



P R A C T I C E[®]
M A N A G E M E N T
I N S T I T U T E

CERTIFIED MEDICAL CODER

CANDIDATE PREPARATION HANDBOOK

**About the Exam
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Sample Exam Questions**

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ABOUT THE EXAM:

The **Certified Medical Coder** examination is designed to test a well-defined body of knowledge representative of professional practice in the discipline of medical procedure and diagnosis coding. Successful completion of this certification examination verifies that the candidate has met competency standards set forth by the **PMI Certification Board** for this specific specialty area.

FORMAT: Fill-in-the-blank, matching

TIME ALLOWED: 360 Minutes (6 Hours)

**NUMBER OF
REQUIRED
ANSWERS:** Approximately 133

**AVERAGE TIME
PER ANSWER:** Approximately 2 minutes, 40 seconds

COMPETENCY: Candidates must compile an **aggregate score of 70%** in order to meet the minimal certification standards set forth by the **PMI Certification Board**.

SCORE: Scores are determined by totaling the number of **incorrect answers** selected in each section. This total is then multiplied by a predetermined point value and then subtracted from 100 to determine the overall percentage value. Each answer blank is of equal value.

RESULTS: Results are usually determined within a 4-week period and are reported to the home address the candidate provides on the exam cover sheet. **Candidates are asked not to inquire about results until this period has expired. PMI exam results are provided in writing only, and will not be obtained over the phone.**

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BYLAWS: Candidates are encouraged to access the PMI Website, www.pmiMD.com, for questions regarding the **PMI certification**. This includes inquiries regarding re-testing and certification renewal.

WHAT TO BRING ON THE DATE OF THE EXAM:

1. Picture Identification
2. Three #2 Pencils and/or Blue/Black ballpoint pens
3. Current ICD-10-CM Manual*
4. Current **CPT®** Manual*
5. Current HCPCS Manual*
6. Medical Dictionary

*The following coding manuals were used in the preparation of this exam. While the usage of these materials does not in any way indicate the endorsement of a particular brand by Practice Management Institute, these resources are recommended to minimize potential discrepancies in coding information provided.

- *ICD-10-CM 2018: The Complete Official Codebook*, American Medical Association
- *CPT® 2018 Professional Edition*, American Medical Association
- *HCPCS 2018 Level II Professional Edition*, American Medical Association

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EXAM Tips and Instructions:

- (I) Take advantage of all the practice questions in your manual, note what type of questions you get wrong, and review those sections of your manual.
- (II) Verify the location and time of the exam at least two days prior to the test date.
- (III) Allot adequate time for nourishment, rest, and relaxation on the day before and day of the exam.
- (IV) Arrive at least 15 minutes prior to the start time.
- (V) Have all materials listed above available and ready for use upon arrival to exam site (i.e., pens, pencils, reference materials).
- (VI) Be familiar with your coding books and medical dictionary. It may be beneficial to tab your manuals in a way that makes sense to you.
- (VII) Do not communicate with anyone other than the proctor/instructor during the exam. All electronic devices must be turned off and stowed away. Use of such electronic devices may result in disqualification of your exam.
- (VIII) No other paper may be used during the exam; this includes placing exam related notes in your reference materials. All work must be turned in upon completion of the examination.
- (IX) Listen carefully to all exam instructions. Do not start the exam until instructed to do so. Be sure to complete the contact information sections on the exam, recording your name on each section. PMI will be unable to notify you if the information is incomplete or illegible.
- (X) Read each question carefully.
- (XI) Clearly and legibly document answers.
- (XII) Attempt to answer each question even if you are not certain of the correct answer. Answer the easiest questions first. As this is a timed test, it may be advisable to skip a question if you are unsure of the answer and then return to it after completing the rest of the exam. You will have approximately 2 minutes, 40 seconds to answer each question.
- (XIII) It may be advantageous to bring a silent timer or watch. (Remember that you will not be able to have your cellphone out during the exam.)

- (XIV) Completely erase mistakes or indicate mistakes with one line drawn through the incorrect answer.
- (XV) Upon completion, review the exam to ensure all questions were answered and that all personal contact information has been completed correctly and is legible.
- (XVI) Leave the exam site immediately after turning in your exam.
- (XVII) Good Luck!

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STUDY LIST

Section I: Terminology

NO RESOURCE MATERIALS MAY BE USED FOR THIS PORTION OF THE EXAM.

Medical Terminology: Know the following medical terms and abbreviations.

- | | | |
|-------------------|-------|-------------------|
| 1. a-, an- | _____ | not, without |
| 2. brady- | _____ | slow |
| 3. -cele | _____ | hernia/swelling |
| 4. chole- | _____ | gall |
| 5. contra- | _____ | against |
| 6. -desis | _____ | bonding or fusing |
| 7. dys- | _____ | difficult |
| 8. -ectomy | _____ | excision |
| 9. -emia | _____ | blood |
| 10. end/o- | _____ | inner, inside of |
| 11. enter/o- | _____ | intestines |
| 12. gluco; glyco- | _____ | sugar |
| 13. herni/a- | _____ | rupture |
| 14. hist/o- | _____ | tissue |
| 15. -iasis | _____ | condition of |

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| | | |
|------------------|-------|--|
| 16. laparo- | _____ | abdomen/abdominal wall |
| 17. mal- | _____ | bad, poor |
| 18. myel/o | _____ | spinal cord, or bone marrow |
| 19. -oma | _____ | tumor |
| 20. ortho- | _____ | straight |
| 21. -osis | _____ | abnormal condition |
| 22. -ostomy | _____ | creating an artificial opening |
| 23. -otomy | _____ | incision into |
| 24. para- | _____ | near, beside, alongside |
| 25. -pathy | _____ | disease |
| 26. ped- (Greek) | _____ | child |
| 27. ped- (Latin) | _____ | feet |
| 28. peri- | _____ | surrounding |
| 29. -pnea | _____ | breathing |
| 30. poly- | _____ | many |
| 31. -rhea | _____ | flow, discharge |
| 32. -rrhage | _____ | bursting forth |
| 33. spondyl/o- | _____ | vertebra |
| 34. -trophy | _____ | nourishment, development (condition of) |
| 35. vas/o- | _____ | vessel |

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| | | |
|-----------|-------|---|
| 1. A1C | _____ | Hemoglobin used to monitor the body's degree of control of glucose metabolism |
| 2. ASA | _____ | Aspirin |
| 3. BK | _____ | Below the Knee |
| 4. c/o | _____ | Complains of |
| 5. CABG | _____ | Coronary Artery Bypass Graft |
| 6. CAD | _____ | Coronary Artery Disease |
| 7. CBC | _____ | Complete Blood Count |
| 8. CNS | _____ | Central Nervous System |
| 9. COPD | _____ | Chronic Obstructive Pulmonary Disease |
| 10. CT | _____ | Computed Tomography |
| 11. DVT | _____ | Deep Vein Thrombosis |
| 12. EKG | _____ | Electrocardiogram |
| 13. ERD | _____ | Emergency Room Department |
| 14. FBS | _____ | Fasting Blood Sugar |
| 15. f/u | _____ | Follow up |
| 16. GI | _____ | Gastrointestinal |
| 17. H&H | _____ | Hemoglobin & Hematocrit |
| 18. HA | _____ | Headache |
| 19. HEENT | _____ | Head, Eyes, Ears, Nose and Throat |
| 20. hgb | _____ | Hemoglobin |

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| | | | |
|-----|-------|-------|---|
| 21. | HIV | _____ | Human Immunodeficiency Virus |
| 22. | HTN | _____ | Hypertension |
| 23. | HPV | _____ | Human Papillomavirus |
| 24. | HX | _____ | History |
| 25. | LUQ | _____ | Left Upper Quadrant |
| 26. | MI | _____ | Myocardial Infarction |
| 27. | MRSA | _____ | Methicillin-resistant Staphylococcus Aureus |
| 28. | N & V | _____ | Nausea and Vomiting |
| 29. | NPO | _____ | Nothing by Mouth |
| 30. | PERLA | _____ | Pupils Equal, Reactive to Light & Accommodation |
| 31. | PID | _____ | Pelvic Inflammatory Disease |
| 32. | prn | _____ | As Needed |
| 33. | q4h | _____ | Every Four Hours |
| 34. | qd | _____ | Every day |
| 35. | ROM | _____ | Range of Motion |
| 36. | SIRS | _____ | Systemic Inflammatory Response Syndrome |
| 37. | Tid | _____ | Three Times a Day |
| 38. | TURP | _____ | Transurethral Resection of the Prostate |
| 39. | WDWN | _____ | Well Developed, Well Nourished |
| 40. | WNL | _____ | Within Normal Limits |

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CPT-4 Procedure Terminology: Know these terms used in the CPT manual:

1. **Complicated Wound**- A wound with: delayed healing, delayed treatment, foreign body or infection
2. **Reduction**- Correction/repair of a fracture, luxation, or hernia (restoration)
 - a. **Closed Reduction**- Correction by manipulation without an incision
 - b. **Open Reduction**- Repair of fracture after incision into fracture site
3. **Manipulation**- Use of hands or adjusting tools to correct alignment, position; return to normal
4. **Simple Repair of Wound Closure**- Used when the wound is superficial; e.g., involving primarily epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures and requires simple one layer closure
5. **Intermediate Wound Closure Repair**- Includes the repair of wounds that, in addition to simple repair, require layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, in addition to the skin closure. Single layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter also constitutes intermediate repair
6. **Complex Wound Closure Repair**- Includes the repair of wounds requiring several layers of closure, viz., scar revision debridement (e.g., Traumatic Lacerations or Avulsions), extensive undermining, stents or retention sutures
7. **Ablation**- Removal or excision, usually carried out surgically
8. **Resection**- Removal of an organ or lesion by cutting it away from the body or the remainder of the tissue
9. **Ligation**- Application of a ligature (Latin); act of binding, constricting, to tie off

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10. **Decompression**- Removal of pressure by compressing a structure
11. **Shunt**- To move a body fluid from one place to another
12. **Stent**- A tube designed to be inserted into a vessel or passageway to keep it opened (Named after a Dentist in the mid-1800s, Charles R. Stent)
13. **Fistula**- Abnormal connection or opening between an organ, vessel, intestine or another structure
14. **Debridement**- Process of removing nonliving tissue to speed healing
15. **Peripheral**- Away from the center; external boundary
16. **Allograft**- Transplant of organ or tissue to an individual from another individual of the same species
17. **Autograft**- Transplant of organ or tissue to an individual from their own body; auto- self
18. **Xenograft**- Transplant of organ or tissue to an individual from a different species (i.e., porcine)
19. **Percutaneous**- Through the skin
20. **Surgical Pathology**- Specimen removed during a surgical procedure to be examined by a pathologist with gross and/or microscopic evaluation to identify or confirm identification and/or absence of disease

Understand the following medical words:

1. **Septicemia**- Presence of bacterial/toxins in the blood associated with severe infection.
2. **SIRS**- The body's systemic immune response to infection or trauma (i.e., burn, cancer)
3. **Sepsis**- SIRS due to infection
4. **Severe Sepsis**- Sepsis with organ dysfunction

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5. **Septic Shock**- Sepsis with complete circulatory failure (usually also with other organ dysfunction)
6. **Iatrogenic**- Induced inadvertently by medical treatment
7. **Idiopathic**- Of unknown cause
7. **Malignant**- Tending to progressively worsen, or having the properties of invasion or metastasis.
8. **Benign**- Non-malignant, having a favorable prognosis for recovery, showing no signs for metastasis.
9. **Cancer In situ**- A malignancy which is confined to the epithelium of the origin, without invasion of the basement membrane.
12. **Neuropathy**- Disease of a nerve
13. **Osteomalacia**- Softening of the bone
14. **Occlusion**- An obstruction
15. **Ischemic**- Pertaining to an inadequate blood supply (circulation) to an organ
16. **Claudication**- (L.) – limping; impairment, painful, cramping
17. **Herpes zoster**- Viral disease, commonly known as “shingles”; usually accompanied by painful skin rash; caused by the Varicella-zoster virus – the virus that causes “chickenpox”
18. **Herpes simplex**- Viral infection: two types:
 - Type 1 – HSV-1 – Usually infection involves lips, mouth, face
 - Type 2 – HSV-2- Usually sexually transmitted; involves genital ulcers/sores
19. **Infarction**- The formation of an infarct – an area of tissue death due to lack of oxygen (L.-“infarcire” – to plug)

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YOU MAY UTILIZE ICD-10-CM, CPT, AND HCPCS CODING MANUALS and a MEDICAL DICTIONARY TO COMPLETE SECTIONS II, III, and IV OF THE EXAM.

Section II: ICD-10-CM Coding

Review and understand the following:

1. General ICD-10-CM coding principles and methodology, including correct use of the current ICD-10-CM Manual.
2. Official guidelines and documentation requirements for reporting of ICD-10-CM codes and proper use of the following sections:
 - A. Certain Infectious and Parasitic Diseases
 - B. Neoplasms
 - C. Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism
 - D. Endocrine, Nutritional and Metabolic Diseases
 - E. Mental, Behavioral, and Neurodevelopmental Disorders
 - F. Diseases of the Nervous System
 - G. Diseases of the Eye and Adnexa
 - H. Diseases of the Ear and Mastoid Process
 - I. Diseases of the Circulatory System
 - J. Diseases of the Respiratory System
 - K. Diseases of the Digestive System
 - L. Diseases of the Skin and Subcutaneous Tissue
 - M. Diseases of the Musculoskeletal System and Connective Tissue
 - N. Diseases of the Genitourinary System
 - O. Pregnancy, Childbirth and the Puerperium
 - P. Certain Conditions Originating in the Perinatal Period
 - Q. Congenital Malformations, Deformations and Chromosomal Abnormalities
 - R. Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified
 - S. Injury, Poisoning and Certain Other Consequences of External Causes
 - T. External Causes of Morbidity
 - U. Factors Influencing Health Status and Contact with Health Services

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Section III: CPT Coding

Review and understand the following:

1. Understand and review general CPT/E/M coding principles and methodology including correct use of current CPT Manual.
2. Review principles of CPT/E/M Coding and proper use of the following sections / areas:
 - A. HCPCS Coding
 - B. Therapeutic Injections
 - C. Evaluation and Management (E/M) Coding Principles
 1. Anatomy of E/M Codes
 2. Categories and Sub-Categories
 3. Correct Selection of Level
 4. Contributing Factors
 - D. Documentation Guidelines
 1. E/M Coding Guidelines
 2. General Principles of Record Documentation
 - E. CPT Modifiers, Use and Application
 - F. Maternity and Delivery Services
 - G. Radiology Services
 - H. Pathology and Laboratory Services

Section IV: Coding Scenarios

Apply coding principles in reviewing case studies and selecting correct code set(s) based on presenting documentation.