

PHYSICIAN ASSISTANTS (PA) & SOCIETY PRACTICE TEST (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

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- 1. Which two services are paid on a fee-for-service basis based on CPT code justified by ICD-10 code?**
 - A. Inpatient room charges and pharmaceutical supply
 - B. Outpatient imaging and anesthesia
 - C. Hospital Ancillary Services and Clinicians Professional Services
 - D. Home health and durable medical equipment
- 2. What are two diagrams used for FMEA?**
 - A. Fishbone diagram (Ishikawa) and SWOT analysis
 - B. Pareto chart and control chart
 - C. Gantt chart and PERT chart
 - D. Fishbone diagram (Ishikawa) and Swiss cheese model
- 3. A low severity presenting problem is?**
 - A. A problem with moderate risk of mortality without treatment
 - B. A problem requiring urgent surgery
 - C. A problem where the risk of morbidity without treatment is low; there is little to no risk of mortality without treatment; full recovery without functional impairment is expected.
 - D. A problem with high risk of complications without treatment
- 4. Which of the following is NOT one of Starfield's four functions of primary care?**
 - A. Coordination
 - B. First Contact Care
 - C. Screening for Rare Diseases
 - D. Longitudinality
- 5. Which service is NOT covered by Medicare Part B?**
 - A. Medically necessary services provided by a clinician
 - B. Clinical laboratory and diagnostic services
 - C. Durable medical equipment and supplies
 - D. Hospice care

- 6. Under what regulation do you have the 'legal obligation to keep patient information confidential'?**
- A. HIPPA
 - B. HIPAA
 - C. FERPA
 - D. GDPR
- 7. What is the face-to-face interaction time for Expanded Problem Focused documentation?**
- A. 20 minutes
 - B. 30 minutes
 - C. 10 minutes
 - D. 15 minutes
- 8. What is required to be competent?**
- A. Knowledge of options
 - B. Awareness of consequences of each option
 - C. Understand risks/benefits
 - D. All of the above
- 9. When is Hofstra's accreditation site visit?**
- A. May 26
 - B. March 14
 - C. July 9
 - D. Sept 1
- 10. What is equality?**
- A. Everyone should be treated the same.
 - B. Everyone should receive the same outcomes.
 - C. Equality means enforcing identical policies for all clinics.
 - D. Equality means ignoring differences.

Answers

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

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Explanations

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1. Which two services are paid on a fee-for-service basis based on CPT code justified by ICD-10 code?

- A. Inpatient room charges and pharmaceutical supply
- B. Outpatient imaging and anesthesia
- C. Hospital Ancillary Services and Clinicians Professional Services**
- D. Home health and durable medical equipment

Fee-for-service payment hinges on billing discrete services with CPT codes, using ICD-10 codes to justify why the service was needed. Hospital Ancillary Services fall into this pattern because these are the facility-based, individual services (like imaging, labs, therapies) billed separately with CPT codes, each tied to a supporting ICD-10 diagnosis. Clinicians' Professional Services are the physician or clinician's own billable work (evaluations, procedures) also billed by CPT codes and justified by ICD-10 diagnoses. This combination captures the classic per-service, CPT-driven reimbursement from both sides: the facility side and the professional services side. Inpatient room charges and pharmaceutical supplies aren't billed as separate CPT-based services; they're typically bundled into broader payment streams (like DRGs or facility charges). Home health and durable medical equipment are reimbursed under different systems and code sets (HCPCS for DME, PPS for home health), not the same CPT-based fee-for-service model.

2. What are two diagrams used for FMEA?

- A. Fishbone diagram (Ishikawa) and SWOT analysis
- B. Pareto chart and control chart
- C. Gantt chart and PERT chart
- D. Fishbone diagram (Ishikawa) and Swiss cheese model**

FMEA relies on identifying potential failure modes and understanding both why they could occur and how they might escape detection. A Fishbone diagram (Ishikawa) provides a structured way to brainstorm and organize possible causes of a failure, grouping them into categories like people, procedures, equipment, materials, and environment so you can see all contributors at a glance. The Swiss cheese model offers a way to visualize how multiple layers of defense or safeguards have holes, and how those holes alignment can allow a failure to pass through. Using these two together helps you map out both the causes behind a failure and the defensive weaknesses that could let it reach the patient or system, guiding where to focus mitigation efforts. The other tools listed serve different purposes—defect prioritization, process monitoring, project planning, or strategic analysis—and are not the standard pairing used for FMEA.

3. A low severity presenting problem is?

- A. A problem with moderate risk of mortality without treatment
- B. A problem requiring urgent surgery
- C. A problem where the risk of morbidity without treatment is low; there is little to no risk of mortality without treatment; full recovery without functional impairment is expected.**
- D. A problem with high risk of complications without treatment

Low severity presenting problems are those with minimal risk of harm if untreated and an expectation of full recovery without lasting impairment. This means there is little to no chance of death or serious complications without treatment, and normal function is likely to be restored. That description matches the idea of low morbidity without treatment and full recovery without functional impairment, which is what defines a low-severity issue. The other descriptions point to higher risk or urgency—mortality risk without treatment, need for urgent surgery, or high risk of complications—so they do not fit the concept of low severity.

4. Which of the following is NOT one of Starfield's four functions of primary care?

- A. Coordination
- B. First Contact Care
- C. Screening for Rare Diseases**
- D. Longitudinality

Starfield's framework for primary care centers on four functions: being the first point of contact in the health system, providing ongoing care over time (longitudinality), coordinating care with other parts of the health system, and delivering care that covers a broad range of health needs (comprehensiveness). Screening for rare diseases isn't one of these core functions. Primary care does include preventive screening for common conditions as part of comprehensive care, but screening specifically for rare diseases isn't a general, defining function of primary care in Starfield's model. The other options align with those four functions: acting as the entry point, maintaining an ongoing patient relationship, and coordinating with specialists and services.

5. Which service is NOT covered by Medicare Part B?

- A. Medically necessary services provided by a clinician
- B. Clinical laboratory and diagnostic services
- C. Durable medical equipment and supplies
- D. Hospice care**

Hospice care is not covered by Medicare Part B because hospice is a Part A benefit. Part B covers outpatient and clinician-provided services, including medically necessary services, clinical labs/diagnostics, and durable medical equipment. To receive hospice services, a patient must have Part A and elect hospice care, which is provided under the Part A hospice benefit rather than Part B.

6. Under what regulation do you have the 'legal obligation to keep patient information confidential'?

- A. HIPPA
- B. HIPAA**
- C. FERPA
- D. GDPR

The obligation to keep patient information confidential comes from HIPAA. The Health Insurance Portability and Accountability Act's Privacy Rule outlines how protected health information (PHI) can be used and disclosed, requires safeguards to protect PHI, and grants patients rights over their records. It applies to covered entities like clinicians and health plans and to business associates who handle PHI. A common pitfall is spelling it as HIPPA—the correct acronym is HIPAA. FERPA covers student education records, not health information. GDPR is a EU-wide data protection regulation, not specific to patient health information in the U.S.

7. What is the face-to-face interaction time for Expanded Problem Focused documentation?

- A. 20 minutes**
- B. 30 minutes
- C. 10 minutes
- D. 15 minutes

Expanded Problem Focused documentation sits between a simple problem-focused visit and a more detailed evaluation. The face-to-face interaction time for this level reflects the additional, but not yet extensive, history and exam components you perform during the visit. About 20 minutes of direct patient contact is the typical amount assigned to this level, capturing the extra evaluation without reaching the longer durations seen with more detailed or comprehensive encounters. Shorter times would correspond to problem-focused visits, while longer times align with more thorough detailed or comprehensive examinations. That's why 20 minutes is the best fit.

8. What is required to be competent?

- A. Knowledge of options
- B. Awareness of consequences of each option
- C. Understand risks/benefits
- D. All of the above**

Competence in decision-making comes from integrating knowledge of available options, awareness of what could happen with each option, and a clear understanding of the risks and benefits. Knowing what options exist is the foundation, but without considering the potential outcomes you can't anticipate effects or guide care effectively. Likewise, recognizing the risks and benefits lets you weigh trade-offs and choose the path that offers the best balance of safety, efficacy, and patient values. When you combine all three aspects, you're equipped to select the most appropriate course of action in clinical practice. All of these elements are required for true competence.

9. When is Hofstra's accreditation site visit?

- A. May 26**
- B. March 14
- C. July 9
- D. Sept 1

Accreditation site visits are scheduled by the accrediting body and tied to the institution's specific accreditation cycle. The date is published by the school as part of its official accreditation materials, and it's the date evaluators will visit to verify standards. For Hofstra, the published schedule places the accreditation site visit on May 26, so that is the date to plan around. The other dates do not correspond to Hofstra's official site-visit timetable. If you're studying for this, remember to check the accrediting agency's announcements or the institution's accreditation page for the exact date each cycle.

10. What is equality?

- A. Everyone should be treated the same.
- B. Everyone should receive the same outcomes.
- C. Equality means enforcing identical policies for all clinics.
- D. Equality means ignoring differences.

Equality means giving people the same treatment, rights, and access to services regardless of who they are. It focuses on applying the same rules and opportunities to everyone so no one is advantaged or disadvantaged by their background. The best choice captures this by stating that everyone should be treated the same. The other ideas describe aiming for identical results, enforcing the same policies for every clinic, or ignoring differences, none of which precisely define equality. A helpful distinction is that equality is about equal treatment, while equity focuses on adjusting for differences in need to achieve comparable outcomes.

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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://paandsociety.examzify.com>

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

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