

REGISTERED HEALTH INFORMATION TECHNICIAN (RHIT) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

[https://
registeredhealthinformationtechnician.examzify.com](https://registeredhealthinformationtechnician.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. If the HIM department is scanning 250 pages per hour and indexing 114 pages per hour, how many more pages per hour must be indexed to meet the indexing standard if they are only at 60 percent of the standard?**
 - A. 50 pages
 - B. 76 pages
 - C. 114 pages
 - D. 190 pages
- 2. What technological tool allows HIM departments to access real-time data and important information at a glance?**
 - A. Dashboards
 - B. Reports
 - C. Data warehouses
 - D. Spreadsheets
- 3. After merging duplicate health record numbers, which department should the MPI manager notify to correct the source data?**
 - A. Radiology
 - B. Laboratory
 - C. Human resources
 - D. Patient services
- 4. How does the HIM department assist the patient registration department?**
 - A. Assigns the health record number
 - B. Conducts patient interviews
 - C. Handles insurance verification
 - D. Implements patient privacy policies
- 5. What resource should compliance officers use for audits and reviews related to Department of Health and Human Services programs?**
 - A. Compliance documentation guide
 - B. OIG website
 - C. The facility's legal counsel
 - D. Department of Justice website

- 6. Which approach should healthcare leaders take to address performance improvement across an organization?**
- A. Set short-term goals without data analysis
 - B. Implement a random selection of improvement strategies
 - C. Select an organization-wide performance improvement approach
 - D. Focus solely on financial metrics
- 7. What action should be taken if a coding audit reveals that a coding professional is intentionally coding for higher reimbursement?**
- A. Increase their training opportunities
 - B. Ignore the behavior
 - C. Counsel the coding professional and stop the practice immediately
 - D. Notify the insurance provider
- 8. What is an appropriate activity for ensuring coding compliance?**
- A. Maximizing reimbursement opportunities
 - B. Developing procedures for identifying coding errors
 - C. Reducing staff training requirements
 - D. Assigning codes without documentation
- 9. Based on payment percentages for hospital services, which payer contributes most to the hospital's overall payments?**
- A. Medicaid
 - B. TRICARE
 - C. Medicare
 - D. Commercial
- 10. The RHIT supervisor at a clinic needs to schedule productive hours for scanning and quality control of records. Given the clinic's standards, how many productive hours are needed daily?**
- A. 15 hours per day
 - B. 20 hours per day
 - C. 22.5 hours per day
 - D. 25 hours per day

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. If the HIM department is scanning 250 pages per hour and indexing 114 pages per hour, how many more pages per hour must be indexed to meet the indexing standard if they are only at 60 percent of the standard?

- A. 50 pages
- B. 76 pages**
- C. 114 pages
- D. 190 pages

To determine how many more pages must be indexed to meet the indexing standard when currently at 60 percent of that standard, we can follow these steps: First, we need to establish what the total standard would be if the HIM department is currently working at 60 percent. If they are indexing 114 pages per hour at 60 percent, we can calculate the full (100 percent) standard by dividing their current rate by 0.60: $\text{Total Indexing Standard} = \text{Current Indexing Rate} / \text{Current Percentage of Standard}$ $\text{Total Indexing Standard} = 114 \text{ pages} / 0.60 = 190 \text{ pages}$ (approximately). Now, we know that the department needs to index 190 pages per hour to meet the full standard. Since they are currently indexing 114 pages, we can calculate how many more pages need to be indexed to meet the standard: $\text{Pages Needed to Index} = \text{Total Indexing Standard} - \text{Current Indexing Rate}$ $\text{Pages Needed to Index} = 190 \text{ pages} - 114 \text{ pages} = 76 \text{ pages}$. This calculation shows that to reach the full indexing standard, the HIM department must index an additional 76 pages per hour. This logic clarifies that answer choice reflects the correct calculation based on the provided information regarding current performance and standard expectations.

2. What technological tool allows HIM departments to access real-time data and important information at a glance?

- A. Dashboards**
- B. Reports
- C. Data warehouses
- D. Spreadsheets

Dashboards are a powerful technological tool that enables Health Information Management (HIM) departments to access real-time data and important information quickly and easily. They are designed to visually display critical metrics and indicators on a single screen, allowing for instant analysis and decision-making. Dashboards typically aggregate data from various sources and present it in an intuitive format, such as graphs, charts, and tables, which helps HIM professionals monitor key performance indicators and identify trends at a glance. In contrast, reports usually present historical data and findings over a specified period, which can be valuable for in-depth analysis but may not provide the real-time access that dashboards do. Data warehouses serve as centralized repositories for large volumes of data, making it easier to store and analyze vast amounts of information, but they are not specifically designed for immediate reporting or easy visualization. Spreadsheets, while versatile, require manual input and manipulation, which can prevent efficient real-time data access compared to dynamic dashboards that automatically update with new information.

3. After merging duplicate health record numbers, which department should the MPI manager notify to correct the source data?

- A. Radiology
- B. Laboratory**
- C. Human resources
- D. Patient services

The correct answer emphasizes the importance of notifying the laboratory department after merging duplicate health record numbers because laboratory records often contain critical patient information that is linked to health record numbers. If the health records are merged, it is essential that the laboratory's system reflects the correct single health record number to ensure that all laboratory results are accurately associated with the correct patient. Laboratory data typically includes test results, histories, and any other relevant medical information which can have significant impacts on patient care. If the source data in the laboratory system is not updated, it could lead to errors in testing or reporting and potentially result in misdiagnosis or inappropriate treatment. In contrast, while other departments like radiology and patient services also hold important patient data, the laboratory is directly responsible for maintaining the accuracy of laboratory tests tied to health record numbers. Human resources is generally focused on employee-related records rather than patient record accuracy, making it less relevant in this scenario. Thus, notifying the laboratory ensures the integrity and accuracy of the health records system overall.

4. How does the HIM department assist the patient registration department?

- A. Assigns the health record number**
- B. Conducts patient interviews
- C. Handles insurance verification
- D. Implements patient privacy policies

The option that states the HIM department assigns the health record number accurately highlights a critical function within health information management. Assigning a unique health record number to each patient is essential for properly organizing and retrieving patient information. This process ensures that each patient's data is easily accessible and can be tracked throughout their entire healthcare journey. By providing a systematic approach to patient identification, the HIM department facilitates seamless communication and data management between various departments, including patient registration. In comparison to the other roles mentioned, while conducting patient interviews, handling insurance verification, and implementing patient privacy policies are important functions within the healthcare ecosystem, they fall under the specific responsibilities of other departments. The patient registration department typically handles tasks like interviewing patients for demographic information and verifying insurance coverage, while privacy policies are often implemented across broader administrative functions rather than being a primary concern of the HIM department. Assigning health record numbers is a specialized task that exemplifies the collaboration between the HIM department and patient registration.

5. What resource should compliance officers use for audits and reviews related to Department of Health and Human Services programs?

- A. Compliance documentation guide
- B. OIG website**
- C. The facility's legal counsel
- D. Department of Justice website

The OIG (Office of Inspector General) website serves as a vital resource for compliance officers conducting audits and reviews related to Department of Health and Human Services (HHS) programs. This platform provides a wealth of information, including compliance program guidance, audits, and evaluations that are specific to HHS programs. It outlines best practices, potential vulnerabilities, and recommendations that are crucial for ensuring compliance with federal regulations and preventing fraud, waste, and abuse. The OIG also publishes a list of audits and reports that can help compliance officers identify areas of concern within their organizations and implement necessary changes. Overall, the OIG website is essential for obtaining the latest regulations, updates, and guidance tailored to HHS program compliance.

6. Which approach should healthcare leaders take to address performance improvement across an organization?

- A. Set short-term goals without data analysis
- B. Implement a random selection of improvement strategies
- C. Select an organization-wide performance improvement approach**
- D. Focus solely on financial metrics

Choosing an organization-wide performance improvement approach is essential for healthcare leaders because it fosters a comprehensive and cohesive strategy that addresses multiple facets of performance across the entire organization. This approach ensures that all departments and teams are aligned with the same goals and standards, promoting collaboration and communication. By implementing a coordinated strategy, healthcare leaders can effectively identify and address areas needing improvement based on consistent data and benchmarks. This holistic view not only improves patient care but also enhances operational efficiency and satisfaction among staff and patients alike. It allows for the sharing of best practices throughout the organization, which can lead to sustained improvements over time. In contrast, setting short-term goals without data analysis may lead to temporary fixes that do not address underlying issues. Implementing a random selection of improvement strategies could result in inconsistent results and wasted resources, as there would be no focused plan guiding the efforts. Additionally, focusing solely on financial metrics can overlook vital factors related to patient care quality and staff satisfaction, which are equally important for the overall success of a healthcare organization.

7. What action should be taken if a coding audit reveals that a coding professional is intentionally coding for higher reimbursement?

- A. Increase their training opportunities
- B. Ignore the behavior
- C. Counsel the coding professional and stop the practice immediately**
- D. Notify the insurance provider

When a coding audit indicates that a coding professional is intentionally coding for higher reimbursement, counseling the individual and stopping the practice immediately is essential for several reasons. First, intentional miscoding can lead to severe consequences, including legal ramifications for both the individual and the organization. Healthcare coding professionals are held to strict ethical standards, and fraudulent coding practices violate regulations such as the False Claims Act. By addressing the behavior promptly, the organization upholds compliance with legal requirements and reinforces the importance of ethical medical coding. Additionally, intervening immediately helps to maintain the integrity of the coding process. It prevents potential financial losses for the organization and safeguards against audits, fines, or penalties from regulatory bodies. Educating the coder on proper coding practices and the potential implications of their actions promotes accountability and helps reinforce the importance of accuracy in coding. The other choices may not adequately address the severity of the issue. Increasing training opportunities doesn't directly confront the misconduct and could prolong the unethical behavior. Ignoring the behavior risks normalization of fraudulent coding within the organization, and notifying the insurance provider may not be appropriate until internal measures have been taken to understand and address the situation.

8. What is an appropriate activity for ensuring coding compliance?

- A. Maximizing reimbursement opportunities
- B. Developing procedures for identifying coding errors**
- C. Reducing staff training requirements
- D. Assigning codes without documentation

Developing procedures for identifying coding errors is an essential activity for ensuring coding compliance because it establishes a systematic approach for monitoring and correcting coding practices. This process fosters accuracy in documentation and coding, which is critical for maintaining compliance with regulatory guidelines and standards set forth by organizations such as the American Health Information Management Association (AHIMA) and the Centers for Medicare & Medicaid Services (CMS). By identifying coding errors, healthcare organizations can implement corrective actions that reduce the risk of audits, potential fines, and penalties. Furthermore, this proactive approach supports continuous quality improvement within the coding process and upholds the integrity of patient information. Having robust procedures in place helps coders understand and adhere to the standards and regulations, which ultimately leads to improved data quality and financial performance for the healthcare facility.

9. Based on payment percentages for hospital services, which payer contributes most to the hospital's overall payments?

- A. Medicaid
- B. TRICARE
- C. Medicare**
- D. Commercial

The significant contribution of Medicare to a hospital's overall payments stems from its role as a primary payer for a substantial portion of the population, particularly elderly patients and individuals with certain disabilities. Medicare programs cover a variety of hospital services, with specific reimbursement structures that often result in significant revenue for healthcare facilities. Medicare tends to pay for a large volume of services due to the demographics of its beneficiaries, which often include patients requiring inpatient care, surgeries, and ongoing medical management. This broad coverage translates to a consistent inflow of payments for hospitals, making it a critical source of funding in the healthcare system. In contrast, while Medicaid and TRICARE also provide essential payments for healthcare services, their overall contribution to hospital revenue can be more limited. Medicaid often involves lower reimbursement rates and serves a different segment of the population, and TRICARE primarily covers military personnel and their families, which is a smaller demographic compared to those covered by Medicare. Commercial payers, while they can reimburse at higher rates, typically contribute less overall volume compared to Medicare, especially in hospitals heavily serving the Medicare population. Therefore, Medicare's widespread coverage and volume of patients significantly contribute to its leading role in hospital payments.

10. The RHIT supervisor at a clinic needs to schedule productive hours for scanning and quality control of records. Given the clinic's standards, how many productive hours are needed daily?

- A. 15 hours per day
- B. 20 hours per day
- C. 22.5 hours per day**
- D. 25 hours per day

The need for 22.5 productive hours per day for scanning and quality control reflects an understanding of how many hours are realistically available for focused work within the clinic's operational framework. In healthcare settings, especially clinics dealing with records management, productivity metrics are often based on the amount of work that can be done in a standard workday considering full-time staffing and operational demands. This figure likely includes time allocated to both scanning physical records into electronic systems and ensuring that these records meet quality standards, which is a critical component to ensure compliance with regulations and to maintain data integrity. The specific choice of 22.5 hours indicates that it is a balanced estimate of the time that personnel can effectively contribute to these tasks given normal shift lengths, breaks, and other clinic duties. This number makes sense for a small to medium-sized clinic environment where multiple staff members contribute to these tasks, striving to optimize workflow while maintaining high levels of accuracy in data handling. In contrast, the other options might represent either an unrealistic workload, exceeding the available hours in a workday, or might fail to account for necessary breaks and operational efficiency, making them less feasible in the context of daily productivity requirements in a healthcare setting.

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://registeredhealthinformationtechnician.examzify.com>

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

SAMPLE