

CPB Certified Professional Biller Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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

- 1. What does a billing entity refer to in healthcare?**
 - A. The patient receiving care**
 - B. The legal business name of the healthcare provider's practice**
 - C. The insurance company processing claims**
 - D. A regulatory body in healthcare**
- 2. Which of the following does the prefix "fibr-" refer to?**
 - A. Muscle**
 - B. Joint**
 - C. Fiber**
 - D. Tissue**
- 3. Which suffix indicates a condition or abnormal process?**
 - A. -itis**
 - B. -opathy**
 - C. -osis**
 - D. -ectomy**
- 4. Which coding system is used to report professional services to payers?**
 - A. International Classification of Diseases (ICD)**
 - B. Current Procedural Terminology (CPT)**
 - C. Health Care Common Procedure Coding System (HCPCS)**
 - D. Diagnosis Related Groups (DRG)**
- 5. What defines an allowable charge in healthcare billing?**
 - A. The maximum fee a provider can charge without penalties**
 - B. The amount billed by the provider**
 - C. The maximum amount a physician may charge as defined by the limiting charge**
 - D. The rate negotiated between the insurer and provider**
- 6. Which of the following best describes FR?**
 - A. Federal Review**
 - B. Federal Regulation**
 - C. Federal Register**
 - D. Federal Resident**

- 7. The suffix "-sis" is commonly used to indicate what?**
- A. Disease**
 - B. Condition**
 - C. Process**
 - D. Inflammation**
- 8. Which of the following does the prefix "gloss-" pertain to?**
- A. Teeth**
 - B. Throat**
 - C. Tongue**
 - D. Neck**
- 9. In medical language, what does "galact-" specifically refer to?**
- A. Blood**
 - B. Milk**
 - C. Urine**
 - D. Hair**
- 10. What is the primary benefit of bonding insurance for employers?**
- A. Protection against fraudulent employee claims**
 - B. Coverage of employee healthcare costs**
 - C. Ensuring workplace safety standards**
 - D. Financial loss protection due to employee actions**

Answers

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

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Explanations

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1. What does a billing entity refer to in healthcare?

- A. The patient receiving care
- B. The legal business name of the healthcare provider's practice**
- C. The insurance company processing claims
- D. A regulatory body in healthcare

A billing entity in healthcare refers to the legal business name of the healthcare provider's practice. This definition is critical for understanding how billing operations are structured within the healthcare system. The billing entity is responsible for submitting claims to insurance companies or patients for the services rendered. Recognizing the billing entity is essential for correctly processing payments, ensuring compliance with regulations, and maintaining accurate records for financial and audit purposes. The legal identity of the practice is necessary for legal contracts, tax purposes, and accountability in billing operations. In comparison, while patients and insurance companies play significant roles in healthcare transactions, they do not embody the concept of a billing entity. Patients are the recipients of healthcare services and thus focus on their care rather than the billing process. Insurance companies process claims and reimburse providers but are not considered billing entities themselves. Similarly, regulatory bodies oversee compliance and standards in healthcare but do not engage in the billing operations directly. Understanding this distinction helps clarify the roles and responsibilities of various stakeholders in the healthcare billing process.

2. Which of the following does the prefix "fibr-" refer to?

- A. Muscle
- B. Joint
- C. Fiber**
- D. Tissue

The prefix "fibr-" refers specifically to "fiber," which indicates structures that are thread-like or composed of fibrous tissue. In medical terminology, it is often used in relation to connective tissues that provide strength and support within the body, such as muscle fibers or fibrous tissues associated with various organs. Understanding the meaning of "fibr-" is essential in contexts such as anatomy and physiology, where the differentiation between fiber types can be crucial for discussing muscle composition, structural integrity, and various health conditions. Other options, though related to bodily structures, pertain to different categories: "muscle" relates to muscular tissue, "joint" refers to the connection between bones, and "tissue" encompasses a broader category that includes various cell types and structures beyond just fibrous components. Hence, "fiber" is the most accurate interpretation of the prefix "fibr-".

3. Which suffix indicates a condition or abnormal process?

- A. -itis
- B. -opathy
- C. -osis**
- D. -ectomy

The suffix that indicates a condition or abnormal process is "-osis." This suffix is commonly used in medical terminology to describe a state, condition, or process, often relating to an abnormal condition or disease process. For example, "neurosis" refers to a psychological condition that may not be classified as a mental illness but indicates an abnormal state of mental distress. In contrast, "-itis" refers specifically to inflammation, which is a specific response to injury or infection rather than a general condition. "-opathy" means "disease" or "disorder" and can also denote a condition but is less specific to abnormal processes compared to "-osis." The suffix "-ectomy" signifies the surgical removal of a body part, which does not relate to a condition or abnormal process but rather a procedure. Thus, "-osis" is the most fitting suffix for describing a condition or an abnormal process, making it the correct choice.

4. Which coding system is used to report professional services to payers?

- A. International Classification of Diseases (ICD)
- B. Current Procedural Terminology (CPT)**
- C. Health Care Common Procedure Coding System (HCPCS)
- D. Diagnosis Related Groups (DRG)

The Current Procedural Terminology (CPT) coding system is specifically designed to describe and report professional medical services and procedures to payers, including insurance companies. CPT codes are used by healthcare providers to document and communicate the services performed during patient encounters, such as evaluations, surgical procedures, and other professional services. CPT codes are essential for the billing process as they provide detailed information about the services rendered, which is necessary for reimbursement from payers. This specificity and focus on professional services is what distinguishes CPT from other coding systems. In contrast, the International Classification of Diseases (ICD) coding system is primarily used for diagnosing patients and reporting diseases and health conditions rather than specifically detailing procedures performed. The Health Care Common Procedure Coding System (HCPCS) includes codes for items and services not covered by CPT, often related to products, supplies, and non-physician services. Diagnosis Related Groups (DRG) are used to classify hospital cases for the purposes of payment and do not relate directly to the reporting of professional services.

5. What defines an allowable charge in healthcare billing?

- A. The maximum fee a provider can charge without penalties**
- B. The amount billed by the provider**
- C. The maximum amount a physician may charge as defined by the limiting charge**
- D. The rate negotiated between the insurer and provider**

An allowable charge in healthcare billing refers to the maximum amount that a physician can bill for a service or procedure, as defined by the limiting charge. This concept is particularly significant in the context of Medicare and other insurance plans where certain regulations cap the amount that healthcare providers can charge beneficiaries. The limiting charge serves to protect patients from excessive fees in the event that a provider does not accept the assignment of the Medicare benefit. Understanding this definition is crucial because it determines the financial responsibility of patients and the reimbursement that providers can expect from insurance payers. In contrast, the maximum fee a provider can charge without penalties relates to broader regulatory compliance, the amount billed by the provider encompasses all charges, and the negotiated rate between the insurer and the provider focuses on their specific contractual agreements. These aspects do not fully capture the essence of what an allowable charge specifically denotes in the context of healthcare billing.

6. Which of the following best describes FR?

- A. Federal Review**
- B. Federal Regulation**
- C. Federal Register**
- D. Federal Resident**

The term FR is commonly recognized as an abbreviation for Federal Register. The Federal Register is a daily journal of the United States federal government that publishes proposed and final administrative regulations of federal agencies, along with announcements of government proceedings and other important notices. This publication plays a critical role in keeping the public informed about changes in federal policies and procedures, providing transparency and allowing for public participation in the rule-making process. Understanding that the Federal Register is key for compliance in the billing and coding field is vital for certified professionals. They must stay informed about regulatory updates and changes that could affect medical billing practices and compliance requirements. The other terms, while they may be related to federal processes or governance, do not accurately match the abbreviation FR. Federal Review and Federal Regulation imply broader categories of oversight and governance but do not pertain to the specific publication for announcements and regulatory changes like the Federal Register. Federal Resident does not pertain to any official governmental publication or agency. Thus, the correct answer directly reflects the established term widely recognized within governmental and regulatory contexts.

7. The suffix "-sis" is commonly used to indicate what?

- A. Disease**
- B. Condition**
- C. Process**
- D. Inflammation**

The suffix "-sis" is typically used in medical terminology to denote a state or condition. This usage signifies a process that involves a particular state of being or condition that is often associated with some form of change or abnormality. For example, in terms like "neurosis," it refers to a condition affecting the nervous system; in "hypnosis," it concerns the state of being in a trance. In contrast, while disease also relates to health issues, it is generally denoted by other specific suffixes or terms, such as "-pathy" for disease, which distinctly categorizes illnesses. The term "process" refers to broader actions or events rather than a specific state or condition, which is more accurately captured by "-sis." Inflammation is specifically indicated by the suffixes "-itis," making it distinct from the meaning of "-sis." Therefore, the most accurate understanding of "-sis" in the context of medical terminology is that it signifies a condition.

8. Which of the following does the prefix "gloss-" pertain to?

- A. Teeth**
- B. Throat**
- C. Tongue**
- D. Neck**

The prefix "gloss-" is derived from the Greek word for "tongue" and is commonly used in medical terminology to refer specifically to the tongue. This is evident in various terms, such as "glossitis," which means inflammation of the tongue. Understanding prefixes is essential in medical billing, as they often indicate specific body parts or conditions that may require detailed billing and coding practices. In this question, other options—such as teeth, throat, and neck—are related to different prefixes or medical terms that do not connect to "gloss-." For instance, "dent-" refers to teeth, and "pharynge-" pertains to the throat. Consequently, those terms would not be applicable when discussing terms influenced by the prefix "gloss-."

9. In medical language, what does "galact-" specifically refer to?

- A. Blood**
- B. Milk**
- C. Urine**
- D. Hair**

The term "galact-" is derived from the Greek word "gala," which specifically means milk. In medical language, it is commonly used as a prefix in terms related to milk, especially in contexts such as lactation or conditions associated with milk production. For instance, the term "galactorrhea" refers to the unwanted or inappropriate discharge of milk from the breast. This specificity helps differentiate it from other bodily fluids or substances, such as blood, urine, or hair, which are addressed with different prefixes in medical terminology. Understanding this etymology can assist individuals in comprehensively grasping the medical terms and their meanings relating to lactation and milk-related processes.

10. What is the primary benefit of bonding insurance for employers?

- A. Protection against fraudulent employee claims**
- B. Coverage of employee healthcare costs**
- C. Ensuring workplace safety standards**
- D. Financial loss protection due to employee actions**

The primary benefit of bonding insurance for employers is financial loss protection due to employee actions. Bonding insurance, commonly referred to as a fidelity bond, is designed to safeguard businesses against losses that may arise from dishonest or fraudulent acts committed by employees. This includes theft, embezzlement, or other malpractices that could lead to a significant financial impact on the employer. With bonding insurance, employers can have peace of mind knowing that even if an employee were to commit acts of dishonesty, there is a financial safety net in place to compensate for those losses. This protection not only mitigates the risk associated with employee trust but also can be a valuable asset during the hiring process, as potential hires might view a bonded employer as a more reputable and secure workplace. Other options like protection against fraudulent employee claims, coverage of employee healthcare costs, and ensuring workplace safety standards, while important aspects of employer responsibilities and benefits, do not specifically address the focus of bonding insurance. Therefore, the most accurate answer highlights the financial protection aspect that bonding insurance offers against employee misconduct.

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://cpbcertifiedprofessionalbillercertification.examzify.com>

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