specific diagnoses to predetermined payment rates under various healthcare programs. The use of Major Diagnostic Categories allows for a more organized approach to managing patient data and facilitates understanding of healthcare costs associated with different types of illnesses. By focusing on the primary diagnosis and its corresponding MDC, healthcare providers can effectively allocate resources, track treatment outcomes, and improve care delivery strategies. In contrast, the other choices do not accurately define the acronym MDC in the context of medical coding. Understanding Major Diagnostic Categories is essential for coders, as it ties directly to the structure of the coding system used for reimbursement and the overall healthcare management framework.

5. What is one defining characteristic of an outlier payment in OPPS?

- A. Payment is significantly lower than standard rates
- B. Adjustment based on unusual service costs**
- C. Bundling of unrelated services
- D. Fixed payment regardless of service type

An outlier payment in the Outpatient Prospective Payment System (OPPS) is primarily characterized by its adjustment based on unusual service costs. This mechanism is specifically designed to address situations where the costs associated with a particular outpatient service exceed the normal limits set by standard payment rates. In OPPS, most outpatient procedures and services are subject to predetermined payment rates. However, when a service incurs unusually high costs due to factors such as complexity, duration, or resource consumption, an outlier adjustment is applied. This ensures that healthcare facilities are compensated adequately for providing care that is significantly more resource-intensive than typical cases. The other options do not accurately capture the essence of outlier payments. While some may suggest extreme low payments or the concept of bundling unrelated services, these do not reflect the actual aim of outlier payments, which is to accommodate extraordinary costs associated with specific treatments or procedures.

6. Which of the following are auditory ossicles?

- A. Hammer and anvil
- B. Stapes and incus**
- C. Ulna and radius
- D. Ossicles and stapes

The auditory ossicles are a group of three tiny bones located in the middle ear that play a crucial role in the process of hearing. The correct choice identifies two of these bones: the stapes and the incus. The stapes, often referred to as the stirrup due to its shape, is the smallest bone in the human body and transmits sound vibrations from the incus to the oval window of the inner ear. The incus, known as the anvil, is situated between the malleus (the third ossicle, commonly called the hammer) and the stapes. Together, these three bones (the malleus, incus, and stapes) amplify sound and facilitate the transfer of sound energy to the inner ear. The other options mention bones or terms not related to the auditory ossicles. For instance, the hammer and anvil refers loosely to the malleus and incus, but the choice specifically names only the incus. The ulna and radius are bones in the forearm and have no connection to the auditory system. Similarly, using the term "ossicles" without specifying which ones does not provide clarity, as it lacks the detail regarding the specific bones involved in hearing. Therefore,

7. 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.

8. In a hospital's CDM layout, what do three asterisks (***) indicate about specific services?

- A. These services are high-revenue
- B. They are experimental services
- C. They do not have a CPT®/HCPCS Level II code**
- D. These services require pre-authorization

*In a hospital's Chargemaster (CDM) layout, three asterisks (***) are used to indicate that certain services do not have an associated CPT® or HCPCS Level II code. This notation signals to coders and billing personnel that the service in question cannot be easily categorized or billed using standard coding systems, which are essential for processing claims and determining reimbursement levels. The absence of a code suggests that the service may either be newly introduced with no established coding, or it might represent a specific procedure or treatment that has not yet been assigned a code by the relevant coding authorities. Without a coding designation, it becomes important for coders to consult with clinical guidelines or develop alternative methods for billing and reimbursement, ensuring compliance and accuracy in financial transactions. The other options address different aspects of service categorization and reimbursement but do not relate to the specific purpose of the asterisks in denoting the lack of a code. This distinction is crucial in understanding the operations of a hospital's billing system and ensuring appropriate coding practices are observed.*

9. If a code change in the chargemaster increases or decreases revenue, what department should be consulted?

- A. Human Resources Department
- B. Finance/Accounting Department**
- C. Compliance Department
- D. Healthcare Operations Department

When a code change in the chargemaster impacts revenue, the most relevant department to consult is the Finance/Accounting Department. This is because the Finance/Accounting Department is responsible for managing and analyzing the hospital or facility's finances, including revenue cycle management. They monitor billing, collections, and overall financial performance, and a change in coding can directly affect the revenue generated from services provided. By consulting with the Finance/Accounting Department, the organization can ensure that any changes in coding are accurately reflected in financial reports and billing practices, thereby maintaining accurate revenue projections and ensuring compliance with financial controls. This collaboration is critical for understanding the broader financial implications of coding changes and for making well-informed decisions regarding budgetary adjustments and financial strategies.

10. What is one of the primary criteria for inpatient-only procedures?

- A. Non-invasive techniques
- B. Need for postoperative care**
- C. Low-risk surgical procedures
- D. Patient preference for treatment location

The primary criterion for inpatient-only procedures is the need for postoperative care. Inpatient-only procedures are typically those that are complex, involve significant risk, or require close monitoring following surgery. This often means that the patient may experience more extensive physiological effects, need pain management, or require other types of support that can't be provided in an outpatient setting. The necessity for postoperative care ensures the safety and well-being of the patient, as some procedures can lead to complications that require immediate attention from healthcare professionals. This criterion is critical for the classification of these procedures, ensuring that they are performed in a hospital setting where such care can be adequately provided.

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:

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

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