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

Study Guide



Everything you need from our exam experts!

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Questions



- 1. What categorizes the Ambulance Fee Schedule payment system?
 - A. Retrospective payment
 - **B.** Quality-based reimbursement
 - C. Prospective payment
 - D. Value-based pricing
- 2. Which term is related to the abdomen?
 - A. fat
 - B. abdomen
 - C. toward
 - D. no, not
- 3. What term describes a condition that is "not cancerous"?
 - A. Near
 - **B.** Inflammation
 - C. Not cancerous
 - D. Between
- 4. What does HEDIS stand for in the context of healthcare?
 - A. Health Insurance claim number
 - B. Health Insurance portability and accountability Act of 1996
 - C. Health Plan Employer Data and Information Set
 - **D. Healthcare Common Procedure Coding System**
- 5. What does the prefix 'ankyl-' signify?
 - A. Short
 - **B.** Joint
 - C. Condition
 - D. Eyelid
- 6. What is the meaning of "cry-" as a prefix?
 - A. Blue
 - B. Cold
 - C. Skull
 - D. Tear

- 7. CLIA signifies the acronym for which regulatory act?
 - A. Clinical Laboratory Implementation Act
 - **B.** Certified Laboratory Improvement Act
 - C. California Laboratory Investigation Act
 - D. Clinical Laboratory Improvement Act
- 8. Which abbreviation represents Computerized Axial Tomography?
 - A. Beneficiary Services Representative
 - **B.** Computer Assisted Coding
 - C. Computerized Axial Tomography
 - D. Consumer Directed Health Plan
- 9. 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
- 10. Which term is associated with the meaning "neck, cervix" in medical terminology?
 - A. a. Heart
 - B. b. Against, opposite
 - C. c. Bronchial tube
 - D. d. Vagina

Answers



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



Explanations



1. What categorizes the Ambulance Fee Schedule payment system?

- A. Retrospective payment
- **B.** Quality-based reimbursement
- C. Prospective payment
- D. Value-based pricing

The Ambulance Fee Schedule payment system is categorized as a prospective payment system. This means that payment rates are established in advance for the services provided, regardless of the actual cost incurred during the delivery of care. In a prospective payment model, healthcare providers are reimbursed a predetermined amount based on specific criteria set by the payer before the service is provided. This categorization is significant because it encourages providers to operate efficiently and optimize their resources, as the set rates do not change based on the care delivered. It contrasts with retrospective payment models, where payments are made after services are rendered based on the actual costs incurred. Quality-based reimbursement and value-based pricing focus more on the outcomes and value of care rather than the upfront established rates, further differentiating them from the nature of the Ambulance Fee Schedule.

2. Which term is related to the abdomen?

- A. fat
- B. abdomen
- C. toward
- D. no, not

The term "abdomen" directly refers to the part of the body that lies between the thorax (chest) and the pelvis. It is a key anatomical term used widely in medical and billing contexts when documenting conditions, procedures, or diagnoses related to that region of the body. Understanding that the abdomen encompasses vital organs and is associated with various medical terminology is essential for a billing professional. Accurate identification and coding of services related to abdominal issues are critical for proper reimbursement and patient care. The other terms—while they may relate to the abdomen in some form—are either too vague or not technical anatomical terms, making "abdomen" the clear choice in this context.

3. What term describes a condition that is "not cancerous"?

- A. Near
- **B.** Inflammation
- C. Not cancerous
- D. Between

The term that describes a condition that is "not cancerous" is commonly referred to as "benign." Although the option presented as "not cancerous" directly refers to this definition, the correct term used in medical terminology is "benign." The other choices do not align with the concept of being non-cancerous. "Near" and "between" relate more to position or proximity, while "inflammation" refers to a biological response to harmful stimuli, which can occur in both benign and malignant conditions. Therefore, stating "not cancerous" accurately conveys the essence of a benign condition.

4. What does HEDIS stand for in the context of healthcare?

- A. Health Insurance claim number
- B. Health Insurance portability and accountability Act of 1996
- C. Health Plan Employer Data and Information Set
- D. Healthcare Common Procedure Coding System

The correct answer is C, which stands for Health Plan Employer Data and Information Set. HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to ensure that health plans provide a baseline for evaluating their performance in various aspects of care and service. This framework allows healthcare organizations to measure and compare the quality of care provided to patients, thereby facilitating improvements and ensuring accountability in healthcare delivery. This context is vital because HEDIS is widely used in the healthcare industry to assess the quality of care and service provided by health plans, which influences benchmarking, reporting, and potential payer decisions. Being familiar with HEDIS is crucial for professionals in medical billing, as it ties into quality metrics that could affect reimbursement rates and contractual negotiations with insurance payers.

5. What does the prefix 'ankyl-' signify?

- A. Short
- **B.** Ioint
- C. Condition
- D. Eyelid

The prefix 'ankyl-' signifies a condition related to joint stiffness or fusion. It originates from the Greek word 'ankylos,' which means crooked or bent, often used in medical terminology to describe conditions affecting joints. This prefix is commonly seen in terms such as "ankylosis," which refers to the stiffness or immobility of a joint due to abnormal adhesion and rigidity of the bones. Understanding this prefix is crucial for medical billing professionals, as it helps accurately interpret diagnoses and procedures associated with musculoskeletal disorders that may influence billing processes.

6. What is the meaning of "cry-" as a prefix?

- A. Blue
- **B.** Cold
- C. Skull
- D. Tear

The prefix "cry-" derives from the Greek word "kryos," which translates to "cold." It is most commonly associated with terms related to coldness or freezing conditions. For example, in medical terminology, "cryotherapy" refers to treatment using cold temperatures, and "cryogen" pertains to substances used for producing very low temperatures. While some of the other choices may appear related to certain contexts, the specific meaning of "cry-" unequivocally pertains to coldness. This context is crucial for understanding its application in various scientific and medical terms.

7. CLIA signifies the acronym for which regulatory act?

- A. Clinical Laboratory Implementation Act
- **B.** Certified Laboratory Improvement Act
- C. California Laboratory Investigation Act
- **D. Clinical Laboratory Improvement Act**

The acronym CLIA stands for the Clinical Laboratory Improvement Amendments, which is reflected in the correct choice. This act was enacted to establish standards for laboratory testing and ensure the accuracy of laboratory results. CLIA regulations apply to all clinical laboratories in the United States, mandating that they meet specific quality standards through licensing and certification. The act is primarily concerned with the process of laboratory testing for human specimens and encompasses a wide range of testing, which includes those performed in hospitals, private laboratories, and physician offices. It promotes the usability of the laboratory services without compromising the quality of care provided to patients. The other options offered do not correctly represent the full name or intent of the regulatory framework associated with CLIA, which emphasizes the improvement and quality assurance of clinical laboratory services.

8. Which abbreviation represents Computerized Axial Tomography?

- A. Beneficiary Services Representative
- **B.** Computer Assisted Coding
- C. Computerized Axial Tomography
- D. Consumer Directed Health Plan

The abbreviation that represents Computerized Axial Tomography is indeed the correct choice. Computerized Axial Tomography, commonly referred to as a CT scan, is a medical imaging technique that employs computer-processed combinations of numerous X-ray measurements taken from different angles to produce cross-sectional images of specific areas of a scanned object, allowing for detailed internal views of the body. This imaging technique is widely used in healthcare for diagnostics and treatment planning. Understanding the other options helps clarify why they do not fit the abbreviation being sought. Beneficiary Services Representative refers to a role focused on assisting beneficiaries of healthcare programs and does not relate to imaging technology. Computer Assisted Coding involves the use of software to support coding processes in healthcare documentation, which is unrelated to the specific imaging technique. Lastly, a Consumer Directed Health Plan is a type of health insurance plan that gives members more control over healthcare spending and choices but does not pertain to imaging or radiology.

- 9. 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.

- 10. Which term is associated with the meaning "neck, cervix" in medical terminology?
 - A. a. Heart
 - B. b. Against, opposite
 - C. c. Bronchial tube
 - D. d. Vagina

The term that is associated with the meaning "neck, cervix" in medical terminology is typically "cervical," which refers specifically to the neck of the uterus, known as the cervix. The correct answer often relates to this definition. The other options provided do not correspond to "neck, cervix." For example, "heart" refers to the organ responsible for pumping blood, "against, opposite" relates to positioning or direction but does not denote any anatomical structure, and "vagina" refers specifically to the canal leading from the external genitals to the uterus but does not convey the meaning of "neck" or "cervix." Each of these terms has its own distinct meaning in medical terminology that does not align with the query regarding "neck, cervix."