ICD-10-CPT Coding Practice Exam (Sample)

Study Guide

BY EXAMZIFY

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. Coding for an X-ray would typically fall under which classification?
   A. Laboratory codes
   B. Pathology codes
   C. Radiology codes
   D. Therapeutic codes

2. What CPT code is associated with the excision of an esophageal lesion with primary repair via abdominal approach?
   A. 43101
   B. 43200
   C. 38570
   D. 46700

3. Tears are a secretion of which glands?
   A. Salivary glands
   B. Lacrimal glands
   C. Thymus glands
   D. Endocrine glands

4. The A codes are primarily dedicated to which of the following services?
   A. Surgical procedures
   B. Transportation services
   C. Diagnostic imaging
   D. Emergency care

5. In terms of primary procedure coding, what characterizes code 44203?
   A. It represents a secondary procedure
   B. It cannot be reported as a primary procedure
   C. It is used for extensive drainage
   D. It is used for laparoscopic procedures

6. What type of incision does the CPT code 39541 refer to?

    A. Thoracotomy

    B. Diaphragmatic

    C. Abdominal

    D. Chest

7. What punctuation separates the common portion of the procedure description from the unique portion?

    A. Comma

    B. Colon

    C. Semicolon

    D. Dash

8. Which procedure involves the insertion of a needle into the pleural space?

    A. Thoracostomy

    B. Pneumocentesis

    C. Paracentesis

    D. Biopsy

9. What is the anesthesia code used for open or surgical arthroscopic procedures of the elbow?

    A. 01750

    B. 01730

    C. 01740

    D. 01745

10. The release of encircling material of the posterior chamber is reported with which code?

    A. 69424

    B. 67115

    C. 69020

    D. 69425

Answers

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

Explanations

1. Coding for an X-ray would typically fall under which classification?

A. Laboratory codes

B. Pathology codes

C. Radiology codes

D. Therapeutic codes

The correct classification for coding an X-ray is radiology codes. These codes are specifically designed to capture diagnostic imaging services, including X-rays, MRIs, CT scans, and ultrasounds. Radiology codes provide a comprehensive framework to document the procedures carried out, the technical details involved, and any relevant interpretations made by the physician. In contrast, laboratory codes pertain to tests conducted on specimens taken from the patient, including blood work and urinalysis, which are not related to imaging procedures. Pathology codes focus on the examination of tissues and cells for diagnosis, often used in conjunction with laboratory work but distinctly separate from radiological services. Therapeutic codes are used for treatment procedures and interventions rather than diagnostic imaging. Thus, the specificity and applicational focus of radiology codes make them the correct choice for X-ray coding.

2. What CPT code is associated with the excision of an esophageal lesion with primary repair via abdominal approach?

A. 43101

B. 43200

C. 38570

D. 46700

The correct CPT code for the excision of an esophageal lesion with primary repair via abdominal approach is 43101. This code specifically describes the surgical procedure involving the excision of a lesion in the esophagus, which requires accessing the esophagus through the abdominal cavity. The emphasis on a primary repair indicates that following the excision, the surgeon is performing a direct closure of the esophageal wall, which is a critical aspect of this procedure. Other options do not accurately represent the procedure in question. For instance, codes like 43200 pertain to endoscopy procedures involving the esophagus rather than excision; thus, they do not align with the surgical approach outlined. Additionally, codes such as 38570 and 46700 are related to different surgical interventions altogether—namely, lymph node resections and procedures involving the rectum, respectively. Therefore, recognizing the specifics of each code is essential for proper coding and billing in surgical contexts.

3. Tears are a secretion of which glands?

A. Salivary glands

B. Lacrimal glands

C. Thymus glands

D. Endocrine glands

The lacrimal glands are responsible for the production of tears. Located in the upper outer part of each eye socket, these glands secrete a fluid that serves several important functions. Tears help to lubricate the surface of the eye, providing moisture and comfort; they also contain enzymes that help to protect against bacteria, thus playing a crucial role in eye health. The composition of tears consists not only of water but also of oils, mucus, and various proteins that contribute to their protective and nourishing functions. In contrast, while salivary glands secrete saliva, which aids in digestion and oral health, they do not produce tears. The thymus gland is involved in the immune system and the development of T-cells; it does not have any direct connection to tear production. Endocrine glands are responsible for hormone secretion, which regulates various physiological processes in the body, but they too do not produce tears. Therefore, the option pertaining to the lacrimal glands is the only correct choice regarding the secretion of tears.

4. The A codes are primarily dedicated to which of the following services?

A. Surgical procedures

B. Transportation services

C. Diagnostic imaging

D. Emergency care

The A codes in the context of medical coding refer specifically to transportation services, particularly those related to ambulance transport. These codes allow healthcare providers to bill for services that transport patients to and from medical facilities, enabling appropriate reimbursement for the logistics involved in patient care. This includes not only the transportation itself but also the medical attention provided during transit when necessary. The coding system is designed to accurately reflect the nature of the service provided, ensuring that providers are compensated for their role in facilitating patient care through transportation. The other service options like surgical procedures, diagnostic imaging, and emergency care are covered by different sets of codes. Surgical procedures are typically represented by a different classification entirely, and diagnostic imaging is specifically coded under different categories that pertain to imaging services, such as X-rays or MRIs. Emergency care is encompassed within another coding framework that identifies acute care services. Each type of service has its own specific coding system, tailored to reflect the various aspects of the healthcare services provided.

5. In terms of primary procedure coding, what characterizes code 44203?

A. It represents a secondary procedure

B. It cannot be reported as a primary procedure

C. It is used for extensive drainage

D. It is used for laparoscopic procedures

Code 44203 is characterized by its specific use in the context of laparoscopic procedures, particularly for an extensive procedure such as a laparoscopic colectomy. This code indicates the performance of a laparoscopic approach for a procedure involving the removal of part of the colon.   While it's important to note that coding guidelines often define which procedures can be classified as primary versus secondary, this particular code is usually reserved for significant procedures that involve considerable intervention and complexity. This means that, in general practice and coding standards, it is not appropriate to report it as a secondary procedure because it is intended to describe a primary operation, reflecting its substantial nature in surgical coding. The other options, like representing a secondary procedure or being used for extensive drainage, do not align with the intended use of the code, given its definition and context in laparoscopic surgery. The code is specific to a primary procedure done laparoscopically, which emphasizes the importance of knowing the defining characteristics of the procedures represented by specific codes in the context of primary procedure coding.

6. What type of incision does the CPT code 39541 refer to?

A. Thoracotomy

B. Diaphragmatic

C. Abdominal

D. Chest

CPT code 39541 refers specifically to a diaphragmatic incision. This code is used in procedures that involve accessing or operating on the diaphragm, which is a vital muscle that separates the chest cavity from the abdominal cavity and assists in respiration. The diaphragmatic approach is particularly relevant in surgical procedures that require access to structures situated above or below this muscle, such as certain treatments for hernias, congenital abnormalities, or other thoracic and abdominal conditions. In this context, the other types of incisions mentioned are not applicable. A thoracotomy is generally used for procedures involving the chest cavity but does not specifically focus on the diaphragm. An abdominal incision pertains to accessing the abdominal cavity and would not specifically designate a procedure affecting the diaphragm. Finally, while "chest" could imply a thoracotomy, it lacks the specificity of referring directly to the diaphragm itself, which is crucial in correlating with the correct coding for CPT 39541.

7. What punctuation separates the common portion of the procedure description from the unique portion?

A. Comma

B. Colon

C. Semicolon

D. Dash

In medical coding, when describing procedures in the CPT (Current Procedural Terminology) coding system, a semicolon is used to separate the common portion of the procedure description from the unique portion. This punctuation indicates that the first part of the description applies to multiple codes that share the same foundational elements, while the second part provides the specific details that differentiate each code from one another. Using a semicolon ensures clarity in the coding process, as it delineates the shared characteristics of a group of procedures while allowing for the inclusion of unique aspects that pertain solely to specific procedures within that group. This standardized format helps coders accurately interpret and apply the codes relevant to a patient's procedure, enhancing consistency and reducing the likelihood of errors in documentation and billing.

8. Which procedure involves the insertion of a needle into the pleural space?

A. Thoracostomy

B. Pneumocentesis

C. Paracentesis

D. Biopsy

The procedure that involves the insertion of a needle into the pleural space is pneumocentesis. This specific procedure is performed to either remove fluid from the pleural space or to introduce air, depending on the clinical indication. The pleural space is the thin fluid-filled space between the two pleurae of each lung, and accessing it via a needle can aid in diagnostic or therapeutic interventions for conditions such as pleural effusion. In contrast, thoracostomy involves creating an opening in the chest wall, often for the placement of a drainage tube to remove air or fluid from the pleural cavity, but it does not specifically refer to a needle insertion. Paracentesis involves the insertion of a needle into the abdominal cavity rather than the pleural space, and is typically utilized to remove excess fluid from the peritoneal cavity. A biopsy is a procedure where tissue samples are taken for analysis but does not specifically refer to the insertion of a needle into the pleural space. Thus, pneumocentesis is the most accurate term that pertains to needle insertion into the pleural space.

9. What is the anesthesia code used for open or surgical arthroscopic procedures of the elbow?

A. 01750

B. 01730

C. 01740

D. 01745

The use of anesthesia codes in surgical procedures is critical for ensuring accurate billing and documentation. For open or surgical arthroscopic procedures specifically involving the elbow, the correct anesthesia code is 01740. This code is assigned to describe the administration of anesthesia for procedures performed on the elbow joint, accounting for the complexity and specifics of the surgical intervention. In this context, 01740 provides a clear categorization that aligns with the location and type of procedure, which includes both open surgical approaches and minimally invasive arthroscopic methods. The code ensures that the anesthesia services are appropriately recognized in relation to the specific site of surgery, thereby facilitating proper reimbursement and medical record accuracy. The other codes listed would not accurately reflect the anesthesia services for elbow procedures. For example, while some may cover similar joints or adjacent areas, they do not match the specificity required for the elbow's surgical interventions. Therefore, 01740 is the most suitable choice for capturing the necessary details related to anesthesia during elbow surgery.

10. The release of encircling material of the posterior chamber is reported with which code?

A. 69424

B. 67115

C. 69020

D. 69425

The procedure of releasing encircling material in the posterior chamber is accurately represented by the code 67115. This code specifically refers to the surgical procedures involving the removal of an encircling band or material from the eye, typically used in association with retinal detachment repair. In this context, 67115 encompasses the actions taken to manage complications or issues arising from the previous placement of encircling material, acknowledging that it pertains to the posterior segment of the eye, which aligns with the inquiry about the posterior chamber. The other codes noted do not pertain to the release of encircling material in the same manner. For instance, codes like 69424 and 69425 relate to procedures involving the ear, and 69020 is focused on the external ear, which are not relevant to the posterior chamber of the eye in this scenario. Therefore, the accuracy of the choice lies in the specificity of code 67115 to the procedure inquiring about the release of encircling material in the posterior chamber of the eye.

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://icd10cptcoding.examzify.com

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