CPB® and CPC® Job Ready Program Guide

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CPB® and CPC® Job Ready Program Overview

Description

This 48-week comprehensive program equips students with the knowledge and hands-on experience needed to succeed in the healthcare revenue cycle. Through a structured pathway that includes the Certified Professional Biller (CPB™) course, the Certified Professional Coder (CPC®) course, and a Live Virtual Lab, students master medical billing and coding concepts, apply ICD-10-CM, CPT®, and HCPCS Level II codes to real-world medical records, and prepare for both the CPB™ and CPC® national certification exams. Graduates are well-positioned for entry-level roles in medical billing and coding across a range of specialties. In addition to coding instruction, students receive dedicated career services to support effective job search strategies and help position them for success in the workforce.

This is a rigorous, fast-paced program requiring a commitment of 4 contact hours per week, along with 15-20 hours of independent study per week (including reading, assignments, and exam preparation) to ensure mastery of course content.

Who This Program Is For

The CPB® and CPC® Job Ready Program is designed for learners who are preparing to enter the healthcare revenue cycle workforce and want a structured pathway that combines medical billing, professional fee coding, certification preparation, applied practice, and career development support.
This program is especially appropriate for individuals seeking preparation for both the CPB® and CPC® certification exams, practical experience with billing workflows and real-world medical records, and guidance for pursuing entry-level opportunities in medical billing, medical coding, physician office, outpatient, professional services, or revenue cycle settings.

Program Outcomes

Upon successful completion of the CPB® and CPC® Job Ready Program, students will be prepared to explain core medical billing and revenue cycle processes, apply ICD-10-CM, CPT®, and HCPCS Level II coding concepts to professional services documentation, demonstrate readiness for the CPB® and CPC® certification exams, complete structured billing and coding practice using real-world scenarios and medical records, and use career development support to pursue an entry-level role in medical billing, medical coding, or the broader healthcare revenue cycle.

Courses, Certification, and Programs Included:

1. CPB Certification Preparation Course
2. CPB Certification Exam
3. CPC Certification Preparation Course (includes CPC Live Virtual Internship - Lab A)
4. CPC Live Virtual Internship - Lab B
5. CPC Certification Exam
6. Career Development Program

Lab A and Lab B Clarification

Lab A is integrated into the CPC® Certification Preparation Course and reinforces the weekly instructional topics through guided coding practice and case examples. Lab B follows the CPC® course and expands the internship experience with additional multi-specialty coding cases designed to build speed, accuracy, confidence, and readiness for entry-level professional coding work.

Instructional Model

- Total Duration - 48 Weeks
- Courses – Weekly Schedule
    - Self-Study – Reading (Homework)
    - CPB Course
        - 1 Class Lecture (Mandatory)
        - 1 Session to review Lab A topics and case examples (Lab A) (Mandatory)
        - Office Hour – 1 Hour (Optional)
    - CPC Course and Live Virtual Internship – Lab A
        - 1 Class Lecture (Mandatory)
        - 1 Session to review Lab A topics and case examples (Lab A) (Mandatory)
        - Office Hour – 1 Hour (Optional)
    - Live Virtual Internship – Lab B
        - 2 Sessions to review Lab B topics and case examples (Mandatory)
    - Graded Assignments – Homework

Student Responsibilities

Students are expected to actively engage in the program by attending required live sessions, completing assigned readings and homework, preparing before each class or lab, and participating in case discussions and feedback activities. Students should maintain access to required code books and systems, use a reliable computer and internet connection, and follow all course instructions, deadlines, and academic integrity expectations.

Because this is a rigorous, fast-paced program, students are responsible for managing weekly study time, completing all assignments and Lab A and B cases on schedule, using instructor feedback to improve accuracy, and communicating with the instructor or support team when they need assistance or are unable to meet program expectations.

Completion Criteria

- Completion of CPB® Certification Preparation Course (70%)
- Completion of CPC® Certification Preparation Course (70%)
- Live Virtual Internship – Lab A (70%)
- Live Virtual Internship – Lab B (70%)

- CPC-A Removal requires:
    - all completion criteria to be met, and
    - successful CPC certification.

XTern Qualification Criteria

- Meet all completion criteria listed above; and
- Achieve course completion scores of 90% (including Lab A); and
- Have good attendance with no more than three absences; and
- Be an AAPC member in good standing with no disciplinary actions; and
- Be able to pass internal interviews and be willing to attend coaching sessions; and
- Pass any pre-employment assessment administered by an AAPC partner employer; and
- Be available to dedicate the minimum number of hours per week during daytime hours as specified by the AAPC employer partner.

CPC® Job Ready Program Schedule

Week	Topic	CPC Chapter	Labs	Career Development*
Course 1: CPB Certification Preparation Course				
Week 1	Introduction to Healthcare	MBC: CPB Chapter 1	Experiential Learning	
Week 2	Health Insurance Models	MBC: CPB Chapter 2	Experiential Learning	
Week 3	Patient Registration Process/Data Capture	MBC: CPB Chapter 3	Experiential Learning	
Week 4	How to use your code books (CPT, HCPCS Level II, and ICD-10-CM)	MBC: CPB Chapters 4-6	Experiential Learning	
Week 5	Medical Necessity	MBC: CPB Chapter 7	Experiential Learning	
Week 6	CMS 1500 Claim Form Billing	MBC: CPB Chapters 8-9	Experiential Learning	
Week 7	AR and Collection	MBC: CPB Chapter 10	Experiential Learning	
Week 8	Government Carriers (Medicare, Medicaid, Tricare)	MBC: CPB Chapter 11	Experiential Learning	
Week 9	Blue Cross/Blue Sheild	MBC: CPB Chapter 12	Experiential Learning	
Week 10	Commercial Insurance Carriers Workers' Compensation	MBC: CPB Chapters 13-14	Experiential Learning	
Week 11	**CPB Practice Exam**			
CPB Certification Review and Exam				
Week 12	**CPB Review**			
Week 13	**CPB Certification Exam****			
Course 2: CPC Certification Preparation Course & Lab A				
Week 14	The Medical Record Medical Terminology & Anatomy	CPC Chapters 1-2	Experiential Learning	
Week 15	Introduction to ICD-10-CM	CPC Chapters 3	Experiential Learning	
Week 16	ICD-10-CM Guidelines Chapters 1-11	CPC Chapter 4		
Week 17	ICD-10-CM Guidelines Chapters 12-22	CPC Chapter 5	Experiential Learning	
Week 18	Introduction to CPT, HCPCS Level II, and Modifiers Integumentary System	CPC Chapters 6-7	Experiential Learning and 10 Cases	
Week 19	Musculoskeletal System	CPC Chapter 8	20 Cases	
Week 20	Respiratory System	CPC Chapter 9	20 Cases	
Week 21	Cardiovascular Systems	CPC Chapter 10	20 Cases	
Week 22	Digestive System	CPC Chapter 11	20 Cases	
Week 23	Urinary System and Male Genital System	CPC Chapter 12	20 Cases	

Week	Topic	CPC Chapter	Labs	Career Development*
Week 24	Female Reproductive System	CPC Chapter 13	20 Cases	
Week 25	Endocrine and Nervous System	CPC Chapter 14	20 Cases	Introduction to Job Search and Career Development
Week 26	Eye, Ocular Adnexa, Auditory Systems	Chapters 16	20 Cases	
Week 27	Anesthesia	Chapter 16	20 Cases	
Week 28	Radiology Pathology and Laboratory	Chapters 17-18	20 Cases	Resume Building
Week 29	Evaluation and Management	CPC Chapter 19	20 Cases	
Week 30	Evaluation and Management	CPC Chapter 19	20 Cases	
Week 31	Medicine	CPC Chapter 20	20 Cases	Interview Strategies
Week 32	CPC Practice Exams (Final Exam)		20 Cases	
CPC Certification Review and Exam				
Week 33	**CPC Review**			
Week 34	**CPC Certification Exam****			
Course 3: Live Virtual Internship – Lab B				
Week 35	Integumentary System	Practicum Week 1	25 Cases	
Week 36	Musculoskeletal System	Practicum Week 2	25 Cases	Networking
Week 37	Respiratory System	Practicum Week 3	25 Cases	
Week 38	Cardiovascular	Practicum Week 4	25 Cases	
Week 39	Digestive	Practicum Week 5	25 Cases	
Week 40	Urinary System and Male Genital System	Practicum Week 6	25 Cases	
Week 41	Female Reproductive System	Practicum Week 7	25 Cases	
Week 42	Endocrine and Nervous System	Practicum Week 8	25 Cases	
Week 43	Eye and Ocular Adnexa, Auditory Systems	Practicum Week 9	25 Cases	
Week 44	Anesthesia	Practicum Week 10	25 Cases	
Week 45	Radiology Pathology and Laboratory	Practicum Week 11	25 Cases	
Week 46	Evaluation and Management (Office-based services)	Practicum Week 12	25 Cases	
Week 47	Evaluation and Management (Facility-based services)	Practicum Week 13	25 Cases	
Week 48	Medicine	Practicum Week 14	25 Cases	

*Career Development Program activities are recommended during specific weeks but may be completed during any week that is convenient for the learner.

**Students are encouraged to take the CPB Certification exam and the CPC Certification exam in the assigned weeks of the Job Ready Program but may schedule it later if they need additional preparation.

Course 1: Medical Billing for CPB™ Certification Syllabus

Course Length: 13-week course

Course Description: This course introduces health insurance and reimbursement processes. Students will gain insight into the health insurance industry, its legal and regulatory aspects, and various reimbursement methods. They will also learn about medical billing principles, focusing on proper claim form preparation, submission, payment processing, and follow-up procedures. The course is ideal for individuals pursuing careers in medical billing departments at physician's offices, clinics, or other similar positions. This course includes a CPB™ Certification Exam Review and CPB® Practice Exam.

Course Objectives:

- Gain an overview of healthcare from a medical billing perspective
- Obtain the knowledge and skills for effective research guidance
- Identify various health insurance models and their impact on medical entities
- Comprehend legal and regulatory aspects of healthcare reimbursement and collections
- Describe the physician-based insurance claim process, including patient data acquisition, claim form completion, insurance carrier processing, and payment receipt
- Demonstrate proficiency in using the three primary code books: CPT, ICD-10-CM, and HCPCS Level II, and apply medical necessity standards
- Understand the accounts receivable follow-up process in a physician's office, including common insurance denials and their appeals process

Course Content:

1. Introduction to Healthcare and Research Guidance
2. Health Insurance Models
3. Patient Registration Process/Data Capture
4. How to Use Your Code Books – An Introduction to ICD-10-CM, CPT®, and HCPCS Level II Code Sets
5. Medical Necessity
6. Claim Forms (CMS-1500 and UB-04) and Medical Billing
7. A/R and Collection Concepts
8. Government Carriers (Medicare, Medicaid, and TRICARE)
9. Blue Cross/Blue Shield
10. Commercial Insurance Carriers and Workers' Compensation
11. Certified Professional Biller (CPB)® Practice Exam
12. Certified Professional Biller (CPB)® Review

Methods of Evaluation:

The instructional methods used include reading assignments, practice exercises, experiential learning (Lab A), audio/video lectures, chapter review exams.

Grading Criteria:

Your final score is based on the following calculations:

- Total Average of Chapter Quizzes: 5%
- Total Average of Chapter Review Exams: 30%
- Total Average of Lab Assignments: 30%
- Participation: 15%
- Final Exam: 20%

To earn the certificate of completion, students must complete all Chapter Quizzes, attend live sessions, and achieve at least a 70% passing score on each Chapter Review Exam, each Lab Assignment, the Final Exam, and the overall course.

Included eTextbooks:

1. Medical Billing Training: CPB™ - eBook AAPC; AAPC publisher

Required Code Books (Included):

1. CPT® Professional Edition code book (current year), AMA publisher
2. ICD-10-CM code book (current year), any publisher
3. HCPCS Level II code book (current year), any publisher

Required code books may be purchased through AAPC or any major bookseller.

Recommended Textbooks/Supplies (Not Included):

1. Medical dictionary, any publisher

Systems enrollment (Included):

1. Blackboard LMS

Computer Requirements: High-speed Internet connection with Blackboard supported Operating System & Web browser (see the "Course Requirements" tab: https://www.aapc.com/training/cpc-online-medical-coding-training-course.aspx); Adobe Acrobat Reader. For best experience, use of a mobile device is not recommended.

Course 2: Medical Coding for CPC® Certification & Live Virtual Internship - Lab A

Prerequisites: None

Course Length: 19-week course

Course Description: This comprehensive medical coding course is designed to equip students with the essential skills required for a successful career in the industry. Throughout the course, students will learn to interpret medical records, gain a solid understanding of medical terminology and anatomy, and become proficient in utilizing the ICD-10-CM, CPT, and HCPCS Level II code books. Emphasis will be placed on practical coding exercises, allowing students to apply their knowledge to various patient services using CPT, ICD-10-CM, and HCPCS Level II codes. In the Lab portion with hands-on experience in coding operative reports and evaluation and management services, students will be well-prepared for a rewarding career in the medical coding field. This course is recommended for anyone who is preparing for a career in medical coding for a physician's office.

Course Objectives:

- Develop the ability to interpret medical records
- Acquire a fundamental knowledge of medical terminology and anatomy
- Comprehend and utilize the ICD-10-CM, CPT®, and HCPCS Level II code books
- Implement coding conventions when assigning diagnosis and procedure codes
- Learn to accurately determine the level of Evaluation and Management (E/M) services
- Practice coding various patient services using CPT®, ICD-10-CM, and HCPCS Level II codes
- Evaluate and code operative reports and evaluation and management services

Course Content:

1. The Medical Record and Medical Terminology and Anatomy Overview
2. Review of ICD-10-CM, CPT®, and HCPCS Level II Code Books, and Code Selection
3. Integumentary System
4. Musculoskeletal System
5. Respiratory System
6. Cardiovascular System, Hemic & Lymphatic Systems, Mediastinum, Diaphragm
7. Digestive System
8. Urinary System and Male Genital System
9. Female Reproductive System and Maternity Care & Delivery
10. Endocrine System and Nervous System
11. Special Senses (Ocular and Auditory) and Anesthesia
12. Ancillary Services (Radiology and Pathology & Laboratory)
13. Evaluation & Management Services
14. Medicine
15. Final Exam

Live Virtual Internship - Lab A Content:

Lab A is a hands-on portion of the Live Virtual Internship experience that reinforces the CPC® course content covered each week. Students work through coding cases and medical record examples aligned to the weekly CPC® topics, allowing them to apply ICD-10-CM, CPT®, and HCPCS Level II coding concepts immediately after instruction. This lab component supports practical skill development by helping students connect course concepts to real-world documentation review, code selection, guideline application, and coding accuracy. Successful completion of the Live Virtual Internship includes completion of Lab A and Lab B.

Methods of Evaluation:

The instructional methods used include reading assignments, practice exercises, experiential learning (Lab A), audio/video lectures, chapter review exams.

Grading Criteria:

Your final score is based on the following calculations:

- Total Average of Chapter Quizzes: 5%
- Total Average of Chapter Review Exams: 20%
- Total Average of Lab A Assignments: 50%
- Participation: 15%
- Final Exam: 10%

To earn the certificate of completion, students must complete all Chapter Quizzes, attend live sessions, and achieve at least a 70% passing score on each Chapter Review Exam, each Lab A Assignment, the Final Exam, and the overall course.

Included eTextbooks:

1. MBC Medical Coding Training: CPC®- eBook; AAPC; AAPC publisher

Required Code Books (Included):

1. CPT® Professional Edition code book (current year), AMA publisher
2. ICD-10-CM code book (current year), any publisher
3. HCPCS Level II code book (current year), any publisher

Required code books may be purchased through AAPC or any major bookseller.

Recommended Textbooks/Supplies (Not Included):

2. Medical dictionary, any publisher

Systems enrollment (Included):

2. Blackboard LMS
3. Practicode
4. Codify

Computer Requirements: High-speed Internet connection with Blackboard supported Operating System & Web browser (see the "Course Requirements" tab: https://www.aapc.com/training/cpc-online-medical-coding-training-course.aspx); Adobe Acrobat Reader. For best experience, use of a mobile device is not recommended.

Course 3: Live Virtual Internship - Lab B

Prerequisites: CPC Certification Preparation Course and Live Virtual Internship – Lab A

Internship Length: 16-week course

Internship Description: This 16-week Live Virtual Medical Coding Internship bridges the gap between education and professional practice. This immersive, instructor-led internship is designed for emerging medical coders who are ready to apply their knowledge in a real-world environment while gaining exposure to a broad range of specialties. Participants will work with authentic redacted medical records, coding hundreds of cases under the guidance of experienced CPC®-certified instructors. Through weekly virtual sessions and live feedback, interns will enhance their speed, accuracy, and confidence in assigning ICD-10-CM, CPT®, and HCPCS Level II codes. Successful completion of the Live Virtual Internship includes completion of Lab A and Lab B.

Objectives:

- Apply Current Coding Guidelines:
  Accurately assign ICD-10-CM, CPT®, and HCPCS Level II codes to medical records using current official coding guidelines.
- Interpret Clinical Documentation:
  Analyze and abstract relevant information from provider documentation across multiple medical specialties to support accurate code assignment.
- Demonstrate Multi-Specialty Coding Proficiency:
  Code a variety of outpatient cases in specialties such as family medicine, orthopedics, cardiology, OB/GYN, and emergency medicine with increasing accuracy and efficiency.
- Improve Coding Accuracy and Speed:
  Strengthen critical thinking and decision-making skills to improve both the precision and timeliness of code assignment.
- Receive and Incorporate Feedback:
  Use instructor feedback to refine coding logic and documentation review techniques.

Methods of Evaluation:

The instructional method used includes experiential application.

Grading Criteria:

Your final score is based on the following calculations:

- Total Average of all cases

To earn the certificate of completion, students must complete all Lab A and Lab B cases in the Live Virtual Internship and achieve an average score of at least 70%.

Required Code Books (Included):

1. CPT® Professional Edition code book (current year), AMA publisher
2. ICD-10-CM code book (current year), any publisher
3. HCPCS Level II code book (current year), any publisher

Required code books may be purchased through AAPC or any major bookseller.

Recommended Textbooks/Supplies (Not Included):

1. Medical dictionary, any publisher

Computer Requirements: High-speed internet connection with Blackboard supported Operating System & Web browser (see Course Requirements tab: https://www.aapc.com/training-and-events/essentials; Adobe Acrobat Reader. For best experience, use of a mobile device is not recommended.

Certification Exam: Certified Professional Biller® (CPB)

The Certified Professional Biller (CPB) credential demonstrates skills related to maintaining all aspects of the revenue cycle, particularly patient and payer billing and collections. Without expertise in medical billing and the nuances of payer requirements, healthcare provider reimbursement may be compromised.

Through rigorous examination and experience, CPBs have proven knowledge of how to submit claims compliant with government regulations and private payer policies. They follow up on claim statuses, resolve claim denials, submit appeals, post payments and adjustments, and manage collections. The CPB medical billing credential is vital to the financial success of the professional healthcare services claims process.

The CPB exam is a four-hour test of medical billing proficiency consisting of 135 multiple-choice questions four hours that assess several areas of knowledge. The questions require an understanding of the types of insurance plans; local and national coverage determinations (LCDs and NCDs); healthcare regulations such as HIPAA, the False Claims Act, the Fair Debt Collections Act, and Stark Law; the life cycle of a medical claim; denial resolution; medical coding; and more. During the test, you will reference approved code books — the AMA's CPT® Professional Edition, as well as your choice of ICD-10-CM and HCPCS Level II code books.

Breakdown of the 135-question CPB exam

Passing the CPB exam requires you to correctly answer a minimum of 95 questions from the domains below. The CPB test will rely on a level of understanding that enables you to identify the domain.

Types of insurance (29 questions)

These questions will assess your knowledge of managed care, commercial payers, Medicare, Medigap, Medicaid, Blue Cross/Blue Shield, TRICARE/CHAMPUS, workers' compensation, and third-party payers (automobile, liability, etc.).

Billing regulations (17 questions)

These questions will address accountable care organizations (ACOs), the National Correct Coding Initiative (NCCI), local coverage determinizations (LCDs), national coverage determinations (NCDs), incident-to billing, global packages, unbundling, completion of the CMS-1500 and UB-04 forms, and payer payment policies.

HIPAA and compliance (7 questions)

This section will test your knowledge of HIPAA privacy, billing compliance, medical record retention, financial policies, and fraud and abuse.

Reimbursement and collections (19 questions)

This section will address RBRVs, payer and patient refunds, provider credentialing, accounts receivable, fair debt, patient statements, patient dismissal, professional courtesy, collection agencies, collections, bankruptcy, payment plans, pre-authorizations, claim editing tools, and remittance advice.

Claims and billing (19 questions)

This section will test your knowledge on appeals, denials, claims tracking and follow-up, timely filing, demographics, superbill/encounter forms, retention of records, balance billing, telephone courtesy, electronic claim submission, clean claims, and auditing the billing process.

Coding (10 questions)

This section will assess your knowledge on CPT®, ICD-10-CM, and HCPCS Level II codes and modifiers.

Case analysis (34 questions)

In this section of the exam, source documents are provided for the examinee to review. Examinees will be provided with various policies and must be able to apply those policies. Documents provided include:

- CMS-1500 claim forms
- Payment policies
- Local coverage determinations (LCD)
- National coverage determinations (NCD)
- Appeal letters
- Pre-authorizations
- Accounts receivable reports
- Claims follow-up reports

Certification Exam: Certified Professional Coder (CPC®)

The Certified Professional Coder (CPC®) is the gold standard for medical coding in a physician office setting. The CPC® certification exam tests the competencies required to perform the job of a professional coder who specializes in coding for services performed by physicians and non-physician providers (e.g., nurse practitioners and physician assistants). Individuals who earn the CPC credential have proven expertise in physician/non-physician provider documentation review, abstract professional provider encounters, coding proficiency with CPT®, HCPCS Level II, ICD-10-CM, and compliance and regulatory requirements for physician services.

The CPC® exam is a four-hour test of medical coding proficiency consisting of 100 multiple-choice questions that assess 17 areas of knowledge. Most questions present a coding scenario to test proper application of CPT® procedure codes, HCPCS Level II procedure and supply codes, and ICD-10-CM diagnosis codes. Medical providers use all of these to submit claims to payers. During the test, you will reference approved code books — the AMA's CPT® Professional Edition, as well as your choice of ICD-10-CM and HCPCS Level II code books.

You must complete the CPC® exam within four hours and answer 70% of the questions correctly to pass.

Breakdown of the 100-question CPC exam

Passing the CPC® exam requires you to correctly answer a minimum of 70 questions from the domains below. The CPC® test will rely on a level of understanding that enables you to identify the domain.

Medical terminology (4 %)

These questions will assess your knowledge of medical terminology for all systems in the human body.

Anatomy (4 %)

These questions will assess your knowledge of anatomy for all systems in the human body.

Compliance and regulatory (3 %)

This section will test your knowledge of compliance and regulations which pertain to services covered under Medicare Parts A, B, C, and D; applying coding to payment policy; place of service reporting; fraud and abuse; NCCI edits; NCDs/LCDs; HIPAA; ABNs; and RVUs.

Coding guidelines and modifiers (7%)

This section will address the ICD-10-CM Official Guidelines for Coding and Reporting, CPT® coding guidelines and parenthetical notes, and modifier use.

ICD-10-CM diagnosis coding (5%)

This area will test your proficiency in diagnosis coding within all the chapters of ICD-10-CM, as well as thorough knowledge of the ICD-10-CM Official Guidelines for Coding and Reporting. Additionally, diagnosis questions will appear in other sections of the exam from the CPT® categories.

HCPCS Level II (3 %)

This section will test your knowledge on HCPCS Level II coding and includes questions focusing on modifiers, supplies, medications, and professional services for Medicare patients.

CPT®

10000 series codes (6%)

The 10,000 series CPT® part of the exam relates to surgical procedures performed on the integumentary system, which includes skin, subcutaneous, and accessory structures, as well as nails, pilonidal cysts, repairs, destruction, and breast.

20000 series codes (6%)

The 20000 series CPT® portion will home in on surgical procedures performed on the musculoskeletal system from head to toe. Specifically, these areas include the head, neck, back and flank, spine, abdomen, shoulder, arm, hand and fingers, pelvis and hip, leg, foot, and toes.

30000 series codes (6%)

The 30000 series CPT® section focuses on surgical procedures performed on the respiratory system, the cardiovascular system, the hemic and lymphatic systems, and the mediastinum and diaphragm.

40000 series codes (6%)

Your knowledge of the 40000 series CPT® section covers surgical procedures performed on the digestive system, which will focus on these areas: lips, mouth, palate and uvula, salivary gland and ducts, pharynx, adenoids, and tonsils, esophagus, stomach, intestines, appendix, rectum, anus, liver, biliary tract, pancreas, abdomen, peritoneum, and omentum.

50000 series codes (6 %)

The 50000 series CPT® section tests your knowledge pertaining to surgical procedures performed on the urinary system, the male reproductive system, the female reproductive system, including maternity and delivery, and the endocrine system.

60000 series codes (6 %)

The 60000 series CPT® section involves surgical procedures performed on the nervous system and will include codes pertaining to the skull, meninges, brain, spine, spinal cord, extracranial nerves, peripheral nerves, autonomic nervous system.

Radiology codes (6 %)

These questions will focus on both diagnostic and interventional radiology, including diagnostic ultrasound, radiologic guidance, mammography, bone and joint studies, radiation oncology, and nuclear medicine.

Pathology and laboratory codes (6 %)

This section will test your knowledge of organ and disease panels, drug testing, therapeutic drug assays, evocation/suppression testing, consultations, urinalysis, molecular pathology, MAAA, chemistry, hematology and coagulation, immunology, transfusions, microbiology, anatomic pathology, cytopathology, cytogenetic studies, surgical pathology, in vivo and reproductive.

Medicine (6 %)

This will cover numerous specialty-specific coding scenarios, as well as immunizations, biofeedback, dialysis, central nervous system assessments, health and behavior assessments, hydration, medical nutrition, therapeutic and diagnostic administration, chemotherapy administration, photodynamic therapy, osteopathic manipulative treatment, patient education and training, non-face-to-face nonphysician services, and moderate sedation.

E/M (6 %)

This area will assess your coding proficiency related to place and level of services, such as office/other outpatient, hospital observation, hospital inpatient, consultations, emergency department, critical care, nursing facility, domiciliary and rest homes, and home services. It will also include questions directed at preventive medicine, non-face-to-face services, neonatal and pediatric critical care, intensive care, prolonged services, chronic care, transitional care, case management, and care plan oversight.

Anesthesia (4 %)

The questions related to anesthesia will pertain to time reporting, qualifying circumstances, physical status modifiers, anesthesia for surgical, diagnostic and obstetric services.

Cases (10 %)

Each case will test your ability to accurately code medical record documentation using CPT®, ICD-10-CM, and HCPCS Level II codes.

Career Development Program

The Career Development Program helps students prepare for the transition from training to an entry-level medical coding job search. Students receive practical guidance on job search planning, resume development, interviewing, and professional networking.

The program includes four career development topics totaling 8 contact hours:

1. Introduction to Job Search and Career Development

Students learn the structure of the medical coding job search and explore resources that support career readiness, including job boards, professional organizations, networking opportunities, and employer expectations.

2. Resume Building

Students learn how to create a clear, professional resume that highlights relevant training, coding skills, practical experience, credentials, and readiness for entry-level medical coding roles.

3. Interview Strategies

Students develop interview preparation strategies, practice responses to common behavioral and technical questions, and learn how to communicate their training, coding knowledge, and professional strengths with confidence.

4. Networking

Students learn how to build a professional presence, use networking resources appropriately, and connect with industry contacts, professional communities, and potential employers.

Together, these topics help students strengthen job search readiness and present their skills, training, and certification pathway in a professional and employer-focused manner.