

CPC Guidelines Practice Test (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

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- 1. What is the main purpose of accurately coding for conditions such as hypertension and chronic kidney disease?**
 - A. To expedite patient care**
 - B. To ensure correct billing and insurance reimbursements**
 - C. To provide an overview of patient demographics**
 - D. To create physical records for patients**

- 2. When coding a complicated condition, how should it be classified?**
 - A. As separate illnesses**
 - B. Using a combination code**
 - C. As a single diagnosis**
 - D. Only by symptomatology**

- 3. How will a provider document a positive MRSA colonization test?**
 - A. "MRSA positive"**
 - B. "MRSA screen positive"**
 - C. "MRSA detected"**
 - D. "Positive MRSA result"**

- 4. When a patient with HIV is admitted for an unrelated condition, which should be coded as the principal diagnosis?**
 - A. The code for the unrelated condition**
 - B. The code B20**
 - C. The code R75**
 - D. The code Z21**

- 5. In the case of sequela coding, should the code for the acute phase of an illness be reported?**
 - A. Yes, it should be reported**
 - B. No, it should not be reported**
 - C. Only if symptoms are present**
 - D. Only if the illness was severe**

- 6. What is the priority when coding an encounter that includes both severe sepsis and a localized infection?**
- A. Record the localized infection followed by severe sepsis**
 - B. Record severe sepsis first, then the localized infection**
 - C. Focus only on the localized infection**
 - D. Coders should just document the encounter**
- 7. What documentation is essential before coding Z21 for asymptomatic infection?**
- A. Patient's HIV symptoms**
 - B. Positive serologic test**
 - C. Provider's diagnostic statement**
 - D. Patient's family history of HIV**
- 8. What should be designated as the principal diagnosis when treating a complication resulting from a surgical procedure?**
- A. The original diagnosis of the surgical procedure**
 - B. The complication being treated**
 - C. The underlying condition related to the surgery**
 - D. Patient's secondary health issues**
- 9. If both use and dependence are documented for a psychoactive substance, which code is accurate?**
- A. Use code for both**
 - B. Dependence code only**
 - C. Abuse code only**
 - D. Do not assign any codes**
- 10. What is the proper approach to coding secondary diabetes caused by a malignancy?**
- A. Use the E08 code**
 - B. Use the E09 code**
 - C. Use the Z79.4 code**
 - D. The condition does not need coding**

Answers

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

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Explanations

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1. What is the main purpose of accurately coding for conditions such as hypertension and chronic kidney disease?
 - A. To expedite patient care
 - B. To ensure correct billing and insurance reimbursements**
 - C. To provide an overview of patient demographics
 - D. To create physical records for patients

Accurate coding for conditions like hypertension and chronic kidney disease is essential primarily to ensure correct billing and insurance reimbursements. This process involves translating detailed clinical information into standardized codes that payers and insurers recognize. When codes are precise and reflect the patient's conditions accurately, it helps healthcare providers receive the appropriate compensation for their services. Furthermore, correct coding supports the integrity of medical records and contributes to data analytics for provider performance and health outcomes. Inaccurate coding can lead to claim denials and financial losses, as insurers may refuse to reimburse for services rendered if the coding does not align with the documented medical necessity. Therefore, ensuring accurate coding is critical for financial stability within healthcare organizations while also promoting quality care delivery through precise health data representation.

2. When coding a complicated condition, how should it be classified?
 - A. As separate illnesses
 - B. Using a combination code**
 - C. As a single diagnosis
 - D. Only by symptomatology

Using a combination code is the appropriate method for coding a complicated condition because it succinctly captures multiple aspects of a diagnosis in a single code. Combination codes are specifically designed to reflect the complexity of a condition that involves more than one related diagnosis or a diagnosis with associated symptoms. This approach enhances the clarity and accuracy of the medical record and billing processes, as it allows healthcare professionals to convey the full scope of a patient's condition with fewer codes, ultimately facilitating better communication about the patient's health needs. In contrast, classifying a complicated condition as separate illnesses might oversimplify the patient's clinical picture and could lead to confusion in both treatment and billing. Identifying it as a single diagnosis may overlook critical complexities present in the condition. Relying solely on symptomatology does not encompass the entirety of the patient's health status and can lead to gaps in diagnosis and care. Therefore, using combination codes is the most efficient and informative way to document complicated conditions in medical coding.

3. How will a provider document a positive MRSA colonization test?

- A. "MRSA positive"
- B. "MRSA screen positive"**
- C. "MRSA detected"
- D. "Positive MRSA result"

The documentation of a positive MRSA colonization test should accurately reflect the nature of the test performed. When a provider notes "MRSA screen positive," it clearly indicates that a screening test for MRSA was conducted and yielded a positive result. This phrasing communicates that the patient has tested positive for methicillin-resistant *Staphylococcus aureus* in a screening context, which is essential for understanding the clinical implications and management of the patient. Using "MRSA positive" or "MRSA detected" could lead to ambiguity about whether this was a screening test or a diagnostic test related to an active infection. Similarly, "Positive MRSA result" lacks specificity regarding the context of a screening test. In clinical documentation, clarity is crucial to ensure appropriate follow-up and treatment decisions, making "MRSA screen positive" the most precise and informative choice for denoting the outcome of a colonization screening.

4. When a patient with HIV is admitted for an unrelated condition, which should be coded as the principal diagnosis?

- A. The code for the unrelated condition**
- B. The code B20
- C. The code R75
- D. The code Z21

In the context of coding for a patient with HIV who is admitted for an unrelated condition, the principal diagnosis should be the code for the unrelated condition. This is because the principal diagnosis is defined as the condition that primarily occasioned the patient's admission to the hospital. When coding, it is essential to follow the guidelines set forth by coding systems, which prioritize the condition that prompted the hospital stay over other diagnoses. Although HIV is a significant factor in the patient's medical history and requires appropriate coding (such as using codes B20 for HIV disease or Z21 for asymptomatic status), it does not take precedence over the reason for the admission when the two conditions are unrelated. The codes R75 (which pertains to inconclusive HIV serology) and Z21 (asymptomatic HIV status) represent specific statuses of HIV, while B20 is used for patients with HIV disease. However, when the admission is for a condition that is separate and distinct from HIV, the unrelated condition's code must be recorded as the principal diagnosis, ensuring the medical record reflects the primary reason for the hospital visit. This coding practice ensures the relevance of the provided treatment and services is accurately documented for billing and healthcare statistics.

5. In the case of sequela coding, should the code for the acute phase of an illness be reported?

- A. Yes, it should be reported**
- B. No, it should not be reported**
- C. Only if symptoms are present**
- D. Only if the illness was severe**

In sequela coding, the focus is on the residual effects or complications that remain after the acute phase of an illness has resolved. Reporting the code for the acute phase of an illness is not necessary in these cases because the purpose of sequela codes is to capture the ongoing consequences of the initial condition rather than the condition itself during its acute phase. When coding for sequela, it is essential to document the consequences that arise as a result of the original illness, which can be represented independently without needing to report the acute phase. By doing so, it ensures that the health record accurately reflects the long-term impacts on the patient's health without redundancy in coding acute conditions. This approach aligns with the principles of efficient medical coding and ensures that resources are focused on understanding and addressing the current health challenges the patient faces due to previous conditions.

6. What is the priority when coding an encounter that includes both severe sepsis and a localized infection?

- A. Record the localized infection followed by severe sepsis**
- B. Record severe sepsis first, then the localized infection**
- C. Focus only on the localized infection**
- D. Coders should just document the encounter**

When coding for an encounter that involves both severe sepsis and a localized infection, the priority is to record severe sepsis first, followed by the localized infection. The reason for this hierarchy lies in the clinical significance and the coding guidelines established for conditions of this nature. Severe sepsis is a critical condition that indicates a systemic response to a serious infection, and it can have significant implications for patient management and outcomes. This condition takes precedence because it often complicates treatment and provides insight into the severity of the patient's overall condition. In coding practice, capturing the most severe condition that reflects the patient's state is essential for proper documentation and for accurately reflecting the complexity of care provided. By coding severe sepsis first, the severity and urgency of the patient's condition are highlighted, ensuring that healthcare providers are aware of the life-threatening nature of the sepsis. Thus, the coding accurately communicates the critical clinical picture to justify the level of care and resources utilized in treatment. In comparison, simply recording the localized infection would not adequately reflect the patient's condition when severe sepsis is present, potentially leading to an underrepresentation of the severity of illness in healthcare analytics and reimbursement.

7. What documentation is essential before coding Z21 for asymptomatic infection?

- A. Patient's HIV symptoms**
- B. Positive serologic test**
- C. Provider's diagnostic statement**
- D. Patient's family history of HIV**

The correct answer is based on the requirement that a healthcare provider's diagnostic statement is necessary to properly code Z21 for asymptomatic infection. This code specifically indicates an asymptomatic carrier of the HIV virus. For accurate coding, it is essential to have documentation from a provider that confirms the diagnosis, which can be based on clinical evaluation and testing. This ensures that the coding reflects the patient's true health status as determined by a qualified medical professional. Other choices may provide relevant information about the patient's condition, but they do not fulfill the requirement for official coding. For instance, while a patient's HIV symptoms or a positive serologic test could indicate HIV status, coding guidelines emphasize the need for a definitive diagnostic statement from the provider. Family history, on the other hand, does not establish an individual's current health status and would not suffice for coding Z21.

8. What should be designated as the principal diagnosis when treating a complication resulting from a surgical procedure?

- A. The original diagnosis of the surgical procedure**
- B. The complication being treated**
- C. The underlying condition related to the surgery**
- D. Patient's secondary health issues**

The principal diagnosis in the case of treating a complication resulting from a surgical procedure is the complication being treated. This is because the main focus of the patient's treatment at that moment is the complication itself, which arose as a direct result of the surgical procedure. When coding for a principal diagnosis, the guideline emphasizes that the diagnosis that requires the most care, attention, and resources should be designated as the principal diagnosis. So, when a surgical complication arises, it reflects a new condition that directly impacts the patient's health and necessitates further medical intervention. The other choices involve potential diagnoses that may have been relevant before the complication occurred or that do not express the current clinical focus. The original diagnosis could be implied, but it does not reflect the immediate concern, while underlying conditions may complicate the scenario but are secondary to the acute issue of the complication itself. Patient's secondary health issues, while important in the overall health context, also do not take precedence over the complication being actively treated. Thus, designating the complication as the principal diagnosis aligns with the guidelines for coding and clinical priority.

9. If both use and dependence are documented for a psychoactive substance, which code is accurate?

- A. Use code for both**
- B. Dependence code only**
- C. Abuse code only**
- D. Do not assign any codes**

In the scenario where both use and dependence on a psychoactive substance are documented, the most accurate coding practice is to select the dependence code only. This approach is consistent with the conventions of coding for substance-related disorders. Dependence indicates a more severe level of dysfunction related to the substance, involving a physiological or psychological reliance on it, which may manifest through tolerance, withdrawal symptoms, and a compulsion to seek usage despite adverse consequences. The coding standards prioritize the most intense clinical presentation, which, in this case, is dependence. Using a dependence code captures the severity and complexity of the individual's condition effectively. While use and abuse codes document lower levels of concern and risk associated with substance use, they do not fully represent the clinical picture when dependence is present. Selecting only the dependence code aligns with the guidelines that highlight the necessity to code for the most serious diagnosis or condition, ensuring accurate documentation in medical records and for billing purposes.

10. What is the proper approach to coding secondary diabetes caused by a malignancy?

- A. Use the E08 code**
- B. Use the E09 code**
- C. Use the Z79.4 code**
- D. The condition does not need coding**

The proper approach to coding secondary diabetes caused by a malignancy is to use the E08 code. E08 is specifically designated for diabetes mellitus due to another underlying condition, which in this case is cancer. This classification is part of the International Classification of Diseases, Tenth Revision (ICD-10), and it ensures that the link between the diabetes and the malignancy is clearly documented and understood. Using E08 allows healthcare providers to accurately represent the patient's condition, leading to better understanding and management of the diabetes as a complication of the malignancy. It is important to code this condition properly to convey the full clinical picture and to ensure appropriate treatment and follow-up. Additionally, using the correct codes promotes accurate billing and reimbursement for services rendered, as well as adherence to healthcare regulations. In this specific context, the other options do not appropriately address the specifics of secondary diabetes resulting from malignancy. For instance, E09 is related to drug or chemical-induced diabetes and wouldn't apply here, while Z79.4 pertains to long-term insulin use, which doesn't capture the underlying malignancy context. Thus, E08 is the most fitting choice when coding for secondary diabetes arising from a malignancy.

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://cpcguidelines.examzify.com>

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

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