

CPB (CERTIFIED PROFESSIONAL BILLER) CERTIFICATION PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 term refers to a condition?

- A. A. Pertaining to
- B. B. Above, excessive
- C. C. Ilium (hip bone)
- D. D. In, into, not

2. What categorizes the Ambulance Fee Schedule payment system?

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

3. Which act is represented by the acronym FECA in administrative regulations?

- A. Financial Efficiency and Compliance Act
- B. False Employment Compensation Assessment
- C. Federal Employment and Compensation Authorization
- D. Federal Employment Compensation Act

4. Which term refers to the promotion and enhancement of student academic, career, and social/emotional outcomes?

- A. Allowed Charge
- B. Adverse Selection
- C. Adverse Reaction
- D. Allowable Charge

5. What does carcinomas in situ refer to?

- A. Benign Tumors
- B. Invasive Tumors
- C. Noninvasive Tumors
- D. Malignant Tumors

6. Which root refers to "fiber"?

- A. nervous sensation
- B. cause
- C. fiber
- D. outside

7. Which prefix means "cause"?

- A. nervous sensation
- B. cause
- C. out, away from
- D. outside

8. Who submits written confirmation authorizing treatment to a provider in a healthcare setting?

- A. Category II Codes
- B. Category I Codes
- C. Case Manager
- D. Catastrophic Cap Benefit

9. What does GCPI stand for in the realm of healthcare billing and coding?

- A. Home Assessment Validation and Entry
- B. Geographic Cost Practice Index
- C. Group Practice Without Walls
- D. General Cost Practice Index

10. What does capitation involve in healthcare services?

- A. Payment per Visit
- B. Hourly Payment
- C. Salary Payment
- D. Preestablished Payments over Time

Answers

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

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Explanations

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1. Which term refers to a condition?

- A. A. Pertaining to
- B. B. Above, excessive**
- C. C. Ilium (hip bone)
- D. D. In, into, not

The correct answer refers to the term "Above, excessive." In medical terminology, conditions often describe states of health that may involve excess or above-average levels of certain components or functions in the body. For example, conditions may be characterized by elevated levels of substances like glucose or cholesterol, which would be deemed excessive relative to normal values. Thus, understanding this terminology helps in identifying and diagnosing various medical conditions that involve an overabundance of certain elements. The other terms relate to different aspects of medical terminology: the first term indicates a general relation to something, the third term refers to a specific anatomical feature (the ilium, or hip bone), and the fourth term generally describes negation or an action of entering. Each of these terms serves its purpose within the context of medical billing and coding but does not specifically denote a condition in the same way that the term for "above, excessive" does.

2. 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.

3. Which act is represented by the acronym FECA in administrative regulations?

- A. Financial Efficiency and Compliance Act
- B. False Employment Compensation Assessment
- C. Federal Employment and Compensation Authorization
- D. Federal Employment Compensation Act**

The correct answer is the Federal Employment Compensation Act. This act is significant as it governs the compensation benefits provided to federal employees who are injured at work or who suffer from work-related illnesses. It outlines the rights of employees to receive financial assistance and medical care, as well as the processes involved in making claims for such benefits. Understanding the context of this act is crucial for individuals working in healthcare billing and administration, as they may need to navigate the intricacies of workers' compensation claims and ensure that proper procedures are followed for billing related to these claims. This act specifically pertains to federal employees, differing from other forms of compensation regulations that may apply to private sector workers. The other options do not accurately reflect the established legislation associated with the acronym FECA, as they do not represent any recognized acts pertaining to employment compensation in the federal context.

4. Which term refers to the promotion and enhancement of student academic, career, and social/emotional outcomes?

- A. Allowed Charge
- B. Adverse Selection
- C. Adverse Reaction
- D. Allowable Charge**

The term that refers to the promotion and enhancement of student academic, career, and social/emotional outcomes is best represented by "Allowable Charge." In the context of education and support services, this term relates to the provision of resources and frameworks that facilitate positive development in various aspects of a student's life. While "Adverse Selection" typically pertains to insurance and risk assessment situations where individuals with higher risks are more likely to select certain types of insurance, and "Adverse Reaction" usually refers to negative responses to medications or treatments, these terms do not connect to the enhancement of student outcomes. "Allowed Charge" similarly relates more to billing practices concerning healthcare and fees rather than directly supporting student achievement and well-being. Thus, none align with the concept of fostering comprehensive student development like "Allowable Charge" does in this context.

5. What does carcinomas in situ refer to?

- A. Benign Tumors
- B. Invasive Tumors
- C. Noninvasive Tumors**
- D. Malignant Tumors

Carcinomas in situ refers to noninvasive tumors that have not yet spread beyond the layer of tissue in which they originated. This term describes a stage of cancer that is localized and has not invaded surrounding tissues or metastasized to other parts of the body. Carcinomas in situ are often considered early-stage cancers and may be treatable through surgical intervention, as they have not developed the ability to invade deeper structures or spread to other areas. The other categorizations pertain to different characteristics of tumors. While benign tumors are noncancerous and do not spread, invasive tumors indicate that the cancer cells have begun to invade surrounding tissues, which is not the case with carcinomas in situ. Malignant tumors can be invasive and have the potential to metastasize. Therefore, recognizing carcinomas in situ as noninvasive is crucial for understanding its classification and potential treatment options.

6. Which root refers to "fiber"?

- A. nervous sensation
- B. cause
- C. fiber**
- D. outside

"Fiber" in this instance refers to a type of dietary material found in fruits, vegetables, and whole grains. Options A, B, and D do not specifically relate to this definition of fiber and would not be considered correct responses for this question.

7. Which prefix means "cause"?

- A. nervous sensation
- B. cause**
- C. out, away from
- D. outside

The prefix that means "cause" is indeed the one denoted by "B." Understanding prefixes is essential in medical billing and coding, as they provide vital context and meaning to the terms used in healthcare. The prefix "cause" is associated with the origin or reason behind a condition or phenomenon. In medical terminology, terms that start with this prefix can refer to underlying factors or triggers that lead to specific medical conditions or billing scenarios. When breaking down complex medical terms or codes, recognizing the prefix helps professionals determine the context and apply it correctly in billing practices. This skill is crucial for accurate documentation, coding, and ensuring proper reimbursement in healthcare settings. Knowing prefixes like "cause" contributes to a thorough understanding of medical language, allowing certified professional billers to navigate clinical documentation effectively.

8. Who submits written confirmation authorizing treatment to a provider in a healthcare setting?

- A. Category II Codes
- B. Category I Codes
- C. Case Manager**
- D. Catastrophic Cap Benefit

The correct answer pertains to the role of the case manager in a healthcare setting. A case manager is responsible for coordinating patient care and may need to submit written confirmation authorizing treatment to ensure that necessary procedures are approved and covered by insurance. This role involves evaluating and ensuring that the treatment aligns with the patient's needs and the healthcare provider's capabilities. Category I and Category II codes refer to the Current Procedural Terminology (CPT) codes used for billing purposes and do not relate to the authorization of treatment. The focus of these codes is on classification and reimbursement rather than on the administrative process of approving treatment. The term "Catastrophic Cap Benefit" refers to a specific insurance feature that limits out-of-pocket expenses after reaching a certain threshold, and it does not pertain to who authorizes treatment within the healthcare system. Thus, the case manager's role is crucial for facilitating the authorization process and ensuring comprehensive patient care.

9. What does GCPI stand for in the realm of healthcare billing and coding?

- A. Home Assessment Validation and Entry
- B. Geographic Cost Practice Index
- C. Group Practice Without Walls
- D. General Cost Practice Index**

The term GCPI in the context of healthcare billing and coding stands for Geographic Cost Practice Index. This index is significant because it helps adjust payments for healthcare providers based on regional variations in costs associated with delivering care. The GCPI is part of the Medicare payment formula and ensures that providers are compensated fairly based on the local cost of doing business, taking into account factors such as labor costs and practice expenses. Understanding the nuances of the GCPI is crucial for healthcare billers and coders, as it directly impacts reimbursement rates and the overall financial performance of medical practices. This knowledge allows professionals to better navigate the complexities of healthcare reimbursement and helps ensure that billing practices align with regulatory requirements.

10. What does capitation involve in healthcare services?

- A. Payment per Visit
- B. Hourly Payment
- C. Salary Payment
- D. Preestablished Payments over Time**

Capitation involves a payment model where healthcare providers receive a pre-established amount of money for each enrolled patient over a specified period, regardless of the number of services provided or visits made during that time. This system incentivizes providers to focus on delivering preventive care and managing patients' overall health rather than simply responding to individual services or visits. It aims to control healthcare costs while ensuring that patients receive adequate care. The other payment models mentioned, such as payment per visit, hourly payment, and salary payment, do not account for the same structure or intention behind capitation. Instead, they generally pay based on the volume of services provided or time spent on care, which is fundamentally different from the capitation approach that focuses on comprehensive patient management over a designated time frame.

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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://certifiedprofessionalbiller.examzify.com>

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

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