Laureen: The name of this presentation is Pass the CPC Exam on Your Very First Try! That is the goal with all this, and I understand how many are in the room?

Participant: It’s over a hundred.

Laureen: Over a hundred. Wow! I can’t see you but by show of hands how many are planning on taking the board exam in the next month? Almost everybody? OK. So, what I want to say, this is just more of a “how to prepare for the board exam,” but you’re going to hear tips that I’ve been teaching since 1999 on how to pass the board exam. It is going to require some more work if you want to follow my techniques, so if you’re taking the board exam this Saturday, there will be a lot that will help you, but there might be some extra things you might not have time to do, like, a way to prepare your manual and practice exams, so just keep that in mind.

We do have at the end; I’ll go into it if you want me to, I can show you our CPC Review Blitz that we do. It’s a live two-day event that Boyd has us down in his studio and he records and I can show you that a little bit at the end, but a lot of this, these are all the very, very best tips from me teaching this since 1999. It’s very successful. People follow my strategies, they always pass when they go to take it the next time, but it’s very key not to skip or skimp on any of the steps that I’m about to share with you.

Let me get into it and just so you know, I started off as an occupational therapist and coding was just a way for me to bill six different things, PT, OT, speech, “eval”, and “re-eval”, that was it, so the diagnosis side was really more of the biggie for me. So, now getting into this when I went to go get myself certified it was, wow, I had no idea all the little layers of everything. A lot of what I’m going to share with you is how I taught myself as someone who took a week-long boot camp, and then a month later took the exam. And during my boot camp I didn’t even know what an E/M was, I thought it was a
new M&M candy. If I can do it, you can do it. I want to teach you how. I’m a very visual learner myself and a lot of these techniques came from that.

**Formula for CPC Exam Success**

1. Take a Full Coding Course
2. Take a Review Class
4. Take TIMED Practice Exams until you are scoring 85%

**Formula for CPC Exam Success**

This is the formula that we send out, we have a Helpdesk that has four people manning it, and we probably send this formula out probably 50 times a day. Step one is you want to make sure you’ve taken a Full Coding Course, or you’ve had some equivalent of experience like working for a multi-surgery center, or something like that.

Step two is a Review Class like the Review Blitz that we do. It’s a two-day review, where we cover everything that you would encounter on the board exam. Step three, Bubble & Highlight™ your book. I’m going to teach you that technique today. It’s not a hard technique but it’s something that we’ve trademarked and we’ve taught since 1999, and it does take time to do, but it is well worth it. It saves you a lot of time on the board exam, and it saves you time in real world coding, too, to help you compare and contrast codes, and to do process of elimination.

The last thing is TIMED Practice Exams until you score an 85%. You need a 70% to pass the real board exam but an 85% is what we want you to shoot for in the practice exams to kind of give you that cushion, that buffer. I have “TIMED” capitalized because it’s very important. If you’re just doing questions to see that you understand the concept, then that’s like doing homework. That is, in a practice exam, you need to get that timing element in there to really learn that and I’ll go over that more before we’re done.
Let’s talk about the layout of the exam. This is all from the AAPC website; when you click on certifications and you go to CPC it tells you it’s 150 questions. You have five hours and 40 minutes to complete it. It’s up to you how you manage your time.

The answer grid which I’ve included in the handout packet, that is direct from the AAPC. It just says “sample” across it, but that’s the actual grid when you open up your packet that you will be using. It’s a red Scantron® form and it’s got five columns of 30 questions each. Look at that page in your handout and get that in your mind, it’s a five-hour and 40-minute exam and you have five columns, so we’re going to teach you a timing method that’s going to work along with that.
You need to get a 70% overall. Years ago they used to have us get a 70% in section one, section two, and section three, they don’t do that anymore; so really you want to get to all the easy questions, which are easy for you, so that you can get a 70% or higher. That’s really the goal. Learning how to take the exam is really a lot of what we’re going to be talking about today.

When you break that down, you can get 45 questions wrong and still pass, that’s pretty good. So, when you’re doing your practice exams, what you’re really going to be practicing is skipping questions. You’re skipping hard ones to get to easy ones, that’s the goal because if you get where you’ve missed 45 and you’ve got all the other ones correct you could basically stop. Of course you’re not, you’re going to keep going to maximize your chances, but keep that in mind when you’re skipping. “OK, this is going to be one of my 45.” That makes it less stressful, if you will.
Of course as all of you are aware, I’m pretty sure you get two tries for the same application fee, so if this is your first try, view it as a glorified practice exam in it of itself, so that if you don’t pass, you know you have another try. I even tell people, “Don’t let your coworkers know that you’re taking it. Just go take it and come back ‘Surprise! I’m a CPC now!’” and that takes some of the pressure off for you, too. But if the cat is already out of the bag, just deal with it and know that there’s lots and lots of people that have to take the exam more than once. Board exams are designed to be very challenging and very hard.

Exam Tips

The exam is NOT specialty specific
The exam is testing a GENERAL BROAD knowledge
Focuses on principles of good coding

Exam Tips

Here are some general tips for you. Know that the exam is not specialty specific. You’re not going to be asked detailed vascular interventional radiology questions. For example, you’re going to be asked broad basic questions. You have 150 questions and you’ll see the breakdown in a little bit but there are ten questions on the integumentary surgery section and there’s ten on the digestive. So when you look at those sections and you see the guidelines you can pretty much know where those ten questions what they’re going to be on, so make sure you understand the guidelines for those sections, but you’re not going to need to know deep, deep, deep knowledge that you would need to go for a specialty certification.

You want to focus on principles of good coding. That’s really what they’re testing you on. If you could go look up a code real quickly in the index and verifying in the main part of the CPT manual you’d be done, but they’re not going to give you those easy ones. They got to give you ones with better testing your ability to read and interpret the guidelines, that’s really what it’s about.
If you are currently doing coding or doing billing and reimbursement, sometimes that knowledge is going to hurt you because there’s the manual way, the guidelines, or what I like to call “the perfect coding world” – and that’s why I like to teach because I get to live in the perfect coding world – you have to temporarily throw out your billing and reimbursement knowledge. When you’re looking at a board exam question, focus on the core of the question, don’t read into it, don’t overthink it, just what is it about? So that billing and reimbursement knowledge you’ll need to throw out.

An example I like to use for colonoscopies, if a patient does a complete prep and they go to do a colonoscopy and they can’t, in CPT it tells you to use modifier-53, but in the real world oftentimes payers will say, “Code as far as you got,” so colonoscopy is the whole U of the colon, but a sigmoidoscopy is only a part of the U, so that’s as far as you got. They would tell you to code a sigmoidoscopy, but that’s not what CPT tells you to do.

On the board exam, you’re going to code according to CPT guidelines and that’s just an example of how billing knowledge could hurt you, so really make sure you’re looking at what the guidelines are telling you, not what you know how you do it at work.
Confidence and time management are really vital. We do free 20-minute consultation calls and the majority of the time I’m really giving them a pep talk, and they’re so nervous and they feel like their life is riding on taking this exam, and I tell them I said, “Let’s put in perspective here, we’re not curing cancer.” It’s a board exam, it’s important you’ve spent a lot of time, but worst case scenario if you didn’t pass you can take it again, it’s not the end of the world, and if you put things in perspective sometimes, those nerves that will hurt you by a couple of points, will go away.

The more you do those TIMED practice exams your confidence is going to go way up. If you know you’ve gotten 85% on a practice exam that’s very similar in difficulty level to the real CPC exam, you can go in with confidence. You’ve got your technique down, you know how to skip questions, you know how to spend about an hour per column, and that’s going to boost your confidence. Practice that when you’re doing the practice exams. Practice how to take the exam, in addition to the content.

A lot of people if they only have a week or two prior to exam date and say, “What do I study?” I said, “Stop studying. You need to do TIMED practice exams,” and the TIMED practice exams will reveal your areas of weakness and content knowledge, but at the same time you get to practice how to take the exam, and that’s really what’s most important.
Plan on having some unanswered questions – don’t freak out!

Time Management
You want to plan and expect to have unanswered questions, it’s OK. You really only have about two minutes per question on the exam. That might be fine for medical terminology question but for one that has a mini op [Ed. Note: operation] report, and each answer has four codes that is a little hard to do in two minutes, so you really want to spread your success out and understand that you might have some unanswered questions. I do recommend that you don’t leave any unanswered when you have five minutes left then you go fill in, you take a guess, if you’ve narrowed it down to two, we’ll pick one of the two, and I’m going to show you a technique for maximizing that, too.

Time Management
Don’t over think or read into a question - Stick to your job!

Here’s a big one, coders are notorious for this – we overthink things. We think they’re trying to trick us, or “I know. We do that. We code that at work and this is how we do it. This is the right way that I was told how to do it.” Don’t overthink it. Look at the scenario
as it’s presented. If they tell you that something was done on an emergency basis and you’re looking at the code answers, and one is for emergency and one is not, you go “Umm, they’re trying to trick me because I read that scenario and it doesn’t sound like an emergency to me. They’re not going to get me.” No, you’re overthinking it. If they use that word “emergency” take their word for it and move on. Try not to overthink it.

This is we’re practicing with the timed practice exams, we’ll teach you and you’ll catch yourself overthinking things when you go to look at your score and you look at the rationales, you say “Aha, that was one I overthought.” The next time you do the practice exam, then you’ll catch yourself and you’ll prevent that habit, and you’ll start improving. Normally we find that our students take three timed practice exams to really get these techniques down pat.

**Time Management**

Pick the **BEST** of the possible answers

Another thing that I always tell my students from day one when I teach my 20-week course is I start prepping them, “What is your job on the board exam? To pick the best of the four possible answers; and they’ll say that every time, “To pick the best of the four possible answers”. It’s the same for the board exam for you guys. The difference when you’re taking a test for class after a chapter you have a little bit more time and sometimes you get a case to code, but on the CPC board exam, it’s not like that. You’re getting four possible answers to choose from, so you can’t read the note, go look up in the index, turn to the main part of the book and confirm it, you don’t have that kind of time. You actually need to go to the answers and compare and contrast them and show, and be able to pick out which one is the best. Process of elimination.

More on Time Management; what I recommend you do if you have that answer grid in front of you, take a look at it and you’ll see questions 1 - 30 in the first column. Here’ the sample grid here. See how there’s five columns at 30, so we’ve got the first grouping of
10, the second grouping of 10, and the third grouping of 10. I love how they divide this because the timing technique that we teach is give yourself one hour per column; so after 20 minutes you should be past question 10 or at question 10. At 40 minutes, you should be at question 20 and then at 60 minutes you should be finishing; so your first checkpoint is at 20 minutes, and if you’re at question 6, you know you got to step it up, you got to move the speed up.

It’s much better figuring out you’re going too slow at question 6 than when the proctor says you have an hour left or something like that, and everyone goes, “What?!” It happens, trust me, I’ve proctored for many years, and the shock on people’s faces; so I’m the kind of proctor, I tell them as each hour elapses, but you can’t count on what the proctor is going to tell you, so you need to bring in your own timepiece to be able to let you know where you’re at in the stream of time. If you just have a wristwatch and the exam starts at 9:10 then add 20 minutes to that, then you know that’s your checkpoint.

On your exam booklet, you can write on it, there’s normally the piece of paper that comes with the proctor instructions. You can flip it over, it’s blank on the back, so you could write your timing there, but basically every 20 minutes check where you’re at, and that will make you right out of the gate, pick up your speed. What that means is you need to skip more, you need to skip the harder questions because you can miss 45 over the whole exam. If you’re going too slow on the beginning and when you get to the end you’re rushing because you only have 30 minutes to finish 30 questions you’re likely to not pass, so we want to get to the easy questions. By giving yourself one hour per column, it forces you to do that, and your goal is you’re really looking for the easy ones to move on. That’s the timing method.

What are you going to do with the ones you’re going to skip? That’s the one-dot, two-dot method. So, if you’re going to skip, say, question 6 because you’re looking at it, and you’re like, “Ah, this one’s really hard,” just quickly mark it a one dot or a two dot. A one dot means its medium difficulty. Two dots mean it’s really hard. Again, don’t be an over thinker and go, “Is this one dot or two dots?” No; don’t waste time, go with your gut because what you’re going to do when you have time left, you’re going to come back and do the one dots. You’re going to skip over those two dots. You’ve already assessed that those are really, really hard, and those are probably going to be one of your 45 that you’re going to miss.

At the very end you’ll have five minutes and you’ll pick one of the four answers and you’ll have a 25% chance of getting it right, but by doing this method you maximized your ability to pass the exam. That’s what we want to do. View it as five mini exams if you will, five one-hour exams. The good news is, you still will have 40 minutes left when you’re done with this, so you can use that 40 minutes to go back to any unanswered ones, go to your one dots and then your two dots. And you’re going to find some columns will go quicker than others, like I believe the fifth column has your medical
terminology and anatomy questions, so then you’ll have some extra time at the end to go ahead and use that to go back to the unanswered questions.

It doesn’t matter where the unanswered questions live, it doesn’t matter what column they’re in. You just want to go and give them a shot and if they’re an easy one get it answered, and then go to look to the next hardest ones, which are your one dots, and then if you still have time, great, go to your two dots. Then, when you have five minutes left, go in and bubble in anything on the ones that aren’t answered.

One tip I want to give you when you’re answering a question but you decided to skip it, but you’ve thrown out two of the four answers. Let’s say you threw out B and D, so you’re feeling at this point is how many A or C, but you’re going to need another couple of minutes to figure it out. On your answer grid, do a light pencil mark through A and a light pencil mark through C, so when you’re coming back at the five minute point and you’re going to bubble in one, pick one of those two and erase the mark on the other one. That way, now you have a 50/50 chance of getting it right instead of the 25%, so at least use the work that you had.

On this page, this is a technique that we teach to help you with that process of elimination. It’s called Bubble & Highlighting™ and basically what I did for myself when I had to go take my board exam a month later, and I’m a procrastinator, for two weeks I didn’t even study, so I had two weeks to prepare before taking this board exam. I will admit, I’m a pretty good test taker, so I sat down like an engineer, I looked at it and said, “It’s an open book exam. I can bring these three coding manuals.” I had the study guide from the AAPC and I went in and I started to read the study guide, and then I have the manual, I’m looking at the study guide, I’m looking at the manual, what I quickly realized is all they were really doing was regurgitating the guidelines in the study guide.

I said, “Well, I can’t bring this book in with me, so let me figure out how to highlight the guidelines in the book that I can bring in,” and that’s where this method came out, so I realized whenever they are talking about a group of codes, I just started circling them together, and then I’d write keynotes in what I call “bubbles.” Everything after the semicolon, I would highlight so that I could train my eye to see, for example here, 10022, just says “with imaging guidance.”

Well, that’s not the full code. The full code is actually “fine needle aspiration with imaging guidance,” so that keeping it within the bubble, maybe take that little yellow piece and put it over the yellow piece above. That’s my visual way of learning, and it helped me really quickly see the differences between neighboring bubbles, and then the differences within bubbles. And guess what, your coding answers on the board exam are going to be either all in the same bubble, or normally in neighboring bubbles.

By doing this technique, you can quickly see what the difference is and then go read the scenario to pull out which one is correct, and then you can cross off the wrong one,
that’s process of elimination. The key with process of elimination, once you’ve eliminated one code and the whole answer, the whole answer is wrong. Now look at what you have left. You’re trying to find differences, so if all three of the remaining answers have the same code, don’t look up that one, look up the ones that are different, and that will help you figure out. “Now, what’s the difference between these two? OK, this one’s an add-on code. Let me read the scenario to see if I’m supposed to add this additional code,” and you read it and sure enough you’re supposed to, so you cross off the other one.

Once you get down to one, even if you haven’t checked all the codes, you’re done, mark it on your answer grid, and move on, that’s how you do process elimination. That’s how you have to take the board exam to get done in time. This is Bubbling and Highlighting™. We normally bubble in the parent code with all the indented baby codes. And, 9 times out of 10 the parenthetical notes below it go with that bubble, so read it a little bit, make sure and then bubble it in together.

If you do these bubbles and you look at the difference, like here under incision and drainage. We’ve 10060 incision and drainage of an abscess, 10080 of the pilonidal cyst, and 10120 of foreign body. Right there I underlined the words that make them different from its neighboring bubble, and then once you get in the bubble you can see the difference is simple versus complicated, or single versus multiple. See how that really jumps out at you? This is well worth doing. It takes people an average about 15 hours to Bubble and Highlight™ their entire CPT manual, so keep that in mind if you’re planning on doing this prior to taking the board exam.
That’s the Combo Method, is combining the one hour per column and then using the dots. Years ago, I’ve been doing this since 1999, I used to just teach the dot method and when you hear the proctor instructions read they pretty much tell you to do that, like, skip through and get to the easy ones and go back. So, by doing the dots on your answer grid rather than the booklet, it’s your road map, and it makes it very clear where you need to go.

By the way, here’s another tip. When you open up your exam booklet, there’s going to be a piece of paper where you can read the proctor instructions. If you fold that in half, use it like a ruler, like a guide to make sure you’re on the right line as you’re doing your bubbling of your answers. I’ve heard it from too many people, where they got off by one, and they got all messed up, so really make sure if you’re doing question 16, put your paper on question 16, so when you’re filling in your bubble you know you’re definitely on that one because when you skip questions sometimes you might actually put the answer on the wrong one.
One Hour Per Column Timing

- When you open your CPC exam you’ll find an answer grid with five columns containing 30 questions each.
- Allow yourself an hour for each column to keep yourself moving along. That will leave some time left over to review.

One Hour Per Column Timing
This slide is basically what we just talked about, when you open up your CPC exam, you’re going to see the grid. You’ve got five columns, 30 questions each, and give yourself an hour for each column.

One Hour Per Column Timing

- You can ask the proctor to announce as each hour elapses. (but don’t count on it)

You can ask the proctor to announce as each hour lapses but they tend to get in conversation sometimes, and remember they’re volunteering their time to be there, normally on a Saturday, away from their families, so make sure you say “thank you” to them. But do your own time keeping, and you don’t know the room you’re going to be in, you don’t know if the clock is going to be behind you, and you don’t want to keep craning your head back to see what time it is, so wear a watch.

I used to tell people to get a digital kitchen timer but I did call the AAPC, and they said “No, you can’t do that if it makes a noise” because one little noise and neighbors going to complain, they’re going to want to retake their exam. But I did have a very clever...
student who said her husband got a digital kitchen timer, took it apart, and took the sound piece out, so she could still see the digital 16 minutes counting down 59, 58, 57, but it didn’t make any noise, and then when that hour was up she could hit reset, and would start the 60 minutes again, so that was pretty cool.

I had another person send me a link to an Amazon product that was made for that people that are deaf as a time keeping piece that’s just digital, but it makes no sound, but it was kind of pricey. So, do what you think is best; if you can use your wristwatch, that’s fine too. It’s just that normally by the time they read the instructions and the exam actually starts it’s at an add time like 9:12, and so it’s hard to do 16... OK 10:12 minus 20, so if you have a nice digital timer that’s counting down it does make it a little bit easier.

**One Hour Per Column Timing**

- So when hour one is over and the announcement is made you finish the question you are on and move to the next column – so question 31.

A little bit more on the “One Hour per Column” technique. We talked about 20 minutes you should be at question 10, 40 minutes question 20, so on and so forth. What you want to do is when your hour is up, maybe you have three questions left, move on to the next column. It’s going to kill you, it’s against human nature, but this is how you’re going to do it to make sure that you’re getting to all the easy questions.
One Hour Per Column Timing

Yes you may have some unanswered questions in column one – that is ok – you will go back. The idea is to keep yourself moving.

Remember, you’re going to have 40 minutes at the end to come back and answer some unanswered questions and do some of the one dot ones, so you got to train yourself. You can’t listen to what I’m saying tonight, and go do this Saturday: you really need to practice. If you only have one day to practice tomorrow, purchase a practice exam and practice this technique, you have to practice skipping questions. You are going to have some unanswered questions, but don’t leave them unanswered the last five minutes. Make sure you mark something off.

CPC Exam Time Management Practice

1. One hour per column
2. Use digital kitchen timer that can count down from 60 minutes
3. Skip hard questions to get to the easy questions
4. Rate skipped questions with a one dot or two dot next to question # on answer grid
5. Return to one dot questions with any time left for that column

CPC Exam Time Management Practice

1. Time beeps - move onto next column and repeat steps above
2. After 5 hours you will have all the easy and some medium difficulty questions done in each column - congratulations - you probably already passed at this point!
3. Use remaining 40 minutes to answer any one dot questions and when those are done answer as many two dot questions as you can
4. With 5 minutes remaining answer any unanswered questions

CPC Exam Time Management Practice

This slide is just so that you can print this one page to really study everything that we were talking about, so do your timed practice exam using this method. When I’m talking
about a timed practice exam, I don’t mean one of those 150 question ones. I’m talking about at our site, CCO, we have a 60-question, we call them Mini Mocks. AAPC has 50 question practice exams and what they are it’s a sampling of the 150 questions, so you’re getting a good... the score is very representative of what you would get in the real exam.

The reason we do 60 questions is so that you can practice the one hour per column technique. It’s a pain if you got 50 questions and the answer grid has 30 and 30, and then you have to divide it artificially, so we just said, “Well, let’s just make it 60 questions.” So we have a free exam on our site at cco.us. We’ve got one that’s bundled in with the Blitz if you purchase that, then we have three others that are for sale on our site, then we recommend the three by the AAPC if you need even more, and then after that we have some 150 question ones that we’ve vetted and feel are of the difficulty level of the AAPC.

There are others out there but we didn’t feel that they were... they were good for homework and practice but they weren’t like the real exam in difficulty level, in our opinion. So, feel free to email our Helpdesk helpdesk@cco.us if you want to see the formula, if you want the links to the practice exams we recommended and in the order we recommended, they’re happy to help you with that, and there will be the link for the free one as well at the top.

Mark up your manuals (TOP TIP!!)

- Compare and contrast the answers
- Mark up your books to draw your eye to groupings and key words that make the code different from the others

Marking Up Your Manuals (TOP TIP!!!)
Marking up your manuals, this is really a key tip, it takes a lot of time but it’s so worth it. I’ve had people over the years, they Bubble & Highlight™ their book every year. They pass the exam, but they do it every year. Or, I have some that will Bubble & Highlight™ the sections for the specialty that they happen to be working in, and then you’ll start Bubbling and Highlighting™ on the fly as you go along. You’ll just quickly make it when
you’re doing some sort of research on something so that you can compare and contrast more easily. It’s just a very, very effective way to get to the correct answer quicker.

**What to expect**

If you know what to expect on the exam you will know what your focus of study needs to be.

Going to the AAPC website we can see how the entire CPC exam is divided up.


**What to Expect**

If you know what to expect on the exam, you’ll know what your focus of study needs to be. Basically, everything I’m about to show you I got from the AAPC website, 10 questions on integumentary, 10 on musculoskeletal, so on and so forth. This isn’t anything secret, but if you go to this page it’ll take you there.

**Question Breakdown**

10 Questions on 10,000 Series
(Integumentary Surgery)

**Question Breakdown – 10,000 Series**

This is the breakdown. You’re going to have 10 questions on the integumentary series, so
when you look at the guidelines in CPT for integumentary you need to ask yourself, “What are they going to be asking me?”

**Question Breakdown – 10,000 Series**

10 questions
Surgical procedures performed on the integumentary system
1. Skin, subcutaneous, and accessory structures
2. Nails
3. Pilonidal cysts
4. Repairs
5. Destruction
6. Breast

These are what I feel are going to be the top 10 areas that you’ll be tested on and that you should make sure you have a good understanding of. Understanding the skin, subcutaneous, and accessory structure; understanding the anatomy of the skin that you’ve got the dermis, which is considered the true skin and you’ve got the epidermis, which is the layer on top, and then underneath it you’ve got the subcutaneous, so there are anatomy pictures throughout your CPT book. Know where they are so you can turn to them when you need it.

They used to all be in the front, now they’ve got mixed in at the beginning of integumentary, they’ll have the picture of the skin. There are some errors where they put an anatomy picture in the wrong section, so you might want to make a cross reference in your book if it’s in the wrong place where it should be, write a note, see picture on page such and such.

Pilonidal cysts – understand what they are and how to code for them. Repairs – those are your stitches. You need to know the difference between a simple, intermediate, and complex repair. I’ve got some notes in my book for each of those bubbles that I let myself know what it means, and the guidelines for that is a whole page of guidelines, so when you read it you can make it real concise and say for the simple repairs, it’s a single layer. For intermediate, I call it a single layer plus, or a multilayer closure; so if you have a real deep gash and they’ve pinched the deeper layer together and stitched that up, and then pinch the layer on top together and stitch that up. That’s a multilayer closure. That’s typically an intermediate repair. But it could be a single layer repair, but if there’s a lot of particulate matter or maybe they’re in a motorcycle accident and they got that
road rash, and they got all debris in their wound, it’s got to be picked out and cleaned. That would be considered intermediate even though maybe they didn’t have deep cuts that only needed superficial stitches. Then, of course, you’ve got complex, which is real deep, and the guidelines go into what that is.

Be aware of what the differences are, so when you get tested on it, you’re going to look at your four possible answers. You’re going to see two will be complex, two will be intermediate. That’s the first thing you want to go abstract for, you want to read your scenario – and that’s another tip. Try and not read the scenario until you looked up some of the code answers because when you read it the first time, everything is going to seem important; but if you start to read the answers and you see two are intermediate, two are complex, now you know what you’re abstracting for.

So, when you read it the first time you’re going to quickly see, “Oh, that’s a complex repair,” and so now you can throw out the two answers with intermediate. OK, what’s the difference between the two complex repairs? Maybe they had an add-on code or one was trying to include a lesion removal, or something like that, and then you go and you finish abstracting to throw out the other one, and now you’re left with one answer, you’re done, move on.

Destruction codes – be aware of them. Those are all the ones that you’re not doing an excision, they’re more like chemical or laser, or cryofreezing. I like to teach with the skin, just think of them as funky doohickeys on the skin that they’re trying to get rid of those funky doohickeys. Sometimes they’re good at being shaved off, sometimes they have to be excised, sometimes they’re going to be frozen, so you need to know the method of removing the funky doohickey to get to the right code. So, when you’re doing comparing and contrasting of the answers, that’s what you’re looking for, that method, and then you can go read your blip and it’s going to jump right out at you because you know exactly what you need.

Finally, the integumentary system ends with codes that deal with the breast, so just know that that’s where they exist. Really read the difference between the codes to know if they’re doing extra things like lymph node removal, so that you get to the correct code.
Question Breakdown – 20,000 Series

Next we have the 20,000 Series that’s the musculoskeletal section, and there are 10 questions on that. Someone’s asked me before in the past, “Are all of the questions for integumentary grouped together and then all the questions for musculoskeletal, or they’re scattered all over the place?” Yes, they group them together, which is very nice, so when you’re in that train of thought you tend to be in the same couple of pages for CPT, so it does save you some time that way.

These are the areas in your CPT manual that there are guidelines around and therefore we predict you will have questions about. In the musculoskeletal section everything’s grouped from head to toe pretty much, and you’ll start to see the pattern within there, so one of the things that you need to understand for the surgery sections is that every single surgery code has a global package concept tied to it, and the global package...
concept says that the pre-op services are bundled in. The surgery itself is bundled in and the postop follow-up is bundled in. We just need to know if it’s a 10-day global follow-up, zero days, [or] 90 days.

So, on the board exam because we’ll have a reference to refer to, to know that for sure and it varies from payer to payer, they’re going to be very careful about what they say. If they had a major surgery like an ovary removal or uterus removal and they’re coming in two weeks later or one week later, you know they’re in the global period for that code. Those are some things that they’re going to probably test you on and that can apply regardless of what section of musculoskeletal they’re in.

The anatomy for musculoskeletal is very important, so slow down, even if you don’t know all the words, it’s almost like a “glorified word find”, like one student told me. Really pay attention to the words in the codes, so that when you go read the scenario it’ll jump out at you, like acromioclavicular for when you’re dealing with the shoulder. That’s where the clavicle attaches to the shoulder, and then the sternum is the other side, so be aware of that because it will start to sound the same, but if you read really closely you’ll see the nuance of difference and you’ll see that in the scenario and that will help you get to the correct code.

There’s a lot of spine codes to be aware of, so what I tell people to do is make sure you know where the spinal anatomy picture is in your CPT book, and you need to know how many cervical bones you have, how many thoracic, how many lumbar, how many sacral. So, you’ve got 7 cervicals, so think 7 a.m. breakfast, 12 thoracic that’s your lunch time, and five lumbar, so 7, 12, and 5. Because you need to know that if they give you a range if they say C6 - T2, how many bones is that? Write it on your paper like it shows in the spine C6, C7, there’s only 7, so then T1 and T2. That’s four bones.

Also understand that lots of procedures are done at the spaces between the bones, and so those are being coded by interspaces, so C6 to T2 would be three interspaces, but four bones, so when you get to the right bubble for the procedure that they’re doing, double check, is this a bubble that’s reporting by the number of bones, or by the number of inner spaces – and that will help you get the correct answer.

For the bunions, go by the pictures, the captions for the bunions are what’s going to help you, and be aware that is one big huge bubble that goes over three pages, so look at the parent code and you’ll see that it says “with or without sesamoidectomy” that’s a teeny little bone in the foot. Sometimes people get tripped up because it’ll say that a sesamoidectomy was done and they’ll throw in the sesamoidectomy code, but it’s actually bundled because it says “with or without sesamoidectomy,” so don’t fall for that. Make sure you make one big huge bubble for the bunionectomies and that you have sesamoidectomy emphasized, so you don’t fall for that.
The 30,000 Series covers respiratory, cardiovascular, hemic & lymphatic, mediastinum & diaphragm, so there’s a lot going on in the 30,000 Series, and they’re going to ask you 10 questions. A lot of people freak out about cardio, “Oh, I’m so bad at cardio there’s so much to learn,” but the good news is if you have 10 questions on the 30,000 Series that’s shared with respiratory and these other areas, so they’re going to ask you a pretty high-level guideline-related questions, and these are some of the ones that we think you’ll see in the 30,000 Series.

For the respiratory, we expect that they’re going to ask you question about the sinuses. Make sure you understand the difference between where your larynx is, and then the trachea and the bronchi, and the lungs and the pleura, so those are where you’re going
to see different guidelines and how to handle procedures in those sections. For the larynx there are indirect and direct laryngoscopes. The indirect is, the way I like to think of it is how a dentist can see the inside, the back of your teeth. He can’t put his head in your mouth and look so he’s got to use mirrors – that’s indirect – so you’ll note that in the trachea section. So again, look for those differences, compare and contrast.

For the cardiovascular, you’re going to deal with things like CABGs, for sure, and procedures on the arteries and the veins, so really understand the CABGs. Keep in mind there’s a lot of cardio procedures in the medicine section and the medicine section only has 10 questions for the whole medicine section, so right there you probably going to see, for cardio... just know that a lot of the cardio stuff is in the medicine section. If you’re not good at cardio don’t freak out because you’re probably going to only encounter five questions and they’re not going to be real detailed deep questions, they’re going to be very broad, and through process of elimination you can do it.

Cardiac caths – the cardiac caths live in the medicine section and those will probably be guaranteed questions, it will be asked on the board exam. A lot of people freak out from them because they tend to have a lot of codes in the answer, but sometimes when there’s a lot of codes in the answer it makes process of elimination easier, so don’t shy away from them. When you see them on the practice exam you’ll see what I mean. Procedures on the hemic and lymphatic systems, there might be one, if any. Not a lot of guidelines there.
what they’re going to test you on from the AAPC website this is what they put down, these are all the areas. It’s basically the anatomy from for the food goes in to where the food comes out.

**Question Breakdown – 40,000 Series**

**10 Questions on the 40,000 Series (Digestive)**

Surgical procedures performed on the digestive system

1. Lips  
2. Mouth  
3. Palate and uvula  
4. Salivary gland and ducts  
5. Pharynx, adenoids, and tonsils  
6. Esophagus  
7. Stomach  
8. Intestines  
9. Appendix  
10. Rectum  
11. Anus  
12. Liver  
13. Biliary Tract  
14. Pancreas  
15. Abdomen, peritoneum, and omentum

For the 40,000 Series what I was about to say is, know when you’re dealing with open procedures versus close procedures. If they’re going to be doing a scope procedure there’s tons of scope procedure in the digestive system. They really like to test that you know when you’re dealing with the scope procedure versus an open procedure. Sometimes you’ll hear them say “closed procedure” that means with a scope. No, it’s not fully closed. Obviously, they got to get a little slit open to get the scope in there and then some other slits to get equipment in there if they’re going to be fixing stuff versus just looking, so be aware of your scopes, they really dominate in this section.

Of course, diagnostic scopes are bundled into surgical scopes. If the doctor is looking and they’re looking at the knee and say, “Yup, it’s a torn meniscus but I’m going to fix it.” Now, [if] they put in portals and they go and they fix it, then you’re only going to code the surgical code, not the diagnostic, not the looking part; it’s bundled. However, if they do a diagnostic scope and they decide they cannot fix it via a scope method and they do an open method, you can code the diagnostic scope. Be aware of that, that’s a biggie.

Of course you’ve got your accessory organs that go with the digestive systems. You’ve got the liver, the pancreas, etc., so that will be in the digestive system as well. Only 10 questions on that section.
11 Questions on 50,000 Series (Genitourinary)

The 50,000 Series, they had to go out of sync and they say 11, so this is urinary, male and female, are all covered in these 11 questions.

For the genitourinary we’re talking about the kidneys, the ureter, the bladder, the urethra. The obvious thing to be careful of is the word “ureter” versus “urethra.” We have two ureters and one urethra. When I’ve taught this in my coding course since 1999 and I give test on the 50,000 Series and they always goofed this up, so really be careful when you’re reading something real quick, and you’re already stressed, it’s very easy to make that mistake.

On the male reproductive system, that’s all the anatomy, there isn’t a whole lot of a guideline or tough coding scenarios for that system, so you might not see any questions
on it. On the female, you definitely will, because that’s where your maternity and delivery codes live. What to keep in mind there is that, normally I would ask when I could see people but, “How many ways are there to deliver a baby?” The answer for coding perspective is there are four. Everyone’s going, “What?”

The first way is vaginal. The second way is a C-section. The third way is a successful VBAC, which is vaginal birth after cesarean. The fourth way is an unsuccessful VBAC. If you can remember that that’s four ways to deliver a baby, for coding purposes, that will help you get to the right bubble. A lot of people make the mistake if they’re attempting to do a vaginal birth and they end up doing a C-section after they’ve already done a C-section previously, their tendency would be to go code a C-section and that would be wrong. They should be in the bubble that’s called vaginal birth after C-section successful or unsuccessful, so there are four bubbles.

The maternity and delivery codes are unique in that the global period has a lot of the work bundled at the front end, in addition to the back end, so if you have to split up the maternity package you have to be careful how to do that. So get in the right bubble first for how the baby was delivered, and then you can bill whether you’re doing the whole package, or just the delivery and follow up, or just the delivery. Of course, if you did just antepartum there are separate codes for that.

In the endocrine system with the thyroid, what I like to remind people to do is think of the thyroid as a butterfly. They like to ask you at least one question on this and when you start reading it there’s a lot of codes for the thyroid. Sometimes they’re just doing a quarter of the butterfly, they’re doing the whole butterfly, so make little notes in your book if it’s one quarter, one-half, three quarters, a whole, or coming back and taking the whole thing after doing a partial previously; so just do the Bubbling and Highlighting™ there in the notes, and it should really jump out at you.

The other areas for the endocrine I don’t think you’ll see too many codes on the board exam for. Again, they’re going for areas with guidelines to make sure you know how to read and interpret them.
10 Questions on 60,000 Series (Nervous, Eye, Ear Surgery)
The last for the surgery section are the nervous, eye and ear. There are 10 questions on the 60,000 Series.

Question Breakdown – 60,000 Series

Surgical procedures performed on the nervous system

1. Skull, meninges, brain
2. Spine
3. Spinal cord
4. Extracranial nerves
5. Peripheral nerves
6. Autonomic nervous system

For the nervous, what to keep in mind is that you’ve already seen some spinal codes in the musculoskeletal. There are also spine codes in the nervous system, so the key difference is if they’re dealing with the spinal cord because that’s part of the nervous system. If they’re just dealing with the bony structure, then that’s going to be in the musculoskeletal section.
You’ll also see skull procedures. Be aware of what I like to say, what Black & Decker tool they’re using to get access to the cranium. You also have skull-based surgery in that section. What’s unique about them is, it’s a good place for them to test you on the use of modifier-62, co-surgery. You’ll almost always have two surgeons involved but what you have to remember is modifier-62 is only when they are sharing a CPT code, not when they’re sharing a patient.

A skull-based surgery they have a whole set of codes for exposing the area, and then a whole set of codes for fixing the area, so each surgeon can report their own work with their own CPT code, therefore they would not use a 62. Those are the big areas there.

9 Questions on 70,000 Series (Radiology)

Next we have 9 Questions on Radiology, so that’s your 70,000 Series. By the way, before I go into this, I want to let you know modifiers can be used in any of the surgery questions, so when you look it on the AAPC website it says ten questions on integumentary and modifiers, 10 on musculoskeletal and modifiers, so really memorize your CPT modifiers, not HCPCS, that’s too many. But your CPT is that when you look at your possible answers in the booklet, if you see two that had modifier-62 and two that don’t, use that as your first thing to do process elimination. That will save you a lot of time because right off the bat you’re going to throw out two. If you already know what modifier-62 is and you don’t have to look it up, that’ll save you a ton of time.
For radiology, these are the key areas they’re going to test you on. Diagnostic Radiology knowing your x-ray versus CT, versus MR or MRI, and then they have MRA, so you have your regular MRIs, and your MRAs are of the vessels, so it’s of angiography. That’s an easy word to miss when you’re doing the board exam, so what I do is I have my whole radiology section Bubbled and Highlighted™, and each bubble I’ll say, this is an x-ray, I put XR, or this is a CT, or this is a CTA, MR, MRA, so I can quickly tell what type of radiology procedure we’re talking about.

The other thing of course you want to be careful of is the number of use. Sometimes you’ll see in one code it’ll say 1-3 and then the next code will say 3+, or something like that and they have the same number in both codes. So, I have you write the range: 1-3, 4+, and that will make it really very clear when you have your number in mind, and you can go figure out your views.

Mammography – just make sure you know if you’re dealing with diagnostic or screening. Then, they’ve got MR codes that go along with it and make sure they match. If it’s a screening, then you want to match it up with the screening. Radiation Oncology – the big deal there is to understand the fractions or the treatment sessions, so picture a patient coming to get the radiation treatment, maybe once a day, it could be twice a day sometimes. Each treatment session is considered a fraction, so there are codes that will tell you if, after they’re all done, they only did one to three.

Maybe they decided not to continue with radiation, maybe they died. There’s a code that you use to bill one to three but you don’t want to use that one to three for leftovers because the regular code is in the units of five. If you did ten sessions you’re going to report two units. In the guidelines, there, it’ll tell you if you’ve done three over, then you can code an additional unit, but only one or two over you have to eat it, you can’t code it. So, make those notes in your CPT manual accordingly so that makes sense to you.
I’ve got written in my book all the... I don’t like to do math when I’m nervous taking the exam, so I literally wrote down a chart. If it’s zero to three, code this. If it’s three to eight, code that, and I just kept going. I don’t know what’s typical for the number of treatments, but I recommend you do that. And I always say it’s like your present self helping your future self, so the more you can do that, you don’t have to think about an exam day, the better you’ll be.

Question Breakdown

10 Questions on 80,000 Series (Lab & Path)

Questions on 80,000 Series (Lab & Path)
Next is the Path and Lab 80,000 Series, you have 10 questions on the 80,000 codes.

Question Breakdown – 80,000 Series

1. Organ and Disease Panels
2. Drug Testing
3. Therapeutic Drug Assays
4. Evocation/Supression Testing
5. Consultations
6. Urinalysis
7. Molecular Pathology
8. MAAA
9. Chemistry
10. Hematology and Coagulation
11. Immunology
12. Transfusions
13. Microbiology
14. Anatomic Pathology
15. Cytology
16. Cytogenic Studies
17. Surgical Pathology
18. In vivo and Reproductive

Here’s the big deal with the 80,000 Series. You want to understand the panels, so for Organ and Disease-oriented Panels you want to make sure you never try and put a 52 on them. If you have seven tests listed, I’ll actually write that, I do a bracket and I’ll say
seven tests. If the next panel says it has 12 tests, I’ll write down 12. And be careful, some panels include another panel, so it looks like a short one, but when you actually read it, it contains another panel that had seven tests, so make those notes in your manuals so they stand out.

What I would do on the board exam you’re going to have one answer that might have one code, a panel code, and then the next answer is going to have all these codes because it’s exploding out the panel. So, as you’re reading each thing that they’re testing for, do a pencil line with the panels, and say, “OK we got this one, we got that one,” so when you’re all done you can see if you got them all for the panel, or if you’re missing one. If you’re missing one then you know you’re not going to use a panel code, you’re going to use the one where they’re all expanded out, and then you can go and erase your pencil mark later when you get home from the board exam, but that’s a good way to deal with that.

Be aware of the words “qualitative” versus “quantitative” with Path and Lab. Qualitative is, you’re just looking to see if the analyte, is what’s it’s called, is present in the test that you did. It could be on blood, urine, and sputum, whatever. Is this analyte present? That’s qualitative. Quantitative is what it sounds like, they’re adding it up, how much is present, so be aware of that when you’re doing your comparing and contrasting of codes. If you notice one is a qualitative test and one is a quantitative, start to read the scenario and see what its saying was done.

Evocation/Suppression Testing – is where they’re trying to give you some sort of stimulus or suppressive agent to see how it affects you, so they’ll do a baseline test then they’ll give you some stimulus and they’ll come and take the test again, or they’ll give you something that they’re expecting to suppress a response and they’ll test you again. When you look at that section, that’s what it is, it’s a grouping, so one code represents those two tests and the stimulus or the suppression.

Consultations – there are consultations in Path and Lab similar to E/M consultations. The consultations here are normally on either a test result or on some tissue, so it’s a little bit different, so be aware of that. If you have a question on consults that you know what they’re really involving.

Urinalysis – there is a section in Path and Lab for urinalysis, but not all urinalysis test live there, so be careful, look up all the code answers to see which one best matches your scenario.

Anatomic Pathology – that’s a big one that they like to test you on. They want to know anytime they do a surgery, the tissue that’s removed from a patient is sent down to pathology, and they’ve got a hierarchy of how much skill is required to analyze that piece of tissue. Sometimes they’re just identifying and say “Yup, it’s an appendix” and that’s it. That’s a gross assessment and then it goes all the way up to like really necrotic tissue in
identifying it and that’s going to be a level 6 pathology code.

Make sure you look at all the levels to see the differences. If you see ovary or prostate, for example, that actual tissue shows up on three different levels and the highest levels when it’s cancerous and then one might just be neoplastic, so make sure you look at all three levels to see which one fits your scenario the best. There’s a lot of diagnostic stuff involved in that. That’s your Surgical Path that we just talked about.

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**Question Breakdown**

10 Questions on 90,000 Series (Medicine)

We have 10 questions on the Medicine section and we already talked about that.

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**Question Breakdown – 90,000 Series**

1. Immunizations
2. Psychiatry
3. Biofeedback
4. Dialysis
5. Gastroenterology
6. Ophthalmology
7. Otorhinolaryngology
8. Cardiovascular
9. Noninvasive Vascular Studies
10. Pulmonary
11. Allergy and Immunology
12. Endocrinology
13. Neurology
14. Genetics

1. Central Nervous System Assessments
2. Health and Behavior Assessments
3. Hydration
4. Therapeutic and Diagnostic Administration
5. Chemotherapy Administration
6. Photodynamic Therapy
7. Dermatology
8. Physical Medicine and Rehabilitation
9. Medical Nutrition
10. Osteopathic Manipulative Treatment
11. Chiropractic Manipulative Treatment
12. Patient Education and Training
13. Non-Face-to-Face Nonphysician Services
14. Moderate Sedation
You will see some cardiovascular questions there but this is a hodgepodge of everything, so you could have questions on immunizations. Make sure in the section for the treatment, what I do is I bubble the codes together and I read the parent code and I write “stick only” “stick and stuff,” where it says they’re actually administering it and they’re providing the product. Then there’s also the mixing of it, so you have mixing and stuff codes. Make that stand out so that when you go to look at your possible answers, it’s real clear which one you should be picking.

For chemotherapy, just make sure in your bubbles that you’re writing whether it’s IV or intra-arterial because they sound very similar, but in the parent code it will tell you which was the route of administration. Physical Medicine and Rehab – is very similar to OMT and CMT, your osteopathic and your chiropractic are similar, so make sure you read the guidelines for both of them, so you can see the shades of difference between the two, so you can pick the correct codes when you’re asked.

For Physical Medicine and Rehab – the big thing they like to test you on is that you understand supervised versus unsupervised treatments. The supervised ones pay more and you’re normally going to report them in units of 15 minutes. Unsupervised, they might put those little tens units on you and say, “Oh, how does that feel? OK, I will be back in 15 minutes or so.” That’s unsupervised. Be aware of that when you’re reading them, you know which one you’re dealing with. They like to test you on that.

**Question Breakdown**

10 Questions on EM

**10 Questions on E/M**

For E/M, E/M is a real toughie for a lot of people. The good news is, there are only 10 questions on it. When I took the board exam there’s 25 and this is really how I got my start in teaching was I would do tutoring of people in my chapter that were really struggling with E/M, so I came up with a way to help people. Basically, what you want to
do is convert the bulleted E/M codes to a single letter. A comprehensive history would be a “C,” a comprehensive exam would be a “C,” and medical decision making of high complexity would be an “H.”

For this one, we have a detailed, detailed, high, so I converted it to a “DDH.” By doing this, you can do a simple method of figuring out when you’re reading the scenario and they will normally on 8 out of the 10 questions hand it to you on a silver platter and say, “They did a problem focused history... exam and did moderate medical decision making.” Now that you have these three letters, if you get to the right category of the E/M, was it observation, was it emergency room, or was it domiciliary? Once you get there you can plug these letters in and then all you need to know is it a 2 of 3, or a 3 of 3 situation?

I wish I could go into a lot more detail but in doing a 90-minute overview I just really can just give you a little taste of this system, so this is definitely worth probably getting the Blitz videos alone. It’s just learning this method because it teaches you how to do it with just your manuals, but I did give you the sheets so you can get the idea to copy it into your own book. And one prior to it, for those two questions where they might not hand it to you on a silver platter, you could figure it out if you write this table in your manual.

I wrote it on page 3 and you’re welcome to copy this into your book so that you can take the history table, and if they tell you the HPI was extended and the Review of Systems was extended and the Past, Family and Social History was pertinent, you could see “OK that’s going to be a detailed,” so you can come up with a letter to then plug it in on the right page. Same for exam, is it limited of one system, a limited of more than one system? Is it extended of more than one? Is it a general multisystem or complete system of one? That will give you your problem focused, expanded problem focused, detailed comprehensive.

Third is the medical decision making. We actually have a table for this on page 10 but I like to keep things all in one page, so there’s three columns for this, the DMO (Diagnostic and Management Options). Was it minimal, limited, multiple, extensive? They might give you those words. They might not tell you what the medical decision making is, but maybe they could say that there’s multiple diagnoses, there was minimal data, and the risk was moderate. So, if you’ve got multiple, minimal, and moderate, this is a 2 of 3 table, we’re going to drop the minimal, so we’ve got a multiple, we’ve got a moderate, so we can code it as a moderate medical decision making.

I invite you to copy this into your book and really make sure you know the differences between the categories. Know when a consult is a consult because you could be the best leveler in the world and plug in those letters, but if you’re plugging them in in outpatient when you should be in consult you’ll come up with the wrong code.
8 Questions on Anesthesia
There are eight questions on anesthesia. I really don’t know why they have so many on anesthesia but they do, so watch the HCPCS modifiers there for the type of professional that might be working with you like a CRNA, that type of thing.

8 Questions on Medical Terminology
There’s going to be eight questions on medical terminology, so if you’re not good at medical terminology these are going to be toward the end of the exam. The order that I’ve gone through all of these is the order they showed on the AAPC and the order the question show up on the board exam, as far as I last knew. I have not had anyone tell me any different lately, so eight questions on medical terminology.
10 Questions on Anatomy

Know where your anatomy pictures are in your manual. You’ve got them in ICD and you’ve got them in CPT, and there’s even some in HCPCS. If you’re at least familiar where they are and you get a question you don’t know off the top of your head, you could go look it up. I’ll give you an example, I was taking a board exam and it had a question about one of the valves of the heart. I did not remember off the top of my head and I had to guess answer the question, and then when I got home I’m like, “You idiot, there’s a picture of the heart in the front of CPT” and if I had looked at it I would have figured out the right valve because it was right there. So be aware of where these pictures are.

Sometimes if you don’t know what a term is, look up the root word in the CPT manual or ICD and it will probably take you to a section where you go “Oh! That’s a bone of the foot. Who knew?” That can help you. It’s going to slow you down. You’re better off knowing your medical terminology cold but sometimes we need a refresher. I didn’t remember that and I was an occupational therapist, believe me I had medical terminology, I taught medical terminology for years, but I just couldn’t remember which valve we were talking about.
10 Questions on ICD
There’s going to be 10 questions on ICD. If you’re taking the exam before December 31, 2015, then it’s going to be on ICD-9. If you’re taking it after January 1, 2016, it’s going to be on ICD-10, so there will be 10 questions on that, know your guidelines. That’s really what they’re testing you on. What’s interesting is in addition to the 10 questions set aside for ICD they will sometimes put ICD codes on the surgery questions, so you’ll have three CPT codes and an ICD code, four CPT codes and an ICD code, so use them as tie breakers, or use them like you would modifiers to help with process of elimination.

If you’re stronger in ICD coding than CPT, then lead with that, go look them up. Just be aware that it’s not just 10 questions anymore, its 10 questions plus, is how I would view it for your diagnostic coding.

5 Questions on HCPCS

10 Questions on ICD (also found in answers for other questions like surgery i.e., 49000, 250.00)
5 Questions on HCPCS
There’s only five questions and I hate that people have to spend $80 or $90 bucks on the manual, five questions, it’s like hardly anything; so if there’s one book that you had to borrow that would be the one. The biggest thing to be aware of with HCPCS is watching your measurements. They like to test you on the injectable type things on your measurements or with splints. There are so many types of splints, so really read the details.

This is one area I would tell you, look up every single answer, don’t stop at the first one because the first one’s always going to sound like its right. Look them all up, you go, “Oh! OK, this one is slightly different. This one is a little bit even slighter different than that,” and then you know all the detailed differences, now go look at the scenario and it’ll be very clear, “Ah, OK it’s the third one,” or you’ll see. So, really read all the answers for your HCPCS questions.

Another big area is ambulance modifiers in HCPCS. Now, the AAPP publication for 2015 they made a boo-boo, they left out the ambulance modifiers, so you’re allowed to bring in errata for any of your manuals. If you have an AAPC HCPCS manual, make sure you have the ambulance modifiers in there; if you don’t, you can get the errata sheet from the AAPC and bring that in with you; that is allowed. If you need the errata, we have that on our website. You could actually search for it or email our Helpdesk, they’ve got it saved as a frequently asked question, and it’ll give you exactly what you can print out, and bring in with you. Our Helpdesk is helpdesk@cco.us.

6 Questions on Practice Management
There are 6 questions on practice management. Basically, practice management, it’s
going to be things like stuff that you might find reading the intro to your CPT manual, the intro to your HCPCS, and the intro to your ICD manual. It could be things like understanding RBRVS a little bit, understanding Advanced Beneficiary Notices, just general stuff like that. It’s kind of a hard thing to teach you how to study for it, but just think of generic stuff like that. If you do a search of our forum at www.cco.us you’ll see where we’ve expanded a little bit on people talking about questions that you could find in this area.

Thank you!

→ Believe!
→ Visualize
→ Bubble & Highlight™
→ Rehearse time management

You Can Do It!

Want To Increase Your Chances to Pass Your CPC Exam on Your First Try?

That’s it that I have as far as how to take the exam. Really, I can’t emphasize enough practicing doing timed practice exams to really nail down how you’re going to take the exam. It’ll boost your confidence. That alone will give you additional points that way. Do the Bubbling and Highlighting™ of your book. Invest the time to do that. It is well worth it and I’m a big believer in visualizing how you’re going to take the exam, really picture that one-hour technique picture using your timer, rehearse it in your head. Rehearse going to AAPC.com a week later and seeing after your name, comma CPC.

It really does work having that positive thinking. I can’t tell you how many times I’ve talked to people and they’re like, “I’m a terrible test taker, I go too fast, I overthink.” They actually start having a self-fulfilling prophecy, so I would encourage you to flip it around. The minute you catch yourself doing that stinky thinking, turn it around, and say, “Hey, I prepared well, I prepared hard, I’m going to pass this. I’ve learned this great technique. I’m going to skip the hard ones, get to the easy ones, and have time to go back, and I’m going to maximize my chances of passing the exam.”

That’s pretty much what I have for you.
If you go to our site at [http://www.cco.us](http://www.cco.us), you’ll get this little popup, just give us your email, and then we’ll send you any updates... We do our Heads Up Tuesday email, where we give you high level stuff that’s going on in the industry, little tidbits, stuff on anatomy, and if we’re having any specials or free webinars coming up. We do a free webinar every month, the second to the last Thursday. That’s worth 1.5 CEUs.

Alright everyone! Thank you very much for your time and thank you for inviting me, and hope to do more in the future.

**Participant:** Thank you, Laureen.

**Laureen:** Alright. Bye-bye.

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