

CURRENT PROCEDURAL TERMINOLOGY (CPT) HCPCS LEVEL I CODING PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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<https://cpthcpcslvl1coding.examzify.com>



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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 of the following is NOT a section of the CPT code set?**
 - A. Medicine
 - B. Cardiology
 - C. Anesthesia
 - D. Surgery

- 2. Who first developed the CPT coding system?**
 - A. CDC
 - B. AMA
 - C. CMS
 - D. NCHS

- 3. What does modifier 25 indicate?**
 - A. A minor surgical procedure
 - B. A significant, separately identifiable evaluation and management service
 - C. A follow-up service
 - D. A procedure with no complications

- 4. What is a primary goal of implementing NCCI edits?**
 - A. To maximize revenue for healthcare providers
 - B. To ensure consistent coding practices
 - C. To prevent fraud and abuse in healthcare billing
 - D. To minimize the number of medical codes used

- 5. True or False: It is acceptable to assign a code that approximates the service if the exact code is not located.**
 - A. True
 - B. False
 - C. Depends on the specific case
 - D. True, only for unlisted procedures

- 6. What does the acronym NCCI stand for in medical coding?**
 - A. National Coding Compliance Initiative
 - B. National Correct Coding Initiative
 - C. Nationwide Claim Control Initiative
 - D. National Claim Coding Index

- 7. What does modifier 59 indicate?**
- A. Multiple procedures
 - B. Distinct procedural service
 - C. Unusual procedural service
 - D. Reduced services
- 8. According to the surgery guidelines, can destruction be considered an integral part of a procedure?**
- A. True
 - B. False
- 9. What could be a consequence of failing to adhere to NCCI edits during coding?**
- A. Enhanced service delivery
 - B. Increased audit risks
 - C. Improved patient outcomes
 - D. Lowered insurance premiums
- 10. What symbol represents moderate conscious sedation included in a procedure?**
- A. Plus (+) symbol
 - B. Circle with a line through it
 - C. Bullseye
 - D. Pound (#) symbol

Answers

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

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Explanations

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1. Which of the following is NOT a section of the CPT code set?

- A. Medicine
- B. Cardiology**
- C. Anesthesia
- D. Surgery

The correct answer is based on the structure of the CPT code set. The CPT (Current Procedural Terminology) code set is divided into specific sections that encompass various categories of medical services and procedures. The primary sections of CPT include: 1. ****Surgery****: This section encompasses a wide range of surgical procedures performed across different body systems. 2. ****Anesthesia****: This section includes codes for anesthesia services provided during surgical procedures and other medical interventions. 3. ****Medicine****: This section covers a variety of non-surgical services, including evaluations, diagnostics, and treatments for various medical conditions. However, "Cardiology" is not a standalone section in the CPT code set. Instead, it falls within the broader categories like "Medicine" where specific cardiology-related procedures and services would be coded. Therefore, cardiology does not represent a separate section, distinguishing it from the other listed sections which are defined categories within the CPT. This structure helps healthcare professionals accurately document and bill for a wide range of medical procedures and services.

2. Who first developed the CPT coding system?

- A. CDC
- B. AMA**
- C. CMS
- D. NCHS

The CPT coding system was first developed by the American Medical Association (AMA) in 1966. This system was established to provide a uniform language that accurately describes medical, surgical, and diagnostic services. The primary goal was to ensure that healthcare providers and insurers could communicate effectively regarding the services provided to patients. The AMA's involvement in creating this coding system reflects its commitment to enhancing the practice of medicine through a standardized approach to documenting and billing for healthcare services, which is vital for reimbursement processes. This has allowed for greater transparency and consistency in coding practices across different healthcare settings. The other organizations listed—CDC (Centers for Disease Control and Prevention), CMS (Centers for Medicare & Medicaid Services), and NCHS (National Center for Health Statistics)—play important roles in public health, healthcare policy, and statistics but were not involved in the development of the CPT coding system.

3. What does modifier 25 indicate?

- A. A minor surgical procedure
- B. A significant, separately identifiable evaluation and management service**
- C. A follow-up service
- D. A procedure with no complications

Modifier 25 is used to indicate that a significant, separately identifiable evaluation and management (E/M) service was provided on the same day as a procedure or other service. This modifier is particularly important for ensuring that healthcare providers are reimbursed appropriately for their work when they perform both an E/M service and a procedure during the same encounter. In practical terms, when a provider assesses a patient, performs a thorough evaluation, and identifies a need for an additional procedure within the same visit, they can attach modifier 25 to the E/M code. This signals that the evaluation and management service was not merely part of the procedure but was a distinct and necessary assessment that warranted separate attention and billing. This modifier is crucial in clinical scenarios where the complexity of patient conditions requires both detailed evaluation and intervention. Using modifier 25 appropriately ensures that providers are not under-compensated for the additional time and resources spent on the patient assessment, reinforcing the significance of thorough patient evaluation.

4. What is a primary goal of implementing NCCI edits?

- A. To maximize revenue for healthcare providers
- B. To ensure consistent coding practices
- C. To prevent fraud and abuse in healthcare billing**
- D. To minimize the number of medical codes used

The primary goal of implementing National Correct Coding Initiative (NCCI) edits is to prevent fraud and abuse in healthcare billing. NCCI edits are designed to promote correct coding methodologies and to ensure that services that shouldn't be reported together are appropriately flagged. This systematic approach helps safeguard against improper billing practices, such as billing for services that do not meet medical necessity or that are not supported by the clinical documentation. By identifying and preventing potentially erroneous practices, NCCI edits help maintain the integrity of the healthcare billing process, protecting both patients and healthcare providers. This is particularly critical in systems that rely on reimbursement for services provided, as it fosters trust and accountability within the healthcare system. Thus, while aspects like revenue maximization, consistency in coding, and minimizing the number of codes utilized have their place in coding practices, the foremost intent of NCCI is to curb fraudulent activities and ensure compliant billing.

5. True or False: It is acceptable to assign a code that approximates the service if the exact code is not located.

- A. True
- B. False**
- C. Depends on the specific case
- D. True, only for unlisted procedures

In the context of assigning codes in CPT and HCPCS Level I, it is important to select the most accurate and specific code that reflects the procedure or service performed. If an exact code cannot be located for a specific service, it is not appropriate to assign a code that merely approximates the service. Coding practices emphasize the importance of specificity and accuracy to ensure proper billing and healthcare documentation. Assigning an approximate code could lead to billing discrepancies, incorrect reimbursements, or complications in patient records. The correct approach when faced with the absence of an exact code is to look for the closest match or utilize an unlisted code if applicable. Unlisted codes can be used when a service is performed that does not have a specific CPT code, but they still require additional documentation and justification for use. This approach aligns with coding guidelines which prioritize accuracy and specificity rather than approximation.

6. What does the acronym NCCI stand for in medical coding?

- A. National Coding Compliance Initiative
- B. National Correct Coding Initiative**
- C. Nationwide Claim Control Initiative
- D. National Claim Coding Index

The acronym NCCI stands for National Correct Coding Initiative. This initiative was developed by the Centers for Medicare & Medicaid Services (CMS) to promote correct coding methodologies and to prevent improper billing. The program aims to reduce errors in the coding of medical services and ensure that claims are submitted with codes that accurately reflect the services provided. By implementing policies and guidelines that facilitate appropriate coding, the NCCI helps reduce fraudulent claims and improper payments. It establishes coding pairs that should not be reported together, known as mutually exclusive codes, as well as comprehensive and component codes that clarify when separate billing is inappropriate. Understanding the NCCI is essential for healthcare professionals involved in medical coding, reimbursement, and compliance to ensure adherence to regulations and accuracy in claims processing.

7. What does modifier 59 indicate?

- A. Multiple procedures
- B. Distinct procedural service**
- C. Unusual procedural service
- D. Reduced services

Modifier 59 is used to indicate a distinct procedural service. This modifier is applied when a procedure or service is performed that is separate and distinct from another procedure or service performed on the same day. It allows healthcare providers to report services that may typically be considered bundled in order to signify that the services provided are not part of the main procedure and should be reimbursed separately. For example, if a patient underwent two different surgical procedures on the same day, and they were performed at different anatomical sites or involved different areas of the body, modifier 59 would clarify that one of the procedures is indeed distinct from the other. It is important to note that simply using this modifier does not guarantee reimbursement; the services must still be medically necessary and appropriately documented. Using modifier 59 correctly helps in compliance with billing regulations and ensures that providers receive appropriate payment for genuine separate services rendered. This further highlights its significance in coding and billing practices within healthcare.

8. According to the surgery guidelines, can destruction be considered an integral part of a procedure?

A. True

B. False

Destruction can indeed be considered an integral part of a procedure based on the surgery guidelines. In surgical coding, destruction refers to the act of irreversibly eliminating or damaging tissue or structure during a procedure. This can be an essential component of certain surgical techniques, where the destruction of tissue is necessary to achieve the therapeutic goals of the surgery, such as removing a tumor or treating a lesion. The surgical guidelines recognize that when destruction is performed as part of a defined procedure, it typically falls under the broader classification of that procedure rather than being coded separately. This implies that the work involved in the destruction is included in the overall procedure code, simplifying the documentation and billing processes, while ensuring that the complexity and scope of the intervention are appropriately captured. It's important to note that in surgical coding, the context, intent, and specific techniques employed during a procedure determine whether destruction is integrated or separate. Therefore, when it is inherent to the procedure's purpose, it is indeed classified as an integral part.

9. What could be a consequence of failing to adhere to NCCI edits during coding?

A. Enhanced service delivery

B. Increased audit risks

C. Improved patient outcomes

D. Lowered insurance premiums

Failing to adhere to National Correct Coding Initiative (NCCI) edits during coding can lead to increased audit risks. NCCI edits are designed to prevent improper coding that may lead to inappropriate reimbursement in healthcare services. When coders do not follow these guidelines, it increases the likelihood of submitting claims that could be flagged for audit, leading to potential financial repercussions for healthcare providers. Audits may result in claims being denied, the need for refunds, or even penalties for non-compliance. Thus, adherence to NCCI edits is crucial for maintaining compliance and minimizing the risk of audits. While the other options suggest positive outcomes, they do not align with the implications of ignoring coding rules. Enhanced service delivery, improved patient outcomes, and lowered insurance premiums are not likely results of non-compliance with coding standards. Instead, proper coding practices, including adherence to NCCI edits, support financial integrity and promote better service delivery in a compliant manner.

10. What symbol represents moderate conscious sedation included in a procedure?

A. Plus (+) symbol

B. Circle with a line through it

C. Bullseye

D. Pound (#) symbol

The bullseye symbol represents moderate conscious sedation included in a procedure. This symbol indicates that the sedation is a component of the procedure being coded, reflecting the provider's intention to provide sedation while delivering care. This is significant in coding, as it demonstrates that the sedation services are integrated into the overall procedure rather than billed separately. The use of the bullseye is particularly relevant for identifying and denoting procedures that involve sedation, allowing coders to appropriately interpret the context of the procedure's complexity and the level of care required. Understanding these symbols is crucial for accurate coding and billing, ensuring that healthcare providers are properly reimbursed for the services rendered while adhering to coding guidelines and regulations.

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://cpthcpcslvl1coding.examzify.com>

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

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