CCBMA ADMINISTRATIVE 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. **Placing the practice name and account number on the back of checks is called what?**

   A. Petty cash

   B. Endorsing

   C. Accounts payable

   D. Posting

2. **Which system preserves messages for later retrieval by authorized personnel?**

   A. Fax machine

   B. Email

   C. Voice mail

   D. Calendar

3. **Which term describes an insurance arrangement where payment is made per patient per time period regardless of services delivered?**

   A. Capitation

   B. Fee-for-service

   C. Per member per month

   D. Upfront payment

4. **Software program that quickly calculates numbers _____.**

   A. Spreadsheet

   B. Database

   C. Word processor

   D. Presentation

5. **Which federal act protects the privacy of health information?**

   A. FERPA

   B. HIPAA

   C. COBRA

   D. GLBA

6. What term is used for an addition to a procedure code that indicates special circumstances?

A. Surcharge

B. Modifier

C. Descriptor

D. Annotation

7. Person who can legally sign a release of medical records

A. Hospital administrator

B. Nurse

C. Physician

D. Patient or guardian

8. In addition to CPT, which coding system is used by Medicare to report procedures and supplies?

A. CPT codes

B. HCPCS codes

C. ICD-10-CM codes

D. DRG codes

9. Medicare uses a coding system that supplements CPT procedures; what is this coding system called?

A. CPT codes

B. ICD-10-CM codes

C. DRG codes

D. HCPCS codes

10. EHR audit trails: which function do they primarily support?

A. Increase data duplication.

B. Track who accessed the record.

C. Eliminate access controls.

D. Automatically write patient notes.

Answers

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

Explanations

1. Placing the practice name and account number on the back of checks is called what?

A. Petty cash

B. Endorsing

C. Accounts payable

D. Posting

Endorsing a check is the act of signing or marking the back of a check to authorize its transfer or deposit. When the practice's name and account number are written on the back, it directs the bank to credit that specific account, which is a common way to indicate where the funds should go. This helps ensure the deposit is applied to the correct account and identifies the intended recipient. The other terms don't fit this action: petty cash is cash kept on hand for small expenses, accounts payable are amounts the practice owes to others, and posting is recording transactions in the ledger. Endorsing is the right concept here.

2. Which system preserves messages for later retrieval by authorized personnel?

A. Fax machine

B. Email

C. Voice mail

D. Calendar

When a system is meant to keep messages so they can be retrieved later by someone with permission, the key idea is stored, retrievable messaging with access control. Voice mail fits this role best: it records and stores a caller's message in the recipient's mailbox, and it remains there until the authorized user signs in and listens to it. The message is preserved in the voicemail system with a defined retention period and security like a PIN, so someone authorized can access it later. A fax machine is mainly for sending documents and doesn't serve as a persistent, account-based message store for later retrieval by an authorized person. Email does preserve messages, but it's primarily a general communication channel rather than a dedicated, permission-controlled message mailbox. A calendar stores events, not messages.

3. Which term describes an insurance arrangement where payment is made per patient per time period regardless of services delivered?

A. Capitation

B. Fee-for-service

C. Per member per month

D. Upfront payment

Capitation is a payment arrangement where providers receive a fixed amount for each enrolled patient per defined time period (often monthly), regardless of how many services the patient uses. This setup shifts some financial risk to the provider and incentivizes delivering efficient, preventive care since payment isn't tied to the volume of services. A closely related way this is expressed is PMPM—per member per month—the fixed amount paid per member each month under capitation. However, the overarching term describing the arrangement is capitation. Fee-for-service pays for each individual service rendered, and upfront payment isn't tied to patient enrollment or ongoing care.

4. Software program that quickly calculates numbers ____.

A. Spreadsheet

B. Database

C. Word processor

D. Presentation

This question focuses on recognizing software by its primary use: a tool built for quickly handling numbers is a spreadsheet. Spreadsheets organize data in a grid of cells where you can enter numbers and use formulas and functions to perform calculations, totals, averages, and more. They update results automatically as inputs change, and they often include charting and simple data analysis features to visualize numeric information. In contrast, a database is designed to store and organize large data sets and support queries and data relationships, not immediate numeric calculations. A word processor centers on creating and formatting text and documents, while a presentation program focuses on slides and visual delivery. So the best fit for quickly calculating numbers is a spreadsheet, precisely because its core function is to enable fast, automatic calculation and numeric analysis within a cell-based grid.

5. Which federal act protects the privacy of health information?

A. FERPA

B. HIPAA

C. COBRA

D. GLBA

Protecting the privacy of health information is governed by a federal law that sets nationwide standards for handling identifiable health data. This law creates a Privacy Rule that limits how health information can be used or disclosed without patient consent and gives individuals rights to access and request changes to their records. It also includes a Security Rule with safeguards for electronic health information and requires notification if a breach occurs. The protections apply to covered entities (like health plans, healthcare providers that transmit information electronically, and healthcare clearinghouses) and their business associates, ensuring consistent privacy across the healthcare system. Other laws address related but different areas: FERPA protects student education records, GLBA covers financial institution privacy of nonpublic personal information, and COBRA concerns continuation of health coverage after job loss. None of these center on protecting health information privacy in the same way HIPAA does.

6. What term is used for an addition to a procedure code that indicates special circumstances?

A. Surcharge

B. Modifier

C. Descriptor

D. Annotation

In medical coding, you use a modifier to signal special circumstances attached to a procedure code. A modifier is a short code that you append to the base CPT/HCPCS code to convey something about how the service was performed—things like laterality (right or left), whether only the professional component was provided, if a service was performed as a distinct or increased procedure, or other context that changes how the service should be understood and reimbursed. This lets payers know there's something different about the service without creating a new full code. For example, modifiers can indicate that a service was provided on a specific body side, that the service included a professional component rather than the facility component, or that multiple procedures were done in the same session. The other terms don't serve this exact role: a surcharge is an extra charge, a descriptor is the text that defines what a code means, and an annotation is supplemental notes in coding manuals.

7. Person who can legally sign a release of medical records

A. Hospital administrator

B. Nurse

C. Physician

D. Patient or guardian

Releasing medical records requires authorization from the person the records belong to or their legally authorized representative. The individual themselves signs the release to give consent for disclosure, or a parent/guardian (or someone with legal authority like a healthcare power of attorney or court-appointed guardian) signs on their behalf. Hospital staff such as administrators, nurses, or physicians don't have automatic authority to sign a records release for someone else unless they are the designated representative with that legal authority. This setup protects patient privacy by ensuring a valid, voluntary authorization is in place before records are shared.

8. In addition to CPT, which coding system is used by Medicare to report procedures and supplies?

A. CPT codes

B. HCPCS codes

C. ICD-10-CM codes

D. DRG codes

Medicare uses a broader coding system to cover items and services beyond physician procedures. CPT codes handle the procedures themselves, but for things like durable medical equipment, prosthetics, supplies, drugs, and ambulance services, Medicare relies on HCPCS. HCPCS stands for Healthcare Common Procedure Coding System and has Level I (which is CPT) and Level II (the additional codes). Level II codes are five-character alphanumeric codes used to report those non-CPT items and services. ICD-10-CM codes are for diagnoses, not procedures, and DRG codes group inpatient stays for payment. So, for reporting procedures and supplies in addition to CPT, the system used is HCPCS.

9. Medicare uses a coding system that supplements CPT procedures; what is this coding system called?

A. CPT codes

B. ICD-10-CM codes

C. DRG codes

D. HCPCS codes

Medicare uses a coding system that expands CPT to cover items and services not represented by procedures alone. CPT codes describe medical procedures and services, but many reimbursed items—such as durable medical equipment, supplies, and certain drugs—aren't captured by CPT alone. That's where HCPCS comes in. HCPCS, or the Healthcare Common Procedure Coding System, provides Level II codes that supplement CPT by reporting these additional items and services for billing and reimbursement. ICD-10-CM codes are for diagnoses, not procedures or billable items, and DRG codes are used to group hospital cases for payment rather than to identify specific items or services. So the system that supplements CPT procedures is HCPCS codes.

10. EHR audit trails: which function do they primarily support?

A. Increase data duplication.

B. Track who accessed the record.

C. Eliminate access controls.

D. Automatically write patient notes.

Tracking who accessed the record is the main purpose of EHR audit trails. These trails log user identity, when the record was accessed, what actions were taken (such as view, modify, or export), and often where the access came from. This creates an accountability trail that supports privacy protection, security monitoring, and regulatory compliance, making it possible to detect unauthorized or inappropriate access and to investigate incidents. Audit trails do not aim to increase data duplication, they do not disable or bypass access controls, and they do not automatically generate patient notes.

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://ccbmaadministrative.examzify.com

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