

# National Contract Management Association (NCMA) Official Practice Test (Sample)

## Study Guide



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## **Questions**

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- 1. What document do medical practices typically use to report patient billing and claims to insurance companies?**
  - A. Patient chart**
  - B. Encounter form**
  - C. Appointment calendar**
  - D. Consent form**
- 2. When a physician asks a medical assistant to type an operative report, the assistant is acting as what?**
  - A. Secretary**
  - B. Transcriptionist**
  - C. Office manager**
  - D. Billing clerk**
- 3. A tourniquet should remain on the patient's arm for no longer than what duration?**
  - A. 2 minutes**
  - B. 30 seconds**
  - C. 1 minute**
  - D. 5 minutes**
- 4. Which statement is false about blood drawing?**
  - A. It doesn't really matter which direction you lancet a finger**
  - B. Proper identification of the patient is crucial**
  - C. The site should be cleansed before drawing**
  - D. A specific gauge needle must always be used**
- 5. What is a fracture called when there is a break in a bone without penetration of the skin?**
  - A. Open fracture**
  - B. Compound fracture**
  - C. Closed fracture**
  - D. Simple fracture**

- 6. Which condition is characterized by the need to go to the bathroom frequently due to liquid stools?**
- A. Fecal impaction**
  - B. Diarrhea**
  - C. Constipation**
  - D. Hernia**
- 7. What term describes a premature ventricular contraction (PVC) where the QRS complexes have the same configuration each time?**
- A. Uniform**
  - B. Monomorphic**
  - C. Polymorphic**
  - D. Variable**
- 8. The amount an insured patient must pay toward claims each year before the insurance company starts covering medical treatment is called what?**
- A. Co-payment**
  - B. Deductible**
  - C. Premium**
  - D. Out-of-pocket maximum**
- 9. What is the abbreviation for as needed?**
- A. STAT**
  - B. PRN**
  - C. PO**
  - D. NPO**
- 10. Which activity helps ensure patient safety regarding office equipment?**
- A. Regular staff training**
  - B. Routine inspections**
  - C. Patient feedback**
  - D. Vendor evaluations**

## **Answers**

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

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## **Explanations**

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**1. What document do medical practices typically use to report patient billing and claims to insurance companies?**

**A. Patient chart**

**B. Encounter form**

**C. Appointment calendar**

**D. Consent form**

Medical practices typically use the encounter form to report patient billing and claims to insurance companies. This form serves as a crucial tool in documenting the services provided to a patient during an encounter, including the diagnoses and any procedures performed. The encounter form enables healthcare providers to gather all the necessary information needed for accurate billing, streamlining the process for submitting claims to insurance companies. The encounter form often includes standardized codes, such as Current Procedural Terminology (CPT) codes for services rendered and International Classification of Diseases (ICD) codes for diagnoses, ensuring that the billing aligns with insurance requirements. This form also plays a role in ensuring that the practice receives reimbursement for the services provided in a timely manner. In contrast, other documents mentioned in the options do not fulfill this specific function. The patient chart is primarily focused on the clinical documentation of patient care, while the appointment calendar is used for scheduling. The consent form, although important for legal purposes, relates to obtaining patient permission for procedures and does not pertain to the billing process. Thus, the encounter form is specifically designed to address the needs of billing and claims reporting in medical practices.

**2. When a physician asks a medical assistant to type an operative report, the assistant is acting as what?**

**A. Secretary**

**B. Transcriptionist**

**C. Office manager**

**D. Billing clerk**

In this scenario, when the medical assistant is tasked with typing an operative report, they are performing the role of a transcriptionist. A transcriptionist is responsible for converting voice recordings or handwritten notes from medical professionals into written documents. This task requires the understanding of medical terminology and the ability to accurately document the details of procedures as specified by the physician. While a secretary may handle various clerical tasks, the specific act of transcribing a medical report aligns more directly with the duties of a transcriptionist. This distinction is important because transcribing often involves a focused understanding of specialized language and processes unique to the medical field, which a secretary may not necessarily possess. The other roles listed, such as office manager and billing clerk, pertain to different functions within a medical office. An office manager oversees overall operations, while a billing clerk handles financial transactions and insurance claims. Neither of these roles directly involves the transcription of medical records or reports, solidifying the role of the assistant as a transcriptionist in this context.

**3. A tourniquet should remain on the patient's arm for no longer than what duration?**

- A. 2 minutes**
- B. 30 seconds**
- C. 1 minute**
- D. 5 minutes**

A tourniquet is a medical device used to control bleeding by restricting blood flow to an area. The recommended duration for a tourniquet to remain in place typically should not exceed one minute to minimize the risk of tissue damage and complications such as nerve injury or limb loss. When a tourniquet is applied for longer than this period, particularly beyond one minute, ischemia (lack of blood flow) can start causing irreversible damage to the affected tissues. The one-minute mark serves as a general guideline in emergency medical scenarios, ensuring that while it effectively controls bleeding, it also preserves tissue viability as much as possible. Longer duration options, such as 2 or 5 minutes, significantly increase the risk of potential harm to the patient's arm. Additionally, while a 30-second duration may seem appropriate, it might not provide enough time to achieve the necessary hemostatic effect in certain situations of severe bleeding. Therefore, the one-minute duration strikes a critical balance between effectively managing hemorrhage and protecting the integrity of the limb.

**4. Which statement is false about blood drawing?**

- A. It doesn't really matter which direction you lancet a finger**
- B. Proper identification of the patient is crucial**
- C. The site should be cleansed before drawing**
- D. A specific gauge needle must always be used**

The statement that it doesn't really matter which direction you lancet a finger is considered false because the direction in which you lancet (or puncture) is important for successful blood drawing. Lanceting in the right direction can minimize pain and maximize blood flow while ensuring that the sample collected is adequate. Typically, the lancet should be positioned perpendicular to the finger print lines to create a larger channel, facilitating a better blood sample. In contrast, proper identification of the patient is crucial to ensure that the correct individual receives the correct testing. Similarly, cleansing the site before drawing is vital for infection control and accurate results. Additionally, while there are typical gauges used for certain procedures, clinical practices often allow some flexibility based on factors such as the patient's vein size, the type of blood test, and the volume of blood required. Hence, a specific gauge needle does not always have to be used; the decision can be based on clinical judgement, making it adaptable in different scenarios.

**5. What is a fracture called when there is a break in a bone without penetration of the skin?**

- A. Open fracture**
- B. Compound fracture**
- C. Closed fracture**
- D. Simple fracture**

A fracture classified as a closed fracture occurs when there is a break in the bone without any associated break or penetration through the skin. This means that the fracture is contained entirely within the body's tissues, which reduces the risk of infection and often allows for a more straightforward recovery process compared to fractures where the skin is broken. In the context of fractures, terminology is critical. An open fracture, or compound fracture, involves the bone breaking through the skin, exposing the bone and creating a potential entry point for bacteria. This can lead to complications such as infections. On the other hand, a closed fracture does not present a similar risk since it remains enclosed within the body. The terms "closed fracture" and "simple fracture" are often used interchangeably, which is why the answer provided aligns with common medical terminology used to describe fractures. Thus, identifying the nature of the fracture accurately helps in determining the appropriate treatment and expected recovery.

**6. Which condition is characterized by the need to go to the bathroom frequently due to liquid stools?**

- A. Fecal impaction**
- B. Diarrhea**
- C. Constipation**
- D. Hernia**

The correct answer, diarrhea, is characterized by the frequent need to go to the bathroom accompanied by liquid stools. This condition arises when the intestines do not absorb enough water from the food being processed in the digestive system, resulting in loose and watery stool. Diarrhea can be caused by various factors, including infections, certain medications, or dietary changes, and it often leads to an increased urgency to use the bathroom due to the rapid transit of waste through the digestive tract. In contrast, fecal impaction is a condition where stool becomes hard and difficult to pass, leading to constipation rather than frequent bathroom visits. Constipation itself involves infrequent bowel movements or difficulty passing stool. A hernia refers to a condition where an organ pushes through an opening in the muscle or tissue that holds it in place, which is unrelated to the urgency for bathroom use or the characteristics of stool consistency. Therefore, diarrhea is identified as the condition that aligns with the symptoms described in the question.

**7. What term describes a premature ventricular contraction (PVC) where the QRS complexes have the same configuration each time?**

**A. Uniform**

**B. Monomorphic**

**C. Polymorphic**

**D. Variable**

The term that accurately describes a premature ventricular contraction (PVC) where the QRS complexes exhibit the same configuration each time is “monomorphic.”

Monomorphic PVCs signify that the extra heartbeats have a consistent shape and appearance on an electrocardiogram (ECG), which helps clinicians identify the underlying cause and evaluate the patient's cardiac rhythm. Uniformity in the shape of the QRS complexes indicates that the PVCs arise from the same ectopic focus in the ventricles, making it easier to assess the condition. Recognizing monomorphic PVCs can provide insights into whether they are benign or indicative of underlying heart disease. In contrast, terms like polymorphic or variable refer to QRS complexes that show differing shapes or configurations, which suggest differing ectopic foci or varying degrees of myocardial irritability. Thus, understanding the terminology helps distinguish between different types of ventricular contractions, which is crucial for accurate diagnosis and treatment.

**8. The amount an insured patient must pay toward claims each year before the insurance company starts covering medical treatment is called what?**

**A. Co-payment**

**B. Deductible**

**C. Premium**

**D. Out-of-pocket maximum**

The amount an insured patient must pay toward claims each year before the insurance company begins to cover medical treatment is referred to as the deductible. This payment is a predetermined amount set by the insurance policy, and it needs to be met annually before the insurer pays for any further covered health services. The purpose of the deductible is to share the costs of healthcare between the insured individual and the insurer, incentivizing patients to consider the cost of their medical care. In contrast, a co-payment is a fixed amount the patient pays for specific services at the time of receiving care, but it does not contribute toward meeting the deductible. The premium is the amount paid for the insurance policy itself, typically on a monthly basis, and is unrelated to out-of-pocket costs for medical services. The out-of-pocket maximum is the limit on the total amount a patient will have to pay for covered services in a plan year. After reaching this limit, the insurance company covers 100% of the costs. Understanding these terms is crucial for navigating health insurance policies effectively.

**9. What is the abbreviation for as needed?**

- A. STAT
- B. PRN**
- C. PO
- D. NPO

The abbreviation "PRN" stands for the Latin phrase "pro re nata," which translates to "as needed." This term is commonly used in medical and healthcare contexts to indicate that a treatment or medication should be administered only when required, rather than on a regular schedule. The flexibility implied by "as needed" allows for tailored patient care, ensuring that interventions are provided in response to individual circumstances or specific needs at any given moment. The other abbreviations listed mean different things; for example, "STAT" refers to something that needs to be done immediately, "PO" stands for "per os," meaning by mouth, and "NPO" means "nil per os," indicating that the patient should not take anything by mouth. Each of these terms serves distinct purposes, further solidifying that "PRN" is specifically associated with the concept of providing care or medication on an as-needed basis.

**10. Which activity helps ensure patient safety regarding office equipment?**

- A. Regular staff training
- B. Routine inspections**
- C. Patient feedback
- D. Vendor evaluations

Routine inspections are a critical activity in ensuring patient safety regarding office equipment. Conducting regular inspections allows for the identification of any faulty or unsafe equipment before it poses a risk to patients or staff. This proactive approach ensures that all equipment is functioning correctly and adheres to safety standards, thereby preventing accidents and injuries in the healthcare setting. While staff training, patient feedback, and vendor evaluations are important components of a comprehensive safety program, they do not directly address the physical state of the equipment itself. Staff training focuses on ensuring personnel are knowledgeable and compliant with safety procedures, patient feedback provides insights into experiences and perceptions, and vendor evaluations help assess the reliability of equipment suppliers. However, without routine inspections, potential hazards stemming from equipment malfunctions could go unnoticed, jeopardizing patient safety.