

# CPB (Certified Professional Biller) Certification Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. What does HSSA represent?**
  - A. Health reimbursement arrangement**
  - B. Health savings account**
  - C. Health savings security account**
  - D. fat**
- 2. What is the meaning of the abbreviation CA?**
  - A. Blue Cross Blue Shield Association**
  - B. Cancer or Carcinoma**
  - C. Clinical Data Abstracting Center**
  - D. Certified Coding Specialist**
- 3. What term is used for the predetermined amount for which Ambulatory Surgical Center services are reimbursed?**
  - A. AP-DRG**
  - B. Ambulatory Surgical Center Payment Rate**
  - C. Ambulatory Payment Classification**
  - D. ARP-DRG**
- 4. Which insurance type protects business assets and covers the cost of lawsuits due to false advertising?**
  - A. Bonding Insurance**
  - B. Business Liability Insurance**
  - C. Malpractice Insurance**
  - D. Property Insurance**
- 5. In the realm of healthcare coding, what does the abbreviation FR typically refer to?**
  - A. General Cost Practice Index**
  - B. Health Affairs**
  - C. Geographic Cost Practice Index**
  - D. Federal Register**

- 6. What is the definition of a suffix ending in "-gram"?**
- A. process of recording**
  - B. half**
  - C. record**
  - D. blood**
- 7. What is an "Adverse Effect" referring to in medical terminology?**
- A. Provider accepting payment in full from the patient**
  - B. The amount owed to a business for services or goods provided**
  - C. Process that assists providers in the collection of appropriate reimbursement**
  - D. Appearance of a pathologic condition due to a chemical substance**
- 8. What does ASC represent in the context of healthcare facilities?**
- A. A. American Medical Association**
  - B. B. Accredited Standards Committee**
  - C. C. Ambulatory Surgical Center**
  - D. D. American National Standards Institute**
- 9. Which term is represented by the acronym COB in the medical billing field?**
- A. Ceterified Professional Coder**
  - B. Consolidated Omnibus Budget Reconciliation Act of 1985**
  - C. Customized Sub-Capitation Plan**
  - D. CHAMPUS Reform Initiative**
- 10. What does BCBSA stand for?**
- A. Blue Cross Blue Shield Association**
  - B. Blue Shield**
  - C. Cancer or Carcinoma**
  - D. Clinical Data Abstracting Center**

## **Answers**

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

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## **Explanations**

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## 1. What does HSSA represent?

- A. Health reimbursement arrangement
- B. Health savings account
- C. Health savings security account**
- D. fat

The correct answer refers to a specific financial account designed to help individuals save for medical expenses while enjoying certain tax advantages. A Health Savings Account (HSA) is a type of savings account that allows individuals to set aside money on a pre-tax basis to pay for qualified medical expenses. This account is often paired with a high-deductible health plan. HSAs have become increasingly popular as a way to offset the costs of healthcare and to manage medical expenses more effectively. While "Health savings security account" might seem reasonable, it is not an officially recognized term in the realm of health accounts. HSAs are often confused with HRAs, which are health reimbursement arrangements sponsored by employers for their employees. Therefore, the health savings account is the most accurate representation of the abbreviation HSSA, as it captures the essential function of this type of financial account without introducing unofficial or conflated terminology.

## 2. What is the meaning of the abbreviation CA?

- A. Blue Cross Blue Shield Association
- B. Cancer or Carcinoma**
- C. Clinical Data Abstracting Center
- D. Certified Coding Specialist

The abbreviation "CA" is commonly used in medical and healthcare contexts to refer to "Cancer" or "Carcinoma." These terms are frequently associated with diagnoses and charts, making this abbreviation well-known in the field of medical billing and coding. While the other choices represent valid organizations or qualifications, they do not align with the widely recognized medical abbreviation CA. Understanding common abbreviations is essential in billing and coding to ensure accurate patient records and effective communication among healthcare professionals.

**3. What term is used for the predetermined amount for which Ambulatory Surgical Center services are reimbursed?**

**A. AP-DRG**

**B. Ambulatory Surgical Center Payment Rate**

**C. Ambulatory Payment Classification**

**D. ARP-DRG**

The correct answer is the Ambulatory Surgical Center Payment Rate. This term specifically refers to the established dollar amount that Ambulatory Surgical Centers receive for their services. In this context, it emphasizes the structured reimbursement system that facilities adhere to, ensuring that they are appropriately compensated for providing outpatient surgical care. Understanding this term is vital because it directly informs financial and operational planning within Ambulatory Surgical Centers. Having a clear and standardized payment rate helps centers manage costs, anticipate revenue, and maintain compliance with billing regulations. Other options refer to different payment classification systems or reimbursement methodologies that are not specific to Ambulatory Surgical Centers. For example, AP-DRG (All Patient Diagnosis-Related Group) and Ambulatory Payment Classification are related to other types of payment frameworks in healthcare but do not pertain directly to the established rates for services rendered specifically in Ambulatory Surgical Centers.

**4. Which insurance type protects business assets and covers the cost of lawsuits due to false advertising?**

**A. Bonding Insurance**

**B. Business Liability Insurance**

**C. Malpractice Insurance**

**D. Property Insurance**

Business Liability Insurance is specifically designed to protect business assets in the event of lawsuits that arise from various claims, including false advertising. When a business makes statements about its products or services, it can run the risk of being accused of misleading advertisements or defamation, which can lead to lawsuits. Business Liability Insurance provides coverage for legal costs, settlements, and judgments in such situations, ensuring that the business is financially protected against claims related to its advertising practices. Bonding Insurance primarily focuses on guaranteeing that a business or contractor fulfills their contractual obligations, while Malpractice Insurance is usually intended for professionals in fields such as healthcare, protecting them against claims of negligence. Property Insurance covers physical assets and property against damage or theft, but it does not extend to legal liability risks associated with advertising or other potential business claims. Therefore, Business Liability Insurance is the appropriate coverage for protecting against the specific risks mentioned in the question.

**5. In the realm of healthcare coding, what does the abbreviation FR typically refer to?**

- A. General Cost Practice Index**
- B. Health Affairs**
- C. Geographic Cost Practice Index**
- D. Federal Register**

In the realm of healthcare coding, the abbreviation FR typically refers to the Federal Register. The Federal Register is a daily publication of the United States federal government that contains proposed rules, final rules, public notices, and executive orders, among other information relevant to the healthcare industry. It is an essential resource for healthcare professionals to stay informed about changes in regulations and compliance requirements. The other options are not correct: A. General Cost Practice Index - This is not a typical abbreviation used in healthcare coding and does not refer to FR. B. Health Affairs - While Health Affairs is a reputable health policy journal, it is not typically abbreviated as FR in the context of healthcare coding. C. Geographic Cost Practice Index - This is not a standard abbreviation in healthcare coding and does not commonly refer to FR.

**6. What is the definition of a suffix ending in "-gram"?**

- A. process of recording**
- B. half**
- C. record**
- D. blood**

The correct definition of a suffix ending in "-gram" is indeed "record." In medical terminology, the suffix "-gram" refers to something that has been recorded or a document that represents or displays data of various kinds. For example, a "radiogram" is an image taken by radiation, often used to visualize bones or other tissues. While "process of recording" may seem related, it is more accurately described by different suffixes. The term for the process of recording is typically "-graphy." Additionally, "half" and "blood" do not pertain to the meaning associated with the suffix "-gram." Understanding these distinctions is crucial for interpreting medical terms correctly.

**7. What is an "Adverse Effect" referring to in medical terminology?**

- A. Provider accepting payment in full from the patient**
- B. The amount owed to a business for services or goods provided**
- C. Process that assists providers in the collection of appropriate reimbursement**
- D. Appearance of a pathologic condition due to a chemical substance**

In medical terminology, an "Adverse Effect" specifically refers to the appearance of a pathologic condition due to a chemical substance. This can include negative reactions to medications, treatments, or other chemical exposures that cause harm to a patient. Understanding adverse effects is critical for healthcare providers to ensure patient safety, manage risks, and inform patients about potential side effects associated with prescribed treatments. The other choices provided relate to different aspects of healthcare and billing processes. For instance, accepting payment in full from a patient refers to financial transactions rather than medical implications of substances. The amount owed to a business refers to accounts payable and is related to financial management, not patient health. The process that assists providers in the collection of appropriate reimbursement is about billing practices and revenue cycle management, which, while important, does not describe medical conditions arising from chemical exposure.

**8. What does ASC represent in the context of healthcare facilities?**

- A. A. American Medical Association**
- B. B. Accredited Standards Committee**
- C. C. Ambulatory Surgical Center**
- D. D. American National Standards Institute**

In the context of healthcare facilities, ASC stands for Ambulatory Surgical Center. An Ambulatory Surgical Center is a medical facility focused on providing same-day surgical care, including diagnostic and preventive procedures. These centers are designed to accommodate patients who do not require a hospital stay, allowing for a more efficient and streamlined surgical process. The main advantage of ASCs is that they often offer lower costs, increased convenience, and a focus on outpatient services. These centers are typically equipped to handle less complex surgeries that can be safely performed with the patient under local or general anesthesia, therefore maintaining a lower risk profile than a hospital setting. The other options represent different organizations or entities but do not directly relate to healthcare facilities in the same manner as Ambulatory Surgical Centers do. The American Medical Association focuses on physicians and medical professionals, the Accredited Standards Committee deals with standards in various fields, and the American National Standards Institute oversees the development of voluntary consensus standards for products and services. Thus, ASC clearly denotes Ambulatory Surgical Center in the context of healthcare.

**9. Which term is represented by the acronym COB in the medical billing field?**

**A. Ceterified Professional Coder**

**B. Consolidated Omnibus Budget Reconciliation Act of 1985**

**C. Customized Sub-Capitation Plan**

**D. CHAMPUS Reform Initiative**

The acronym COB in the medical billing field stands for "Coordination of Benefits." This process is essential for determining the order in which multiple insurance policies pay for a claim when a patient is covered by more than one health insurance plan. The goal of COB is to prevent overinsurance, ensuring that the total reimbursement does not exceed the cost of the medical service provided. The correct answer aligns with this definition as it highlights the critical importance of understanding how various insurance plans interact to accurately process claims and avoid payment discrepancies. While the Consolidated Omnibus Budget Reconciliation Act of 1985 is a significant piece of legislation affecting health care coverage and benefits, it is not what the acronym COB directly represents in the context of coordination between multiple insurance payers. The other terms provided in the choices do not relate to the coordination of benefits in medical billing.

**10. What does BCBSA stand for?**

**A. Blue Cross Blue Shield Association**

**B. Blue Shield**

**C. Cancer or Carcinoma**

**D. Clinical Data Abstracting Center**

The term BCBSA stands for Blue Cross Blue Shield Association, which is a federation of health insurance organizations and companies in the United States. This association provides health insurance coverage to millions of people across the country through its various member companies. Understanding this term is essential for a Certified Professional Biller, as it is frequently referenced in billing, coding, and insurance processes. The other choices do not accurately define BCBSA. For example, while Blue Shield is part of the terminology in the healthcare sector, it does not encompass the full association represented by BCBSA. Similarly, cancer or carcinoma refers to medical terminology concerning diseases, and Clinical Data Abstracting Center relates to a specific function in healthcare management, neither of which aligns with the acronym BCBSA.