

RMA ADMINISTRATIVE ASSISTING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://rmaadminassistant.examzify.com>



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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. What is the main purpose of V codes in billing?**
 - A. To represent diagnostic radiology services
 - B. To cover hearing, vision, and speech pathology
 - C. To indicate temporary codes
 - D. To classify non-Medicare misc codes
- 2. How many parts does Medicare have?**
 - A. 2
 - B. 3
 - C. 4
 - D. 5
- 3. What is the primary purpose of Volume 2 in the ICD-10 codes?**
 - A. Benchmark for medical services
 - B. Instruction Manual for coding usage
 - C. Alphabetical index of diagnoses
 - D. Identification of overdue payments
- 4. What is involved in the "Storing and filing" step?**
 - A. Organizing documents for ease of access
 - B. Securing documents permanently in the file
 - C. Creating digital backups of files
 - D. Transferring documents to external storage
- 5. What does "Indexing and coding" determine in record management?**
 - A. How to destroy documents
 - B. How to categorize patient feedback
 - C. Where to place the original record in the file and if it needs cross-referencing
 - D. How to prioritize new patient records
- 6. In the context of filing, what does "Sorting" refer to?**
 - A. Organizing papers in the filing structure
 - B. Indexing documents according to their type
 - C. Deleting unnecessary documents
 - D. Storing documents in boxes

- 7. What differentiates a progress note from an encounter form?**
- A. Progress notes are simpler documents
 - B. Encounter forms record all visit details including demographics
 - C. Progress notes are only created for new patients
 - D. Encounter forms are used for billing only
- 8. Which of the following codes includes procedures awaiting determination?**
- A. A codes
 - B. G codes
 - C. H codes
 - D. M codes
- 9. Which of the following is NOT a step in the filing process?**
- A. Sorting
 - B. Filing online
 - C. Conditioning
 - D. Releasing
- 10. What document must a patient sign for a healthcare provider to be paid directly by their insurance?**
- A. Authorization form
 - B. Referral form
 - C. Assignment of benefits
 - D. Release of information

Answers

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

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Explanations

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1. What is the main purpose of V codes in billing?

- A. To represent diagnostic radiology services
- B. To cover hearing, vision, and speech pathology**
- C. To indicate temporary codes
- D. To classify non-Medicare misc codes

The main purpose of V codes in billing is to cover a variety of circumstances, including hearing, vision, and speech pathology services, which do not fall under traditional diagnostic categories. These codes are part of the International Classification of Diseases (ICD) system, specifically used to document reasons for a patient's visit that are not primarily related to illness or injury. V codes allow healthcare providers to indicate situations such as routine check-ups, vaccinations, and encounters for specific diagnostic services that are necessary but not due to a medical diagnosis. For instance, if a patient goes to the provider for a routine eye exam or speech therapy, a V code would be appropriate to describe this encounter. This focus on non-illness-related health services highlights the importance of preventive care and ongoing health management, as these services play a crucial role in comprehensive patient care. Therefore, the use of V codes is essential for capturing these encounters effectively in billing practices.

2. How many parts does Medicare have?

- A. 2
- B. 3
- C. 4**
- D. 5

Medicare is structured into four distinct parts, each serving different healthcare needs for eligible individuals, typically those aged 65 and older or with specific disabilities. The first part, Part A, primarily covers hospital insurance, including inpatient hospital stays, skilled nursing facility care, hospice, and some home health care. Part B, on the other hand, is designed for medical insurance, covering outpatient care, doctor visits, preventive services, and some necessary medical equipment. Part C, known as Medicare Advantage, is a bundled plan that includes coverage from both Part A and Part B, often with additional benefits that may include vision or dental care, and is offered by private insurance companies that are approved by Medicare. Finally, Part D provides prescription drug coverage, helping to lower the costs of medications. This multifaceted approach allows Medicare to address a wide range of healthcare needs, making the four-part structure essential for comprehensive coverage. Other options suggest fewer or more parts, which does not accurately reflect the established structure of the Medicare program.

3. What is the primary purpose of Volume 2 in the ICD-10 codes?

- A. Benchmark for medical services
- B. Instruction Manual for coding usage**
- C. Alphabetical index of diagnoses
- D. Identification of overdue payments

The primary purpose of Volume 2 in the ICD-10 codes is to serve as an instruction manual for coding usage. This volume provides detailed guidelines on how to properly use the codes found in the system, including conventions, instructions, and coding rules that assist healthcare professionals in accurately reporting diagnoses. These guidelines are crucial for ensuring consistency and completeness in the coding process, which ultimately impacts billing, statistics, and the quality of patient care. The other options, while related to healthcare and coding, do not accurately reflect the function of Volume 2. For instance, Volume 1 contains the tabular list of codes, which is where diagnoses are categorized and coded, while the alphabetical index of diagnoses is typically found in a different volume or section. Additionally, identifying overdue payments is a focus of billing practices rather than coding instructions and elements found within the ICD-10 framework.

4. What is involved in the "Storing and filing" step?

- A. Organizing documents for ease of access
- B. Securing documents permanently in the file**
- C. Creating digital backups of files
- D. Transferring documents to external storage

The "Storing and filing" step primarily involves the systematic organization of documents to ensure they can be easily accessed when needed. This encompasses not only securing documents in a way that they are protected but also arranging them in a manner that allows for efficient retrieval. By organizing documents thoughtfully, administrative professionals make it easier to find essential information quickly, enhancing productivity. Securing documents permanently relates more to the long-term retention and preservation of records, which is just one facet of the broader storing and filing process. While creating digital backups, transferring documents to external media, and other actions contribute to overall document management, they do not encapsulate the comprehensive approach required in the storing and filing step itself, which is fundamentally about organizing for easy access and retrieval.

5. What does "Indexing and coding" determine in record management?

- A. How to destroy documents
- B. How to categorize patient feedback
- C. Where to place the original record in the file and if it needs cross-referencing**
- D. How to prioritize new patient records

"Indexing and coding" in record management primarily involves organizing and classifying records so that they can be easily retrieved and referenced. This process determines where to place the original record in a filing system, ensuring that it is filed correctly for quick access. Additionally, indexing may involve assigning codes or identifiers to documents, which allows for cross-referencing between related records or categories. By effectively implementing indexing and coding, organizations can streamline their record management, making it much easier to locate specific documents when needed. This organizational method is crucial in healthcare settings where accurate patient records are necessary for effective care and compliance with regulations. Properly indexed records also facilitate better data retrieval for analysis and reporting. The other options do not accurately reflect the focus of indexing and coding. Destroying documents pertains to records retention policies; categorizing patient feedback relates to a separate analytical process; and prioritizing new patient records does not address the fundamental role of organizing existing records within the filing system.

6. In the context of filing, what does "Sorting" refer to?

- A. Organizing papers in the filing structure**
- B. Indexing documents according to their type
- C. Deleting unnecessary documents
- D. Storing documents in boxes

In the context of filing, "Sorting" primarily involves organizing papers within the established filing structure. This entails arranging the documents in a specific order that adheres to the system in place, such as alphabetical, numerical, or chronological order. Proper sorting ensures that files can be located quickly and efficiently, facilitating easy access to necessary information when needed. The other options, while related to document management, do not accurately describe sorting. Indexing pertains to categorizing documents based on their type, which is a step that usually occurs before sorting. Deleting unnecessary documents focuses on purging records that are no longer needed, which is part of document maintenance rather than the sorting process. Storing documents in boxes refers to the physical act of putting documents away for safekeeping, a separate function from the initial organization of files. Therefore, organizing papers correctly within the filing structure is essential for effective document management and retrieval.

7. What differentiates a progress note from an encounter form?

- A. Progress notes are simpler documents
- B. Encounter forms record all visit details including demographics**
- C. Progress notes are only created for new patients
- D. Encounter forms are used for billing only

The correct choice highlights that encounter forms record all visit details, including patient demographics, which is a defining characteristic of these forms. Encounter forms are comprehensive tools used during patient visits that capture essential information about the encounter. They often include details such as the patient's personal information, medical history, insurance details, treatment notes, and billing codes. This makes them useful for both clinical documentation and billing purposes. In contrast, progress notes are typically more focused and are used to document specific clinical findings, treatments, and updates regarding a patient's condition during and after a visit. They do not usually include extensive demographic information like encounter forms do. This distinction is significant, as it clarifies the purposes of each document within medical practice and how they are utilized in patient care and administration.

8. Which of the following codes includes procedures awaiting determination?

- A. A codes
- B. G codes**
- C. H codes
- D. M codes

The correct choice is B, G codes, as these are used primarily to identify certain types of procedures and services that are not fully classified under specific categories in the standard coding system. G codes are often utilized for procedures that are awaiting further determination regarding their coverage or reimbursement by payers. These codes serve as a temporary solution, allowing providers to report services that may not yet have a definitive category. They are essential for maintaining accurate records while the final determination is pending. Thus, G codes play a critical role in the billing process, ensuring that healthcare providers can document and receive payment for services they render while awaiting further clarification on their coding. A codes, H codes, and M codes pertain to different areas of medical billing and coding. A codes typically relate to ambulance services, H codes generally refer to services and items not covered elsewhere, and M codes are related to the management of certain medical conditions. Therefore, they do not specifically exist for procedures awaiting determination in the same way that G codes do.

9. Which of the following is NOT a step in the filing process?

- A. Sorting
- B. Filing online**
- C. Conditioning
- D. Releasing

Filing is a systematic process that involves several key steps to ensure that documents are organized and easily retrievable. The correct answer indicates that filing online is not traditionally recognized as a fundamental part of the physical filing process, which typically encompasses steps such as sorting, conditioning, and releasing. Sorting involves arranging documents according to a predetermined system, such as by name, date, or subject, to streamline the filing process. Conditioning refers to preparing documents for filing, which may include tasks like removing staples, repairing torn pages, and ensuring documents are in the correct order. Releasing is the step where documents are taken out of the filing system, either for access or for disposal. In contrast, filing online often refers to digital document management systems, which are separate processes that utilize technology to manage files rather than the physical organization of paper documents. Therefore, it does not fit within the traditional filing process defined by the other steps.

10. What document must a patient sign for a healthcare provider to be paid directly by their insurance?

- A. Authorization form
- B. Referral form
- C. Assignment of benefits**
- D. Release of information

The assignment of benefits is the correct document a patient must sign for a healthcare provider to be paid directly by their insurance. This legally binding agreement allows the healthcare provider to receive payments directly from the patient's insurance company rather than requiring the patient to pay upfront and seek reimbursement later. When a patient signs the assignment of benefits, it signals to the insurance company that they have given permission for the payment to be made directly to the provider. This streamlines the process for both the patient and the provider, ensuring that the necessary payments are made without additional steps for the patient. While other documents like the authorization form might involve patient consent for specific procedures or treatments, or the release of information pertains to allowing the sharing of the patient's medical records, neither directly addresses the payment process in the way the assignment of benefits does. A referral form is usually related to directing a patient to a specialist or specific service but also does not relate to payment processing.

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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://rmaadminassistant.examzify.com>

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

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