

CPT Surgery Coding 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 code should be reported for a 35-year-old female undergoing gastric restriction with partial gastrectomy?**
 - A. 43841
 - B. 43845
 - C. 43847
 - D. 43848

2. **What code must be reported when a patient receives fine-needle aspiration for two separate lesions?**
 - A. 10021, 10022
 - B. 10021
 - C. 10022
 - D. 10023

3. **What type of hernia was repaired in the case of the 25-year-old patient?**
 - A. Inguinal hernia
 - B. Umbilical hernia
 - C. Ventral hernia
 - D. Femoral hernia

4. **Which term best describes a procedure that is performed swiftly to treat an immediate health risk?**
 - A. Elective surgery
 - B. Planned procedure
 - C. Urgent care procedure
 - D. Reconstructive surgery

5. **What is the proper coding for an excision of a small benign lesion?**
 - A. 11420
 - B. 14040
 - C. 17281
 - D. 19300

- 6. For a closed reduction and plaster casting of a right tibial shaft fracture, which code is reported?**
- A. 27750-RT**
 - B. 63055**
 - C. 19300**
 - D. 37182**
- 7. What does the “-51” modifier signify when added to a CPT code?**
- A. It indicates a repeat procedure**
 - B. It describes a service that was partially completed**
 - C. Multiple procedures were performed during the same session**
 - D. It marks the procedure as urgent**
- 8. Which code should be used for bronchoscopy with transbronchial biopsy?**
- A. 31625**
 - B. 31627**
 - C. 31628**
 - D. 31629**
- 9. What purpose does Category II CPT codes serve?**
- A. To facilitate performance measurement**
 - B. To identify unlisted procedures**
 - C. To document patient health records**
 - D. To classify emergency services**
- 10. What is the procedure code for an incision and drainage of an infected bursa in the right wrist?**
- A. 25031-RT**
 - B. 36430**
 - C. 69205-LT**
 - D. 29405**

Answers

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

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Explanations

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1. What code should be reported for a 35-year-old female undergoing gastric restriction with partial gastrectomy?

- A. 43841
- B. 43845**
- C. 43847
- D. 43848

The correct code for a gastric restriction procedure with partial gastrectomy is based on the specifics of the procedure performed. Code 43845 is designated for an open partial gastrectomy with gastric restriction performed for the treatment of obesity. This procedure typically involves removing a portion of the stomach and is performed to limit food intake, thus facilitating weight loss. In this context, the terminology of "gastric restriction" indicates that the procedure is aimed at reducing the size of the stomach to decrease its capacity, which aligns with the definition and application of code 43845. The procedure focuses not only on the surgical technique of partial gastrectomy but also includes the intention for obesity treatment, making this code the most appropriate choice. The other codes listed correspond to different variations or specifics of the surgical procedures that do not match the description of gastric restriction combined with a partial gastrectomy in this scenario, hence they are not applicable for the situation described.

2. What code must be reported when a patient receives fine-needle aspiration for two separate lesions?

- A. 10021, 10022**
- B. 10021
- C. 10022
- D. 10023

When coding for fine-needle aspiration (FNA) procedures, it is crucial to accurately represent the number of lesions being aspirated. The codes provided serve to differentiate based on the nature of the procedure and the number of lesions targeted. Code 10021 is utilized when performing a fine-needle aspiration of a single lesion, while code 10022 is specifically designated for aspirations of multiple lesions done in a single session. In the scenario where the patient receives aspiration for two separate lesions during the same encounter, both codes are applicable. The use of both codes, therefore, captures the performance of the procedure on each lesion and adheres to coding guidelines that dictate that separate codes should be reported for each distinct target area when applicable. The combined reporting of both codes ensures that the complexity and thoroughness of the procedure are accurately reflected in the documentation and reimbursement process. This adherence to coding guidelines is essential for proper billing and to avoid potential denials from payers. Thus, reporting both codes is the correct approach for this situation.

3. What type of hernia was repaired in the case of the 25-year-old patient?

- A. Inguinal hernia**
- B. Umbilical hernia**
- C. Ventral hernia**
- D. Femoral hernia**

In this scenario, ventral hernias are the focus because they refer to hernias that occur through an incision in the abdominal wall or in the abdominal muscles themselves. This type of hernia commonly develops after surgical procedures. It includes incisional hernias that can form at the site of previous surgeries, typically in the midline area of the abdomen. Choosing ventral hernia implies that the patient likely presented with a bulge or protrusion in the abdominal region, which could have been determined through a physical examination or imaging studies. This makes the choice consistent with typical cases encountered in clinical practice, particularly for younger individuals like the 25-year-old patient, where such complications can arise after prior surgical interventions. Other types of hernias, such as inguinal, umbilical, or femoral hernias, have distinct anatomical locations and are associated with different risk factors and presentations, making them less applicable in this specific case based on the information provided.

4. Which term best describes a procedure that is performed swiftly to treat an immediate health risk?

- A. Elective surgery**
- B. Planned procedure**
- C. Urgent care procedure**
- D. Reconstructive surgery**

Choosing "urgent care procedure" is the most appropriate because this term specifically refers to medical interventions that are needed promptly to address a health issue that poses an immediate risk to a patient's health or safety. These procedures are typically performed quickly to prevent further complications or to stabilize the patient's condition. In contrast, elective surgery refers to procedures that are planned in advance and are not urgent, allowing patients and healthcare providers to decide when the surgery will take place. A planned procedure generally denotes any operation that is scheduled ahead of time, regardless of whether it is urgent or elective. Reconstructive surgery is a type of plastic surgery aimed at repairing or reconstructing physical defects, which may not necessarily imply immediacy or urgency. Therefore, the term "urgent care procedure" precisely captures the need for swift action to address an immediate health concern, making it the correct choice.

5. What is the proper coding for an excision of a small benign lesion?

- A. 11420**
- B. 14040**
- C. 17281**
- D. 19300**

The choice of 11420 as the correct code for the excision of a small benign lesion is appropriate because this code specifically corresponds to the excision of benign skin lesions. It is designated for lesions that are less than 1.0 cm in diameter and includes the excised tissue as well as any closure necessary. The coding for this procedure applies specifically to dermatological excisions, which makes it the fitting option when dealing with small benign lesions. In the context of CPT coding, each code represents a unique procedure or service. The other options provided correspond to different types of surgical procedures or lesions. For instance, 14040 is used for tissue transfer, 17281 is for the destruction of malignant skin lesions, and 19300 pertains to breast procedures. Therefore, 11420 accurately captures the specific nature of excising a small benign skin lesion, demonstrating its relevance and correctness in this scenario.

6. For a closed reduction and plaster casting of a right tibial shaft fracture, which code is reported?

- A. 27750-RT**
- B. 63055**
- C. 19300**
- D. 37182**

The correct code for a closed reduction and plaster casting of a right tibial shaft fracture is 27750-RT. This code specifically describes an open or closed treatment of a tibial shaft fracture, which involves the manipulation (reduction) of the bone and the application of a cast. The suffix "RT" indicates that the procedure was performed on the right side, which is a vital detail for proper coding. In coding, the specificity of the site of the procedure is essential, as it ensures accurate billing and reflects the service provided. Other options do not pertain to the treatment of a tibial shaft fracture or the closed reduction with casting. For instance, one option may correspond to different types of surgical procedures unrelated to bone manipulation, and others may pertain to procedures associated with completely different anatomical areas or interventions altogether, making them unsuitable for this scenario.

7. What does the “-51” modifier signify when added to a CPT code?

- A. It indicates a repeat procedure**
- B. It describes a service that was partially completed**
- C. Multiple procedures were performed during the same session**
- D. It marks the procedure as urgent**

The “-51” modifier is used to indicate that multiple procedures were performed during the same surgical session. When appended to a CPT code, it communicates to insurers that while multiple distinct procedures were conducted, one of them is primary and the others are secondary. This modifier helps to prevent reduction in reimbursement for the second and subsequent procedures performed in the same session. In surgical coding, it’s important to accurately represent the services provided to ensure proper billing and payment. The use of the “-51” modifier allows coders to appropriately document situations where more than one procedure is performed, offering a clearer picture of the surgical efforts and avoiding confusion over payment for each service.

8. Which code should be used for bronchoscopy with transbronchial biopsy?

- A. 31625**
- B. 31627**
- C. 31628**
- D. 31629**

The procedure of bronchoscopy with transbronchial biopsy involves using a bronchoscope to visualize the airways and obtain tissue samples from the lung parenchyma. The correct code for this specific procedure is 31628. This code specifically denotes a bronchoscopy that includes the performance of a transbronchial biopsy, which is essential for diagnosing various lung conditions, including infections, malignant tumors, and other pulmonary diseases. The importance of accurate coding lies in ensuring proper documentation and reimbursement for the healthcare services provided. In this case, 31628 captures the full scope of the procedure, reflecting both the bronchoscopy and the targeted tissue biopsy, which is critical for the patient's diagnosis and treatment plan. In contrast, other codes may denote different variations of bronchoscopy or specific aspects of the procedure that do not encompass the transbronchial biopsy aspect required for this question. Thus, code 31628 is essential for accurately representing the complete procedure performed.

9. What purpose does Category II CPT codes serve?

A. To facilitate performance measurement

B. To identify unlisted procedures

C. To document patient health records

D. To classify emergency services

Category II CPT codes are specifically designed to facilitate performance measurement. These codes are optional and are used primarily for tracking and measuring the quality of care provided through various clinical processes. By using these codes, healthcare providers can report performance measures related to specific health initiatives or objectives, ultimately aiding in quality improvement efforts. The use of Category II codes allows for easier collection of data on the care delivered. They support initiatives aimed at enhancing care quality and efficiency as they provide a standardized way to report certain services or processes that might not be captured through the standard Category I codes. This focus on performance measurement is essential for evidence-based practice and for evaluating healthcare outcomes. In contrast, the other functions mentioned in the options relate to different aspects of coding and documentation. For instance, identifying unlisted procedures pertains to Category III codes rather than Category II. Documenting patient health records is generally done using standard CPT codes, but does not specifically link to the performance measurement focus of Category II. Classifying emergency services is handled through other coding systems as well and is not a purpose of Category II codes.

10. What is the procedure code for an incision and drainage of an infected bursa in the right wrist?

A. 25031-RT

B. 36430

C. 69205-LT

D. 29405

The procedure code for an incision and drainage of an infected bursa in the right wrist is 25031-RT. This code specifically pertains to the treatment of conditions affecting the bursa in the wrist area through incision and drainage, which is a common surgical intervention for managing infection and alleviating symptoms such as swelling and pain. The "250" series of codes pertains to procedures related to the forearm and wrist, specifically for conditions involving soft tissue and structures in that region. The designation "RT" indicates that the procedure was performed on the right side, which is crucial for specifying the site of the surgery for proper coding and billing. Other choices relate to different anatomical areas or procedures that do not match the description required for the incision and drainage of a bursa in the wrist, making option A the most accurate and appropriate choice for this particular surgical procedure.

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://cptsurgerycoding.examzify.com>

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

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