CHIROPRACTIC BUSINESS MIDTERM 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. Medicare Part C is characterized by which description?

A. Part A

B. Part B

C. Part D

D. Part C

2. What term describes the portion of costs paid by the insurer after meeting the deductible?

A. Copayments

B. Deductible

C. CPT codes

D. Coinsurance

3. Which code is most appropriate for adjusting five regions?

A. 98940

B. 98941

C. 98942

D. 98943

4. Can a CA give an ABN?

A. Yes, a CA can issue ABN.

B. No, the Doctor must give the ABN.

C. Only a nurse can issue ABN.

D. The patient can sign themselves.

5. What is the set amount charged to patient per visit?

A. Deductible

B. Coinsurance

C. ICD 10 codes

D. Copayments

6. TRICARE is a health care program serving which population?

A. Medicare Beneficiaries Only

B. Private Employees

C. Uniformed service members, retirees, and their families worldwide

D. Veterans Affairs Only

7. Which modifier indicates that the patient forgot to have the patient sign an ABN?

A. GA

B. GX

C. GY

D. GZ

8. Code 97014 is associated with which physical therapy modality?

A. Iontophoresis

B. Paraffin

C. Hot/cold pack

D. EMS

9. What is the primary purpose of a Discount Medical Plan Organization (DMPO)?

A. Regulates medical practices

B. Provides full health insurance coverage

C. Offers discounts on health services

D. Manages auto insurance policies

10. Which Medicare Part covers inpatient hospital services?

A. Part B

B. Part C

C. Part D

D. Part A

Answers

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

Explanations

1. Medicare Part C is characterized by which description?

A. Part A

B. Part B

C. Part D

D. Part C

Medicare Part C is Medicare Advantage—the option to receive your Medicare benefits through private plans. It bundles what Original Medicare would cover under Part A (hospital) and Part B (medical) and often includes Part D drug coverage, plus potential extra benefits. This makes Part C the private-plan alternative to Original Medicare, rather than simply Part A, Part B, or Part D on their own. You typically need Part A and Part B to enroll in a Part C plan, and you'll pay the Part B premium plus any plan premium, with costs and benefits varying by plan.

2. What term describes the portion of costs paid by the insurer after meeting the deductible?

A. Copayments

B. Deductible

C. CPT codes

D. Coinsurance

Coinsurance describes the portion of medical costs that the insurer pays after the deductible has been met, with the remaining charges typically shared by the patient as a percentage. This means once you've reached your deductible, you and the insurer split the costs according to a set rate (often 80/20 or 70/30) until you hit the out-of-pocket maximum. Copayments are fixed dollar amounts paid at the time of service and don't depend on total charges after the deductible. The deductible is the amount you must pay out of pocket before insurance starts contributing. CPT codes are billing codes for procedures and don't determine how costs are shared.

3. Which code is most appropriate for adjusting five regions?

A. 98940

B. 98941

C. 98942

D. 98943

When billing chiropractic manipulative treatment, the code chosen depends on how many spinal regions were treated. For five regions, you're in a multi-region scenario, and you select the code that covers multiple regions without tying it to an exact small number. Among the given options, the code labeled three or more regions best fits five regions because it communicates that multiple regions were adjusted, including well beyond three. The other choices describe fewer regions (one region, two regions) or imply a different multi-region threshold, which wouldn't align as neatly with a five-region adjustment.

4. Can a CA give an ABN?

A. Yes, a CA can issue ABN.

B. No, the Doctor must give the ABN.

C. Only a nurse can issue ABN.

D. The patient can sign themselves.

ABN is the business identifier for the entity delivering the service. It belongs to the registered business (the doctor's practice) and must appear on invoices for tax purposes. Because a clinic's tax invoice is issued by the business, the doctor (or the practice) is responsible for providing the ABN. A clinical assistant or nurse doesn't have the authority to issue the ABN on behalf of the practice, and a patient cannot generate an ABN for the clinic by signing something themselves.

5. What is the set amount charged to patient per visit?

A. Deductible

B. Coinsurance

C. ICD 10 codes

D. Copayments

Copayments are the fixed dollar amount a patient pays at the time of a visit, as defined by the insurance plan. This per-visit fixed charge is what the patient is responsible for upfront, regardless of the total cost of the visit or services provided. That's why it's the correct answer. Deductible is the amount you must pay out of pocket before insurance starts sharing costs, not a per-visit fixed fee. Coinsurance is the percentage of costs you pay after meeting the deductible, typically a portion of the bill rather than a set amount. ICD-10 codes are diagnosis codes used for billing and classification, not for determining patient charges.

6. TRICARE is a health care program serving which population?

A. Medicare Beneficiaries Only

B. Private Employees

C. Uniformed service members, retirees, and their families worldwide

D. Veterans Affairs Only

TRICARE is the DoD health care program designed for the military community. It serves uniformed service members—active duty, National Guard and Reserve members—plus retirees and their families worldwide. This focus on the military population distinguishes it from Medicare, private-sector employer plans, and Veterans Affairs health care, which serves eligible veterans. So the population described most accurately is uniformed service members, retirees, and their families worldwide.

7. Which modifier indicates that the patient forgot to have the patient sign an ABN?

A. GA

B. GX

C. GY

D. GZ

Medicare uses ABN modifiers to show what happened with the Advance Beneficiary Notice. When a service might not be covered, an ABN is offered. If the patient signs the ABN, you mark that liability is waived because the ABN is on file. If the ABN was not obtained—meaning the patient did not sign one or you forgot to get it—you use the modifier that indicates no ABN is on file. In this scenario, the situation described is that an ABN was not obtained because the patient forgot to sign, which is represented by that modifier. The other modifiers relate to different ABN situations (such as having an ABN signed or other non-coverage scenarios), but they do not indicate missing or unsigned ABN.

8. Code 97014 is associated with which physical therapy modality?

A. Iontophoresis

B. Paraffin

C. Hot/cold pack

D. EMS

CPT code 97014 corresponds to electrical stimulation modalities. EMS, or Electrical Muscle Stimulation, uses electric current to evoke muscle contractions for rehab, making it a classic example of this code category. The code is tied to unattended electrical stimulation sessions, which is why EMS fits best. In contrast, paraffin and hot/cold packs are thermal or hydrotherapy modalities with different codes, and iontophoresis involves delivering medication with a current and is coded differently as well.

9. What is the primary purpose of a Discount Medical Plan Organization (DMPO)?

A. Regulates medical practices

B. Provides full health insurance coverage

C. Offers discounts on health services

D. Manages auto insurance policies

A DMPO is about giving patients access to discounted prices for medical services rather than paying claims like insurance. Members pay a fee to join, and the organization negotiates reduced rates with participating healthcare providers. The plan does not promise or reimburse a set portion of bills or provide full health insurance coverage, and it isn't involved in regulating medical practice or managing auto insurance. So, the primary purpose is to help people save on care by taking advantage of negotiated discounts at participating providers.

10. Which Medicare Part covers inpatient hospital services?

A. Part B

B. Part C

C. Part D

D. Part A

In Medicare, hospital inpatient services are covered by Part A. This part is the hospital insurance that helps pay for inpatient stays, as well as related coverage like skilled nursing facility care after a hospital stay, hospice, and certain home health services. The question asks which Part covers inpatient hospital services, and Part A is the one designated for that hospital-level care. Part B covers outpatient medical services, such as doctor visits and preventive care. Part C refers to Medicare Advantage plans, which bundle Part A and Part B benefits (often with additional features) through private plans. Part D covers prescription drug coverage. So the inpatient hospital coverage specifically aligns with Part A.

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://chirobusinessmidterm.examzify.com

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