AMCA MEDICAL CODER & BILLER CERTIFICATION (MCBC) PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. What term describes a patient's history with illnesses, injuries, and treatments?

A. Past Medical History

B. Present Medical History

C. Family Medical History

D. Social History

2. Which type of healthcare record captures a patient's interactions with multiple physicians?

A. Patient Health Record

B. Electronic medical record (EMR)

C. Electronic health record (EHR)

D. Digital treatment log

3. Which of the following denotes a surgical removal of tissue in medical terminology?

A. -tomy

B. -ectomy

C. -ostomy

D. -plasty

4. Which of the following best characterizes the nature of Medicaid?

A. A state-federal partnership program

B. A federal-only program

C. A private insurance program

D. A volunteer-based assistance program

5. What is the global period associated with a simple procedure?

A. Zero global period

B. One-week global period

C. Thirty-day global period

D. Two-day global period

6. What type of service does a copayment typically pertain to?

A. Long-term care
B. Outpatient visits
C. Inpatient hospitalizations
D. Telehealth consultations

7. What term is commonly used to refer to Medicaid beneficiaries?

A. Clients
B. Recipients
C. Participants
D. Subscribers

8. What model is commonly used by payers in the healthcare industry?

A. CMS policy
B. Medicare Guidelines
C. Healthcare Framework
D. Insurance Standards

9. What do codes beginning with 'H' in HCPCS represent?

A. Hospital services
B. Healthcare services
C. Home health care items
D. Hazardous materials

10. Which federal guidelines must be adhered to by collection agencies?

A. HIPAA
B. FDCPA
C. OBRA
D. CFPB

Answers

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

Explanations

1. What term describes a patient's history with illnesses, injuries, and treatments?

A. Past Medical History

B. Present Medical History

C. Family Medical History

D. Social History

The correct answer is Past Medical History. This term specifically refers to the comprehensive account of a patient's previous illnesses, injuries, surgeries, and any treatments that have occurred throughout their life. It is an essential component of a patient's medical record, as it provides healthcare providers with crucial context about the patient's health background and potential predispositions to certain conditions. By collecting a detailed Past Medical History, clinicians can better understand the patient's health trajectory, identify any patterns that may inform current diagnoses, and tailor treatment plans accordingly. This aspect of the patient's history can significantly impact healthcare decisions and is vital for ensuring safe and effective patient care. It differs from the Present Medical History, which focuses on the current issues and symptoms the patient is experiencing, and from Family Medical History, which looks at health conditions that may run in the family, as well as Social History, which includes factors like lifestyle, occupation, and social circumstances that could affect health.

2. Which type of healthcare record captures a patient's interactions with multiple physicians?

A. Patient Health Record

B. Electronic medical record (EMR)

C. Electronic health record (EHR)

D. Digital treatment log

The correct choice is Electronic health record (EHR), as this type of healthcare record is designed to capture comprehensive patient information across various healthcare settings and facilitate communication between multiple healthcare providers. EHRs provide a holistic view of a patient's interactions with different physicians, specialists, and healthcare facilities, ensuring that all relevant medical history, treatment plans, and test results are readily accessible by authorized parties. This interoperability supports coordinated care and improves patient outcomes. In contrast, Electronic medical records (EMRs) tend to be more focused on individual provider practices and may not easily share information across different systems or with other physicians outside of the originating healthcare organization. Patient health records, while beneficial for personal tracking of one's health information, do not universally encompass interactions with diverse healthcare providers. Lastly, a digital treatment log typically refers to a more simplified documentation method that may not capture the full spectrum of interactions and data relevant for comprehensive healthcare management.

3. Which of the following denotes a surgical removal of tissue in medical terminology?

A. -tomy

B. -ectomy

C. -ostomy

D. -plasty

The term that denotes surgical removal of tissue in medical terminology is represented by the suffix "-ectomy." This suffix is used to indicate the excision or removal of a particular organ or tissue. For example, a "appendectomy" refers specifically to the surgical removal of the appendix, while a "mastectomy" refers to the removal of breast tissue. The other suffixes cover different types of surgical procedures. "-tomy" refers to an incision or cutting into a part of the body, which doesn't imply removal but rather a surgical entry. "-ostomy" indicates the creation of an opening or stoma, typically to allow waste to exit the body, but it doesn't involve the removal of tissue per se. Lastly, "-plasty" refers to surgical repair or reconstruction of a tissue or organ, which may involve altering the structure but not necessarily removing it. Thus, "-ectomy" specifically captures the meaning of surgical removal.

4. Which of the following best characterizes the nature of Medicaid?

A. A state-federal partnership program

B. A federal-only program

C. A private insurance program

D. A volunteer-based assistance program

Medicaid is best characterized as a state-federal partnership program. This means that it is jointly funded by both state and federal governments to provide health coverage to eligible low-income individuals and families. Each state administers its own Medicaid program, with the ability to set specific guidelines and eligibility requirements, while still adhering to federal regulations and standards. This partnership allows for a flexible approach to meet the diverse healthcare needs of populations across different states. In contrast, a federal-only program would imply that the federal government solely funds and manages Medicaid without state involvement, which is not the case. A private insurance program would refer to plans offered by private insurers, which Medicaid is not, as it provides coverage funded primarily through taxpayer dollars. Lastly, a volunteer-based assistance program would suggest a system that relies on voluntary efforts instead of being a structured governmental initiative, which does not accurately represent the nature of Medicaid. The correct characterization emphasizes the collaborative effort between state and federal entities to ensure essential health services for those in need.

5. What is the global period associated with a simple procedure?

A. Zero global period

B. One-week global period

C. Thirty-day global period

D. Two-day global period

A simple procedure typically has a zero global period, which means that the procedure includes only the day of the procedure itself, and there are no follow-up days included for postoperative care. In practical terms, this means that the physician is not responsible for any follow-up visits related to that procedure, and any additional services or complications that arise would be billed separately and outside of the initial procedure charge. Understanding the concept of global periods is crucial in medical coding and billing, as it helps determine how and when procedures are billed. For simple procedures, since care and management are minimal or nonexistent after the procedure, a zero global period is appropriate. This aligns with the guidelines set by entities such as the American Medical Association, which outlines how different types of surgical procedures are categorized in relation to follow-up care.

6. What type of service does a copayment typically pertain to?

A. Long-term care

B. Outpatient visits

C. Inpatient hospitalizations

D. Telehealth consultations

A copayment, often referred to as a copay, is a fixed amount of money that a patient pays for a specific medical service, typically at the time of the visit. Copayments are most commonly associated with outpatient visits, which involve appointments where the patient receives care without being admitted to a hospital. This includes visits to a physician's office, specialist consultations, or urgent care services. The design of a copayment structure is primarily to share the cost of care between the insurance provider and the patient, encouraging the use of preventive and routine health services. For outpatient services, copays tend to be lower compared to inpatient hospitalizations since these services usually have a different cost structure. While copayments can also apply to other types of services such as telehealth consultations, the general association of copayments with regular outpatient visits remains the most prevalent and recognized context in health insurance plans.

7. What term is commonly used to refer to Medicaid beneficiaries?

A. Clients

B. Recipients

C. Participants

D. Subscribers

The term "recipients" is the commonly accepted phrase used to refer to individuals who receive benefits from Medicaid. In the context of healthcare terminology, "recipients" accurately reflects the recipient's role in the program, as they are the individuals who benefit from the services and support that Medicaid provides. This term encapsulates the idea that these individuals receive assistance and services based on their eligibility and needs. In contrast, "clients" could imply a customer-provider relationship that may not fully represent the structure of Medicaid, where beneficiaries are primarily provided with essential healthcare services. "Participants" is a term often used in other contexts, such as clinical trials or programs, which may not accurately convey the nature of Medicaid benefits. Lastly, "subscribers" is typically associated with health insurance plans where individuals pay premiums for coverage, which also does not align with how Medicaid functions, as it is a need-based program designed to provide care for those with limited financial means. Thus, "recipients" is the most appropriate term for individuals receiving Medicaid benefits.

8. What model is commonly used by payers in the healthcare industry?

A. CMS policy

B. Medicare Guidelines

C. Healthcare Framework

D. Insurance Standards

In the healthcare industry, the model most commonly used by payers is the CMS policy. The Centers for Medicare & Medicaid Services (CMS) is a federal agency that governs and regulates Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). The policies established by CMS serve as a critical framework for reimbursement rules, coverage determinations, and services provided under these programs. Payers rely on CMS policies to guide their billing practices, coding requirements, and compliance measures. These policies ensure uniformity in the way healthcare services are reported and reimbursed, thereby promoting consistency across various healthcare providers and insurers. While other choices like Medicare Guidelines and Healthcare Frameworks play essential roles in the healthcare landscape, they do not have the same comprehensive authority and impact as the policies set forth by CMS. Insurance Standards, while important, usually focus on general practices across different types of insurance rather than the specific policies that govern federal programs.

9. What do codes beginning with 'H' in HCPCS represent?

A. Hospital services

B. Healthcare services

C. Home health care items

D. Hazardous materials

Codes beginning with 'H' in the Healthcare Common Procedure Coding System (HCPCS) specifically represent home health care items and services. These codes are designed to document and bill for the various supplies and equipment that are used in home health settings, as well as services provided to patients in their homes. This categorization is essential for differentiating these specific items from other types of healthcare services and procedures covered by HCPCS. Understanding the importance of coding in home health care helps ensure proper billing and reimbursement for services, as well as accurate record-keeping for patients receiving care in their own homes. The 'H' codes facilitate the identification of the unique needs and services in home health care, making it clearer for providers, insurers, and patients alike what specific items and services are being utilized in this context.

10. Which federal guidelines must be adhered to by collection agencies?

A. HIPAA

B. FDCPA

C. OBRA

D. CFPB

The Fair Debt Collection Practices Act (FDCPA) is pivotal for collection agencies operating in the United States. This federal law primarily regulates the behavior of debt collectors and aims to eliminate abusive practices in the collection of debts. Under the FDCPA, collection agencies must adhere to various standards that protect consumers from harassment, deceptive practices, and unfair treatment during the debt collection process. Some key provisions of the FDCPA include restrictions on when and how debt collectors can contact consumers, requirements for providing information about the debt, and prohibitions against making false statements or engaging in misleading practices. By following these guidelines, collection agencies help ensure that consumers are treated fairly and respectfully, which is essential for maintaining trust and compliance within the financial and debt collection sectors. While other federal regulations, such as HIPAA (which pertains to the privacy of health information) and CFPB (which oversees consumer financial products), also play important roles in the broader context of consumer protection, they do not specifically target the practices of collection agencies in the same direct way as the FDCPA does. Thus, adherence to the FDCPA is crucial for collection agencies to ensure compliance and ethical operation.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://amcamedicalcoderbiller.examzify.com

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