

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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://medicalcoderandbiller-mcbc.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. In managing collections, it is important to balance all the following EXCEPT:**
 - A. Training the collection specialists
 - B. Organizing accounts for collection
 - C. Closing out the month's financial records
 - D. Creating collection strategies
- 2. What is the purpose of a means test in a medical practice?**
 - A. To determine if a patient qualifies for financial assistance
 - B. To decide the fees for medical procedures
 - C. To monitor the quality of care provided
 - D. To assess the effectiveness of treatment
- 3. When major procedures are scheduled, what may a practice do regarding payment plans?**
 - A. Automatically reject all payment plans
 - B. Set up a prepayment plan
 - C. Offer no payment options
 - D. Require full payment upfront
- 4. Patient bills are divided into four groups so that 25 percent of the bills go out each week. What is this process called?**
 - A. Cycle billing
 - B. Incremental billing
 - C. Standard billing
 - D. Quarterly billing
- 5. What is Ambulatory Payment Classification (APC)?**
 - A. A system for inpatient billing
 - B. A payment system for hospital outpatient services based on procedures performed
 - C. A type of insurance plan
 - D. A management system for medical records

- 6. Why is it important to verify a patient's insurance eligibility before treatment?**
- A. To simplify billing processes
 - B. To ensure that the treatment will be fully covered by insurance
 - C. To collect payments beforehand
 - D. To avoid unexpected out-of-pocket expenses for the patient
- 7. Which of the following represents an example of a payment plan schedule?**
- A. \$501-\$1,000 balance due: \$100 minimum monthly payment
 - B. \$100 balance due: \$15 minimum monthly payment
 - C. \$200 balance due: Entire balance due after 6 months
 - D. \$1,500 balance: No payment plan available
- 8. Which time frame is considered "past due" for payment collection categorization?**
- A. Past due: Thirty-one to sixty days
 - B. Current: Up to fifteen days
 - C. Past due: More than fifteen days
 - D. Current: More than thirty days
- 9. What is the primary purpose of a patient consent form?**
- A. To document financial transactions
 - B. To inform patients of their rights
 - C. To obtain permission to treat and share health information
 - D. To outline patient billing practices
- 10. Which legislation aims to prevent discrimination in lending practices?**
- A. Truth in Lending Act
 - B. Consumer Credit Protection Act
 - C. Equal Credit Opportunity Act (ECOA)
 - D. Fair Debt Collection Practices Act

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. In managing collections, it is important to balance all the following EXCEPT:

- A. Training the collection specialists
- B. Organizing accounts for collection
- C. Closing out the month's financial records**
- D. Creating collection strategies

In managing collections, balancing various aspects is crucial for maintaining an efficient and effective revenue cycle. The correct answer pertains to the importance of not prioritizing the closing out of financial records as a critical balance in collection management. While closing out the month's financial records is an important administrative task, it does not directly influence the actual process of managing collections compared to the other options listed. Focusing on training collection specialists is vital as their skills and knowledge directly impact the effectiveness of collections. Similarly, organizing accounts for collection ensures that the process is systematic and allows for appropriate follow-up on outstanding debts, which is crucial for cash flow. Creating collection strategies helps outline methods for reducing outstanding balances, which is essential for improving the overall collection performance. In this context, the act of closing out financial records is more of an endpoint in terms of accounting, not a balancing act that influences ongoing collection processes. Therefore, the emphasis should be on the direct factors that impact collection management rather than overarching financial closures.

2. What is the purpose of a means test in a medical practice?

- A. To determine if a patient qualifies for financial assistance**
- B. To decide the fees for medical procedures
- C. To monitor the quality of care provided
- D. To assess the effectiveness of treatment

The purpose of a means test in a medical practice is to determine if a patient qualifies for financial assistance. This assessment involves evaluating the financial situation of the patient, including their income, expenses, and any other relevant factors to ascertain their ability to pay for medical services. By conducting a means test, healthcare providers can identify patients who may need financial support and provide them with access to necessary services without the burden of excessive costs. In contrast, deciding the fees for medical procedures typically involves structured pricing policies based on various factors such as market rates, cost of service delivery, or insurance reimbursement contracts rather than a means test. Monitoring the quality of care provided is focused on the clinical outcomes and service standards, which are unrelated to patients' financial conditions. Similarly, assessing the effectiveness of treatment pertains to clinical evaluation and outcomes rather than patients' financial eligibility for assistance. Thus, the primary role of a means test is financial assessment aimed at providing support where needed.

3. When major procedures are scheduled, what may a practice do regarding payment plans?

- A. Automatically reject all payment plans
- B. Set up a prepayment plan**
- C. Offer no payment options
- D. Require full payment upfront

Setting up a prepayment plan is the most effective option when major procedures are scheduled. This approach allows the practice to manage their cash flow while providing patients the flexibility to pay for the procedure in installments. It alleviates financial strain on the patient and increases the likelihood that they will follow through with the scheduled procedure, as they have a clear understanding of the costs and a manageable way to pay for them over time. By offering prepayment plans, practices can secure some funds in advance, which helps in planning for the costs associated with the procedure. It also enhances patient satisfaction since many patients may feel more at ease knowing they have a structured plan in place. In contrast, rejecting all payment plans or offering no payment options would limit access for patients who might find it challenging to afford a lump sum payment for a major procedure. Requiring full payment upfront could also deter some patients from proceeding with necessary treatments, potentially resulting in a loss of revenue for the practice.

4. Patient bills are divided into four groups so that 25 percent of the bills go out each week. What is this process called?

- A. Cycle billing**
- B. Incremental billing
- C. Standard billing
- D. Quarterly billing

The correct term for the process in which patient bills are divided into four groups, allowing for 25 percent of the bills to be sent out each week, is cycle billing. This method is designed to streamline the billing process by distributing the workload evenly over the month. Each cycle represents a specific group of patients or accounts, ensuring that billing is not overwhelming for the administrative staff and that patients receive their bills more frequently and in a timely manner. Cycle billing aids in cash flow management for healthcare practices, as it allows for consistent and predictable revenue collection over the month. By implementing this system, facilities can alleviate the bottleneck that often occurs when a large volume of bills is processed all at once, thereby enhancing both efficiency and service to patients. The other billing methods do not align with the described distribution of bills throughout the month. Incremental billing refers more to gradual or partial billing rather than a set grouping based on time intervals. Standard billing typically indicates a regular monthly process without specific segments. Quarterly billing is synonymous with billing on a three-month cycle, which is distinct from the weekly intervals of cycle billing.

5. What is Ambulatory Payment Classification (APC)?

- A. A system for inpatient billing
- B. A payment system for hospital outpatient services based on procedures performed**
- C. A type of insurance plan
- D. A management system for medical records

Ambulatory Payment Classification (APC) is a payment system specifically designed for hospital outpatient services, categorizing them based on the procedures that are performed. This system enables healthcare facilities to receive reimbursement from Medicare and other payers, ensuring payment reflects the resources used in outpatient care. The APC system simplifies the billing process for various outpatient services by grouping similar procedures that typically require similar levels of resources. It helps to streamline the reimbursement process for providers and can influence the financial management of outpatient services by ensuring that the billing reflects the complexity and care provided during outpatient visits. In contrast, the other options describe different payment systems or concepts. For example, an inpatient billing system relates to the billing of services provided during a patient's stay in a hospital, which is not the focus of APC. An insurance plan pertains to coverage policies and payment structures rather than specific reimbursement methods for outpatient services. A management system for medical records focuses on the organization and storage of health information, which is separate from the payment classification for services.

6. Why is it important to verify a patient's insurance eligibility before treatment?

- A. To simplify billing processes
- B. To ensure that the treatment will be fully covered by insurance
- C. To collect payments beforehand
- D. To avoid unexpected out-of-pocket expenses for the patient**

Verifying a patient's insurance eligibility before treatment is crucial to avoid unexpected out-of-pocket expenses for the patient. This process helps ensure that both the healthcare provider and the patient understand what services will be covered by the patient's insurance plan. By clarifying coverage details in advance, patients can make informed decisions regarding their healthcare and financial responsibilities, potentially avoiding financial strain caused by unforeseen costs. It also allows patients to explore alternative options if their insurance does not cover certain treatments. While the other choices may touch on relevant aspects of the insurance verification process, they do not emphasize the patient's perspective and the importance of transparency regarding financial responsibilities. For instance, simplifying billing processes and collecting payments beforehand are operational benefits for the provider but do not directly address the patient's concerns. Ensuring full coverage is an important factor but does not capture the essence of preventing unexpected expenses as thoroughly as identifying and understanding the patient's financial liabilities associated with care.

7. Which of the following represents an example of a payment plan schedule?

A. \$501-\$1,000 balance due: \$100 minimum monthly payment

B. \$100 balance due: \$15 minimum monthly payment

C. \$200 balance due: Entire balance due after 6 months

D. \$1,500 balance: No payment plan available

The example that correctly represents a payment plan schedule outlines a scenario where a specific balance due is associated with a defined minimum monthly payment. In this case, a balance of \$501 to \$1,000 is tied to a minimum monthly payment of \$100. This structure reflects a clear plan allowing the owed amount to be paid down over time, specifying both the payment amount and the amount still owing, thus facilitating financial planning for the debtor. A payment plan should normally include a set duration or minimum payment that allows the debtor to manage their repayments effectively and systematically reduce their balance. The chosen answer provides this necessary detail, which is crucial for understanding how the payments will be structured over a period to clear the debt. In contrast, the other options either do not specify a payment plan structure that allows for gradual repayment or indicate situations where no structured payment method is available. For example, a balance of \$200 due with the entire balance required after six months does not set a manageable repayment schedule, nor does an option that states no payment plan is available provide guidance on repayment.

8. Which time frame is considered "past due" for payment collection categorization?

A. Past due: Thirty-one to sixty days

B. Current: Up to fifteen days

C. Past due: More than fifteen days

D. Current: More than thirty days

The term "past due" in the context of payment collection typically refers to any payment that has not been made by the expected due date. In this case, categorizing payments that are uncollected between thirty-one to sixty days as "past due" is consistent with standard practices in accounts receivable management. This time frame helps organizations identify accounts that require follow-up or collection efforts, allowing them to prioritize their collection strategies based on the length of time the payment is overdue. Payments categorized as "current" usually relate to those that are either paid on time or are only slightly overdue. Options describing current payments—up to fifteen days or more than thirty days—do not capture the significant overdue status that is recognized as "past due." By defining "past due" specifically as a period extending from thirty-one to sixty days, organizations can effectively manage their receivables and take appropriate actions for outstanding debts.

9. What is the primary purpose of a patient consent form?

- A. To document financial transactions
- B. To inform patients of their rights
- C. To obtain permission to treat and share health information**
- D. To outline patient billing practices

The primary purpose of a patient consent form is to obtain permission to treat and share health information. This form serves as a critical legal document that ensures patients are aware of and agree to the healthcare services they will receive. It also typically covers the sharing of necessary health information, which is essential for coordination of care among healthcare providers and for reporting to insurance entities. Obtaining informed consent is a legal and ethical requirement, protecting both the healthcare provider and the patient. It helps ensure that patients are not only informed about the procedures and treatments they will undergo but also about how their medical information may be used. This process fosters trust between patients and healthcare providers, enhancing the overall quality of care. Other options, while relevant to the healthcare process, do not encapsulate the primary goal of the consent form. Financial transactions, patient rights, and billing practices are important aspects of healthcare operations but are distinct from the main function of a consent form, which is centered around treatment approval and information sharing.

10. Which legislation aims to prevent discrimination in lending practices?

- A. Truth in Lending Act
- B. Consumer Credit Protection Act
- C. Equal Credit Opportunity Act (ECOA)**
- D. Fair Debt Collection Practices Act

The Equal Credit Opportunity Act (ECOA) is the legislation specifically designed to prevent discrimination in lending practices. The ECOA prohibits lenders from discriminating against applicants based on race, color, religion, national origin, sex, marital status, age, or because they receive public assistance. This legislation ensures that all individuals have equal access to credit regardless of these factors, promoting fairness in lending and enhancing consumer rights. While other options such as the Truth in Lending Act, the Consumer Credit Protection Act, and the Fair Debt Collection Practices Act have important roles in consumer finance, they focus on different aspects of lending and credit. For example, the Truth in Lending Act primarily addresses the disclosure of terms and costs associated with credit to ensure consumers are informed, while the Fair Debt Collection Practices Act regulates the behavior of debt collectors in order to protect consumers from abusive practices. The Consumer Credit Protection Act encompasses various consumer protection laws regarding credit practices but does not specifically target discrimination in lending like the ECOA does. Thus, the ECOA stands out as the legislation directly aimed at preventing discrimination in lending practices.

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://medicalcoderandbiller-mcbc.examzify.com>

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

SAMPLE