

# E And M Coding Practice Test

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## CAMERON KINGSTON

*Workbook To Accompany Conquer Medical Coding* American Medical Association Press

Get the coding practice you need to hit the ground running in your first job! Developed by Elsevier, Buck's Simulated Medical Coding Internship, 2023/2024 Edition prepares you to code accurately and efficiently in a professional setting. More than 600 cases in 18 medical specialties provide a realistic simulation of the workload in a multi-specialty medical clinic. This simulated coding internship complements and provides application for what you are learning in Buck's Step-by-Step Medical Coding and Buck's The Next Step: Advanced Medical Coding and Auditing. Best of all, you can SAVE a portfolio of the coding cases you've completed to prove your proficiency to potential employers! Saving reports allows you compile a custom portfolio of results to demonstrate proficiency to prospective employers. Approximately 34 reports in each module - for a total of 615 reports - cover the types of coding seen in a multi-specialty medical practice. Trial and practice exams in each module help you track your comprehension and progress. Answers and rationales help you understand the reasoning behind the proper coding sequence. Course flexibility allows you to complete modules and reports in any order, though moving through the modules in order is recommended. Online format lets you view reports, make highlights, and submit all codes electronically. E/M Lecture Hall on the Evolve companion website provides additional learning and practice with Evaluation and Management coding. Lock Computer feature enables you to keep patient information private while away from your desk. Updated content includes the latest coding information available, including 2024 code updates when released.

CPC Exam Questions (300 Questions with Full Answer Key and Rationale) Elsevier Health Sciences Exercise by exercise, page by page, this workbook helps you develop into a skilled and proficient coder and to prepare for your AAPC or AHIMA certification exam. Each chapter in the workbook corresponds to a chapter in Conquer Medical Coding: A Critical-Thinking Approach with Coding Simulations, the field's new standard in coding texts.

E&M Coding Clear & Simple Practice Management Information

Moving on to advanced medical coding is easy with Carol J. Buck's proven, step-by-step method! The Next Step: Advanced Medical Coding and Auditing, 2015 Edition helps you master coding skills for services such as medical visits, diagnostic testing and interpretation, treatments, surgeries, and anesthesia. Real-world patient cases give you hands-on practice with advanced, physician-based

coding. Enhance your decision-making skills and learn to confidently pull the right information from medical documents, select the right codes, determine the correct sequencing of those codes, properly audit cases, and prepare for the transition to ICD-10 with the help of coding author and educator Carol Buck! Dual coding addresses the transition to ICD-10 by providing practice as well as coding answers for both ICD-9 and ICD-10. UNIQUE! Evaluation and Management (E/M) audit forms, developed to determine the correct E/M codes, simplify the coding process and help to ensure accuracy. UNIQUE! Netter anatomy illustrations in each chapter help you understand anatomy and how it affects coding. Realistic patient cases simulate your first year of coding by using actual medical records (with personal patient details changed or removed), allowing you to practice coding with advanced material. From the Trenches boxes highlight the experiences of real-life professional medical coders and include photographs, quotes, practical tips, and advice. Auditing cases prepare you to assign correct codes to complicated records, as well as audit records for accuracy. More than 180 full-color illustrations depict and clarify advanced coding concepts. UPDATED content includes the latest coding information available, to promote accurate coding and success on the job. The Next Step: Advanced Medical Coding and Auditing, 2015 Edition - E-Book American Bar Association

Covering 17 of the E/M subsections from the CPT manual, THE EVALUATION AND MANAGEMENT STEP: AN AUDITING TOOL includes three units to help you learn and practice with each subsection. Unit I includes an introduction to E/M coding and breaks down each of the selected 17 subsections in outline format with questions and reports for immediate practice and application. Unit II includes two examinations, each containing 18 fill-in-the-blank cases that correspond to the material from Unit I. Unit III provides the answers to the questions from Units I and II, making it easy to immediately assess your performance. Plus, appendices feature the official guidelines for the ICD-9-CM, E/M Documentation, blank audit forms, abbreviations, and other resources to further your learning. Includes both the 1995 and 1997 E/M Documentation Guidelines in appendices so you can easily reference whichever guidelines you prefer. Outline format makes content easy to follow and understand, plus a follow-up question at the end of each section tests your comprehension as you move through the book. Two practice examinations prepare you for both the exam and the professional environment. Evolve learning resources contain study tips, web links, and content updates and provide you with additional resources and links to information on medical coding. *The Evaluation and Management Step* Springer  
This practical approach to training students for a career in medical coding begins with an

introduction to Current Procedural Terminology (CPT), followed by in-depth explanations of the sections found in the CPT manual. Several chapters, organized to follow the CPT codes by body system, introduce various procedures and demonstrate how to code each one. Practice exercises following each step of information and at the end of each chapter reinforce important concepts and allow users to check their comprehension. Unit II covers the International Classification of Diseases, 9th Revision, Clinical Modification (ICD 9-CM), and Unit III offers information about third party reimbursement. Appendices provide the official ICD-9-CM guidelines for coding and reporting, answers to the in-text exercises, and the documentation guidelines for E/M services. Full-color design makes the book more visually stimulating. In-text exercises throughout each chapter immediately reinforce the coding rules and concepts, emphasizing the step-by-step organization of the book. Appendix D contains the Quick Guide to HIPAA for the Physician's Office, providing coding students & instructors with important information about new HIPAA guidelines. Concrete "real-life" examples illustrate the application of important coding principles and practices. Medical procedures or conditions are illustrated and discussed to help the student understand the services being coded. Format for student answers guides the student in the development of his or her coding ability by using a format that includes a four response variations: The From the Trenches feature highlights a different real-life medical coding practitioner in each chapter, with photographs throughout the chapter alongside quotes that offer practical advice or motivational comments. Coding Shots contain tips for the new coder. Stop! notes halt the reader for a reality check, offering a brief summary of material that was just covered and providing a transition into the next topic. Caution! notes warn users of common coding mistakes and reinforce the concept of coding as an exact science. Check This Out! boxes offer notes about accessing reference information related to coding, primarily via the Internet. Official Guidelines for Coding and Reporting boxes in the Using the ICD-9-CM chapter contains excerpts of the actual guidelines, presenting the official wording alongside in-text discussions, and visual indicate Inpatient vs. Outpatient use. All information has been updated to present the latest information available. New illustrations enhance the quality of the text and illustrate the most important coding concepts. This edition includes a 30-day demo of UnicorMed's Alpha II iCoder, and Appendix E contains cases to use with the demo.

[Buck's Step-by-Step Medical Coding, 2022 Edition - E-Book](#) F.A. Davis

Step-by-Step Medical Coding takes a practical approach to training students for a career in medical coding. It begins with an introduction to Current Procedural Terminology (CPT), followed by in-depth explanations of the sections found in the CPT manual. Several chapters, organized to follow the CPT codes by body system, introduce various procedures and demonstrate how to code each one. Practice exercises following each step of information and at the end of each unit reinforce important concepts and allow users to check their comprehension. Unit 2 covers the International Classification of Diseases, 9th Revision, Clinical Modification (ICD 9-CM), and Unit 3 offers information about third party reimbursement. Appendices provide the official ICD-9-CM guidelines for coding and reporting, answers to the in-text exercises, and the documentation guidelines for E/M services. Instructor resources are available; please contact your Elsevier sales representative for details. Repetition of skills in each chapter reinforces material, and creates a logical progression to for easy learning, as well as illustrating skill integration In-text exercises throughout each chapter immediately reinforce

the coding rules and concepts, emphasizing the step-by-step organization of the book Medical procedures or conditions are illustrated and discussed in the text help readers understand the services being coded. From the Trenches feature highlights a different real-life medical coding practitioner in each chapter, with photographs throughout the chapter alongside quotes that offer practical advice or motivational comments. Coding Shots contain tips for the new coder. Stop! notes offer a brief summary of material that was just covered and provide a transition to the next topic. Caution! notes warn students of common coding mistakes and reinforce the concept of coding as an exact science. Check This Out boxes offer notes relevant to the coding profession. Official Coding and Reporting Guidelines boxes in the chapter on Using the ICD-9-CM contain excerpts of the actual guidelines so the reader can see the official wording presented alongside discussions of that topic in the text. Format for answers includes four response variations: one answer blank for coding questions that require a one-code answer; multiple answer blanks for coding questions that require a multiple-code answer; identifiers next to the blank(s) guide readers through the most difficult coding scenarios; and answer blanks with a preceding symbol prompt the reader to decide the number of codes necessary to correctly answer the question. New illustrations enhance the quality of the text and illustrate the most important coding concepts. Documentation Guidelines for Evaluation and Management Services has been added as an appendix. Official Guidelines for Coding and Reporting boxes in the chapter on Using the ICD-9-CM (chapter 15) have been modified to visually indicate inpatient vs. outpatient use based on the 2003 changes to the guidelines. Expanded glossary familiarizes new coders with important terms. Concrete, real-life examples demonstrate the application of important coding principles and practices, such as financial losses that can result from inappropriate coding. Updated, improved chapter learning objectives and end-chapter review questions help readers focus on essential chapter content.

**Pearson's Comprehensive Medical Coding** Elsevier Health Sciences

Take your first step toward a successful career in medical coding with guidance from the most trusted name in coding education! The bestselling Buck's Step-by-Step Medical Coding is a practical, easy-to-use resource that shows you exactly how to code using all current coding sets. To reinforce your understanding, practice exercises follow the explanations of each coding concept. In addition to coverage of reimbursement, ICD-10-CM, CPT, HCPCS, and inpatient coding, an Evolve website includes 30-day access to TruCode® Encoder Essentials. No other book so thoroughly covers all coding sets! Theory and practical review questions (located at the end of each chapter) focus on recalling important chapter information and application of codes. A step-by-step approach makes it easier for students to build coding skills and remember the material. Learning objective and glossary review questions reinforce student understanding of key chapter concepts and terms. 30-day trial to TruCode® Encoder Essentials gives students experience with using an encoder (plus access to additional encoder practice exercises on the Evolve website). UNIQUE! "Real-life" coding reports (cleared of any confidential information) simulate the reports students will encounter as coders, and help them apply coding principles to actual cases. Online activities on Evolve provide extra practice with assignments, including coding reports. More than 450 illustrations help in understanding the types of medical conditions and procedures being coded, and include examples taken directly from Elsevier's professional ICD-10 and HCPCS manuals. UNIQUE! Four coding-question variations —

covering both single-code questions and multiple-code questions and scenarios — develop students' coding ability and critical thinking skills. UNIQUE! Coders' Index in the back of the book makes it easy to quickly locate specific codes. Official Guidelines for Coding and Reporting boxes show the official guidelines wording for inpatient and outpatient coding alongside in-text explanations. Exercises, Quick Checks, and Toolbox features reinforce coding rules and concepts, and emphasize key information. Valuable tips and advice are offered in features such as From the Trenches, Coding Shots, Stop!, Caution!, Check This Out, and CMS Rules. Sample EHR screenshots (in Appendix D) show examples similar to the electronic health records students will encounter in the workplace. NEW! Coding updates include the latest information available, promoting accurate coding and success on the job. NEW! Coverage of CPT E/M Guidelines changes for Office and Other Outpatient codes.

#### **E/m Coding Made Easy!** Saunders

The second edition of the Impact Evaluation in Practice handbook is a comprehensive and accessible introduction to impact evaluation for policy makers and development practitioners. First published in 2011, it has been used widely across the development and academic communities. The book incorporates real-world examples to present practical guidelines for designing and implementing impact evaluations. Readers will gain an understanding of impact evaluations and the best ways to use them to design evidence-based policies and programs. The updated version covers the newest techniques for evaluating programs and includes state-of-the-art implementation advice, as well as an expanded set of examples and case studies that draw on recent development challenges. It also includes new material on research ethics and partnerships to conduct impact evaluation. The handbook is divided into four sections: Part One discusses what to evaluate and why; Part Two presents the main impact evaluation methods; Part Three addresses how to manage impact evaluations; Part Four reviews impact evaluation sampling and data collection. Case studies illustrate different applications of impact evaluations. The book links to complementary instructional material available online, including an applied case as well as questions and answers. The updated second edition will be a valuable resource for the international development community, universities, and policy makers looking to build better evidence around what works in development.

#### E/M Auditing Step - E-Book Practice Management Information

This portable guide provides a solid foundation for the Current Procedural Terminology (CPT®) coding system and clarifies E&M coding. Easy-to-use tables help you avoid penalties and increase revenue. The only book that combines E&M coding guidelines with more than 1,800 musculoskeletal CPT codes? Find Medicare Facility, Nonfacility, and Work RVUs, and Global Fee Periods

#### The Essential Guide to Coding in Otolaryngology Plural Publishing

The newest edition of this best-selling educational resource contains the essential information needed to understand all sections of the CPT codebook but now boasts inclusion of multiple new chapters and a significant redesign. The ninth edition of Principles of CPT(R) Coding is now arranged into two parts: - CPT and HCPCS coding - An overview of documentation, insurance, and reimbursement principles Part 1 provides a comprehensive and in-depth guide for proper application of service and procedure codes and modifiers for which this book is known and trusted. A staple of

each edition of this book, these revised chapters detail the latest updates and nuances particular to individual code sections and proper code selection. Part 2 consists of new chapters that explain the connection between and application of accurate coding, NCCI edits, and HIPAA regulations to documentation, payment, insurance, and fraud and abuse avoidance. The new full-color design offers readers of the illustrated ninth edition a more engaging and far better educational experience. Features and Benefits - New content! New chapters covering documentation, NCCI edits, HIPAA, payment, insurance, and fraud and abuse principles build the reader's awareness of these inter-related and interconnected concepts with coding. - New learning and design features -- Vocabulary terms highlighted within the text and defined within the margins that conveniently aid readers in strengthening their understanding of medical terminology -- "Advice/Alert Notes" that highlight important information, exceptions, salient advice, cautionary advice regarding CMS, NCCI edits, and/or payer practices -- Call outs to "Clinical Examples" that are reminiscent of what is found in the AMA publications CPT(R) Assistant, CPT(R) Changes, and CPT(R) Case Studies -- "Case Examples" peppered throughout the chapters that can lead to valuable class discussions and help build understanding of critical concepts -- Code call outs within the margins that detail a code description -- Full-color photos and illustrations that orient readers to the concepts being discussed -- Single-column layout for ease of reading and note-taking within the margins -- Exercises that are Internet-based or linked to use of the AMA CPT(R) QuickRef app that encourage active participation and develop coding skills -- Hands-on coding exercises that are based on real-life case studies

#### How Often Does Improper Evaluation and Management Coding Occur in a Family Practice Setting? Saunders

Master advanced coding skills! Buck's The Next Step: Advanced Medical Coding and Auditing shows how to code for services such as medical visits, diagnostic testing and interpretation, treatments, surgeries, and anesthesia. Real-world cases (cleared of any patient identifiers) takes your coding proficiency a step further by providing hands-on practice with physician documentation. With this guide, you'll learn to pull the right information from medical documents, select the right codes, determine the correct sequencing of those codes, and properly audit cases. Real-world patient cases (cleared of any patient identifiers) simulate the first year of coding on the job by using actual medical records, allowing you to practice coding with advanced material. UNIQUE! Evaluation and Management (E/M) audit forms include clear coding instructions to help reduce errors in determining the correct level of service. More than 150 full-color illustrations depict and clarify advanced coding concepts. Coverage of CPT E/M guidelines changes for office and other outpatient codes. From the Trenches boxes highlight the real-life experiences of professional medical coders and include photographs, quotes, practical tips, and advice. NEW! Coding updates include the latest information available, including 2024 code updates when released.

#### Buck's Simulated Medical Coding Internship 2021/2022 Edition (Access Card) Elsevier Health Sciences

Text is a comprehensive tutorial designed to be a basic introduction to the evaluation and management (E/M) codes of CPT (Current Procedural Terminology).

#### *Model Rules of Professional Conduct* Elsevier Health Sciences

Master coding concepts related to medical necessity and report compliant codes for your services.



Revenue loss, rework, payback demands—how much are medical necessity errors costing your practice? And that's to say nothing of potential civil penalties. Get medical necessity wrong and it's considered a "knowingly false" act punishable under the FCA. Stay liability-free and get reimbursed for your services with reliable medical necessity know-how. AAPC's Coding for Medical Necessity Reference Guide provides you with step-by-step tutorials to remedy the range of documentation and coding issues at the crux of medical necessity claim errors. Learn how to integrate best practices within your clinical processes—including spot-checks and self-audits to identify problems. Benefit from real-world reporting examples, Q&A, and expert guidance across specialties to master coding for medical necessity. Learn how to lock in medical necessity and keep your practice safe and profitable: Avoid Medical Necessity Errors with CERT Smarts Rules to Improve Provider Documentation Denials? Pay Attention to Procedure/Diagnosis Linkage Nail Down the Ins and Outs of Time-based Coding Expert Guidance to Fend Off RAC Audits and Denials Beat E/M Coding Confusion with Payer Advice Improve Your ABN Know How with This FAQ

Auditing Evaluation and Management Coding Elsevier Health Sciences

Pearson's Comprehensive Medical Coding is the recipient of the Most Promising New Textbook Award from the Textbook and Academic Authors' Association Pearson's Comprehensive Medical Coding: A Path to Success offers comprehensive coverage of all code sets (ICD-10-CM/PCS, ICD-9-CM, CPT, HCPCS) and can be used for three coding courses: diagnosis coding, physician procedure coding, and inpatient hospital coding. Designed to give readers a strong foundation in essential competencies, Pearson's Comprehensive Medical Coding organizes chapters around three basic coding skills—abstracting, assigning, and arranging codes. Students are guided through the entire coding process in each chapter. Flexible in its organization and progressive in its numerous exercises of varying levels, the book is appropriate for traditional, modular, linear, and wheel courses. Guided Examples teach the coding process, while Mini-medical Records help students learn how to identify and abstract pertinent information from medical documentation. Throughout the book, superior in-text features provide a clear learning path to student success. Also available with MyHealthProfessionsLab™ This title is also available with MyHealthProfessionsLab—an online homework, tutorial, and assessment program designed to work with this text to engage students and improve results. Within its structured environment, students practice what they learn and test their understanding to help them better absorb course material and understand difficult concepts. Comprehensive content spans the entire MIBC curriculum, allowing instructors to customize their course and providing students with a consistent learning experience across the program. Students, if interested in purchasing this title with MyHealthProfessionsLab, ask your instructor for the correct package ISBN and Course ID. Instructors, contact your Pearson representative for more information.

NOTE: You are purchasing a standalone product; MyHealthProfessionsLab™ does not come packaged with this content. If you would like to purchase both the physical text and MyHealthProfessionsLab search for: 0134254376 / 9780134254371 Pearson's Comprehensive Medical Coding plus MyHealthProfessionsLab with Pearson eText for MIBC -- Access Card. That package consists of: 0133797783 / 9780133797787 Pearson's Comprehensive Medical Coding 0134141466 / 9780134141466 MyHealthProfessionsLab with Pearson eText -- Access Card--for Comprehensive Medical Coding, 1/e

*Conquer Medical Coding 2018* Springer Science & Business Media

Protect your practice from governmental and third-party payer audits! This book explains complex reimbursement and coding rules and provides audit sheets for key, high-risk areas including E/M services.

*Step-by-step Medical Coding* AAPC

Theory and practical review questions (located at the end of each chapter) focus on recalling important chapter information and application of codes. A step-by-step approach makes it easier to build your coding skills and remember the material. Learning objective and glossary review questions reinforce your understanding of key chapter concepts and terms 30-day trial to TruCode® Encoder Essentials gives you experience with using an encoder (plus access to additional encoder practice exercises on the Evolve website). UNIQUE! "Real-life" coding reports simulate the reports you will encounter as a coder and help you apply coding principles to actual cases. Online activities on Evolve provide extra practice with assignments, including coding reports. More than 450 illustrations help you understand the types of medical conditions and procedures being coded, and include examples taken directly from Elsevier's professional ICD-10 and HCPCS manuals. UNIQUE! Four coding-question variations — covering both single-code questions and multiple-code questions and scenarios — develop your coding ability and critical thinking skills. UNIQUE! Coders' Index in the back of the book makes it easy to quickly locate specific codes. Official Guidelines for Coding and Reporting boxes show the official guidelines wording for inpatient and outpatient coding alongside in-text explanations. Exercises, Quick Checks, and Toolbox features reinforce coding rules and concepts, and emphasize key information. Valuable tips and advice are offered in features such as From the Trenches, Coding Shots, Stop!, Caution!, Check This Out, and CMS Rules. Sample EHR screenshots (in Appendix D) show examples similar to the electronic health records you will encounter in the workplace.

**E/M Coding Made Easy! (4E)** Practice Mgmt Information Corporation

This text provides the in-depth understanding of the mechanisms that guide coding and reimbursement. The text is meant to be useful to surgeons in practice, both in general surgery and in surgical subspecialties; practice management teams of surgical practices and to resident physicians in surgery. Part 1 of the text addresses the CPT coding process, the relative valuation system (RVU), the ICD-9 and ICD-10 systems of classification, Medicare Part B payment rules for physicians, the DRG system and Medicare Part A payment for hospitals, alternative payment models, and the myriad of quality measures of importance to surgeons. Part 2 of the text addresses specific coding in areas where surgeons historically have had the most difficulty. This is not meant to substitute for the available texts, software or courses on coding, but to provide the historical background and rationale for the specific coding rules. Principles of Coding and Reimbursement for Surgeons will be of great value to general surgeons and surgical subspecialists in private practice, academic institutions, and employed positions. It will provide direction to management teams from practice and institutional levels. It is also of use to surgical trainees and to researchers in health policy issues.

**Evaluation and Management Coding Reference Guide - First Edition** American Medical Association Press

Do you want to receive proper reimbursement for new and established patients and consultations? You use E/M codes everyday, but are you selecting the appropriate code for the level of the patient visit? Are you familiar with the guidelines that will help you pick the most appropriate code? If not, you could be missing out on revenue that you earned! That's why HCPro created a detailed, easy-to-use, pocket-sized reference to help you select accurate E/M codes: "E/M Coding Pocket Guide for Physician Practices." Code accurately and avoid OIG audits with one convenient resource. Full of coding criteria and documentation requirements for E/M codes, this pocket guide is small enough to carry with you into the exam room, but thorough enough to help you select the appropriate E/M code immediately after examining a patient, receive proper reimbursement for every evaluation, and avoid scrutiny from the OIG. "The E/M Coding Pocket Guide for Physician Practices" includes E/M documentation requirements for all five levels of new patient, established patient, and consultation visits in the office setting. clarifies differences between the often confusing 1995 and 1997 E/M coding guidelines. explains in detail how to determine the level for each documentation component. splits E/M coding into these two easy-to-follow sections basic requirements for each code detailed explanations of documentation requirements Take a look at the Table of Contents: Introduction Importance of E/M coding 1995 vs. 1997 guidelines How to use this pocket guide Section 1: E/M Code Quick Reference New-patient office visits (codes 99201-99205) Established-patient office visits (codes 99211-99215) Consultation office visits (codes 99241-99245) Section 2: E/M Code Components History Exam Medical decision-making Time-based billing Who should read E/M Coding Pocket Guide for Physician Practices? Managing physician Physician owner Practice administrator Office manager Managing partner Business manager Coders Billers Compliance officers Residency program coordinators Let "E/M Coding Pocket Guide for Physician Practices" be the answer to all your E/M coding questions.

*CPT Coding Workbook* Pearson

Building your skills as a professional coder and auditor, *E/M Auditing Step*, 3rd Edition provides a thorough review of the 17 Evaluation and Management (E/M) subsections presented in the Current Procedural Terminology (CPT) manual. Real-life scenarios let you practice coding with cases taken from actual documentation. An outline format includes plenty of practice questions, making it easy to review and prepare for E/M certification exams. Written by coding author and educator Carol J. Buck, this edition covers both ICD-9 and ICD-10 code sets, and helps you gain the accuracy and proficiency you need for success in auditing records and in E/M coding. A convenient outline format provides easy-to-follow, efficient coverage of E/M coding. An introduction to E/M coding describes how to fill out the main audit form used in the book, then breaks down each of the 17 E/M CPT subsections separately. Follow-up questions and reports test your comprehension of the E/M subsections and allow you to build confidence. An examination with answers prepares you for the

professional environment with 17 real-life cases covering E/M codes. 1995 and 1997 E/M Documentation Guidelines, along with an Internet Only Manual, provide a quick reference to all E/M coding variations. Useful appendices include answers to Unit 1 questions and the Unit 2 exam, blank audit forms for practice, abbreviations, and additional resources. UPDATED content lets you practice using the 2013 code sets. Dual coding includes answers for both ICD-9 and ICD-10, preparing you for the diagnosis coding sets of both today and tomorrow.

*Coding for Medical Necessity Reference Guide - First Edition* World Bank Publications

The CPC exam is comprised of 150 multiple-choice questions. The test takes five hours and 40 minutes to complete, making it fairly rigorous. There are two breaks in the middle of the test. The CPC exam costs \$300 to take, but only \$260 if the test-taker is a member of the AAPC (annual dues are \$125 for individuals and \$70 for students). The CPC exam thoroughly tests a coder's grasp of the entire coding process, from medical terminology to code sets and beyond. Per the AAPC's website, the CPC exam covers 24 subject areas, including anesthesia, radiology, and medicine. You should recognize a number of these (like Evaluation and Management, or Radiology) as sections of the CPT code manual. Others, like Anatomy and Physiology, are parts of the coder's everyday skill set. You should note that the questions on the exam are not divided or identified by the topic they are related to. That is, questions on the CPC exam will test you on all of the above 24 fields of medical coding, but they won't outright say, "This is an anesthesia question." Instead they'll just ask you about anesthesia, or surgery, or human anatomy. During the test, you'll be presented with a number of tests cases pertaining to the practice of coding. These test case questions will present you with a condensed medical report and ask you to select the correct set of codes from the answers below. For instance, a test case question might read: "Sarah, a 45-year-old patient, visits the doctor and presents symptoms including a sore throat, swollen lymph nodes, and a fever. After performing a rapid strep test, the doctor confirms a diagnosis of streptococcal sore throat. The doctor prescribes an Amoxicillin as an antibiotic. Which of the following are the correct codes for this diagnosis, procedure and prescription?" There are also general knowledge questions, like "Which types of joints are synovial?" that don't have an attached test case. That question's related to the musculoskeletal system, but the test won't come right out and say so. You'll have to rely on your knowledge of code sets, medical terminology, best practices, and the coding process in general to pass. Individuals who earn a score of 70 percent or better (105 correct questions) will pass the CPC exam. If you fail your first test, you are allowed one free retake. GETTING CERTIFIED Once you pass the CPC exam, you are not officially certified by the AAPC until you fulfill a few other criteria. In order to complete a CPC certification, you must become a member of the AAPC. Certification is also limited to coders with two years of professional experience or those willing to complete an apprentice program. As such, the CPC exam is recommended for individuals who have already started their coding career. That won't prevent us from going over the basics of this important exam.