CHIROPRACTIC BUSINESS MIDTERM PRACTICE EXAM (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.

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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!

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Questions

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1. **What is the primary purpose of a Discount Medical Plan Organization (DMPO)?**

   A. Regulates medical practices

   B. Provides full health insurance coverage

   C. Offers discounts on health services

   D. Manages auto insurance policies

2. **Which modifier do you use if you do a new patient or re-exam and also adjust?**

   A. 59

   B. 25

   C. 52

   D. 26

3. **Which law prohibits routinely discounting services and waiving co-pays and deductibles unless legitimate determination of financial need can be made based upon federal poverty guidelines?**

   A. Civil Monetary Penalties

   B. Anti-Kickback Statute

   C. Stark Law

   D. False Claims Act

4. **Which term describes an employer-funded account that reimburses employees for medical expenses and is not funded by employee contributions?**

   A. Health Savings Account

   B. Health Reimbursement Account

   C. Flexible Spending Account

   D. Exclusive Provider Organization

5. **Thoracic region is coded as which option?**

   A. M99.03

   B. M99.02

   C. M99.01

   D. M99.04

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6. Which of the following best describes the purpose of COBRA?

A. COBRA

B. Provider charge

C. Allowed amount

D. Temporary continuation of health coverage after employment ends

7. Procedure codes that are used to bill your client's insurance

A. CPT codes

B. ICD 10 codes

C. Copayments

D. Deductible

8. If you perform 2 units, what is the time range (lower bound included)?

A. 8-22

B. 23-37

C. 38-52

D. 53-67

9. Cervical region is coded as which option?

A. M99.01

B. M99.02

C. M99.03

D. M99.04

10. Which modifier is used to indicate the patient has signed an ABN for a service unlikely to be covered by Medicare?

A. GX

B. GY

C. GA

D. GZ

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Answers

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

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Explanations

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1. What is the primary purpose of a Discount Medical Plan Organization (DMPO)?

A. Regulates medical practices

B. Provides full health insurance coverage

C. Offers discounts on health services

D. Manages auto insurance policies

A DMPO is about giving patients access to discounted prices for medical services rather than paying claims like insurance. Members pay a fee to join, and the organization negotiates reduced rates with participating healthcare providers. The plan does not promise or reimburse a set portion of bills or provide full health insurance coverage, and it isn't involved in regulating medical practice or managing auto insurance. So, the primary purpose is to help people save on care by taking advantage of negotiated discounts at participating providers.

2. Which modifier do you use if you do a new patient or re-exam and also adjust?

A. 59

B. 25

C. 52

D. 26

When you perform a new patient evaluation or re-exam on the same day you also provide a chiropractic adjustment, you're delivering two distinct services. The evaluation is an E/M service, and you bill it separately from the adjustment by appending modifier 25 to the E/M code. This tells payers that the evaluation is significant and separately identifiable from the adjustment, so both can be reimbursed on the same day. Other modifiers aren't appropriate here: 59 is used for distinct procedures when bundles would otherwise occur, but for an E/M plus an adjustment, 25 is the correct way to indicate a separately billable evaluation. Modifier 26 covers the professional component of a service, which isn't the situation, and 52 denotes a reduced service, which doesn't apply. Ensure documentation clearly supports that the E/M was a separate, substantive visit from the adjustment.

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3. Which law prohibits routinely discounting services and waiving co-pays and deductibles unless legitimate determination of financial need can be made based upon federal poverty guidelines?

A. Civil Monetary Penalties

B. Anti-Kickback Statute

C. Stark Law

D. False Claims Act

Waiving patient copays or deductibles only when there's a legitimate, documented financial need based on federal poverty guidelines is a compliance issue tied to keeping government health programs honest and free from improper inducements. The Civil Monetary Penalties Law gives authorities the power to penalize practices that inappropriately discount or waive cost-sharing to influence patient choices or to funnel business, unless there's a proper hardship determination using recognized guidelines. This makes it the most direct, relevant rule for audits and penalties when such waivers occur without documented need. The Anti-Kickback Statute targets improper incentives to referrals, Stark Law focuses on physician referrals and financial relationships, and the False Claims Act deals with submitting or causing false claims to government programs; while related in the broad sense, they aren't the specific mechanism governing improper waivers tied to financial hardship documentation.

4. Which term describes an employer-funded account that reimburses employees for medical expenses and is not funded by employee contributions?

A. Health Savings Account

B. Health Reimbursement Account

C. Flexible Spending Account

D. Exclusive Provider Organization

Focus on who funds and owns the account. An employer-funded account that reimburses employees for medical expenses and is not funded by employee contributions is a Health Reimbursement Account. The key idea is that the employer provides the funds and the employee is reimbursed for eligible medical costs, with no required employee contributions. This distinguishes it from other accounts: a Health Savings Account is owned by the employee and can be funded by both employee and employer, and is tied to a high-deductible plan; a Flexible Spending Account is primarily funded by pre-tax employee contributions (though some employers may contribute); and an Exclusive Provider Organization is a type of health plan, not a reimbursement account.

5. Thoracic region is coded as which option?

A. M99.03

B. M99.02

C. M99.01

D. M99.04

Understanding how spine regions are coded in this scheme helps make sense of the correct choice. The M99 category covers spine-related musculoskeletal issues, and the number after the decimal specifies the exact region of the spine. In this system, the thoracic region is assigned the value 02, so the correct code for thoracic involvement is M99.02. The other codes correspond to different spinal regions, which is why they don't match the thoracic area. This kind of regional mapping keeps documentation precise for clinical and billing purposes.

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6. Which of the following best describes the purpose of COBRA?

A. COBRA

B. Provider charge

C. Allowed amount

D. Temporary continuation of health coverage after employment ends

COBRA is about letting people keep their employer-sponsored health insurance for a limited time after a job ends or after another qualifying event. It continues the same plan the person had, rather than starting a new policy, so the coverage stays the same while the individual pays the full premium (often with a small admin fee). This helps avoid gaps in coverage during a transition to new coverage options. Eligible individuals typically include former employees and their spouses or dependent children who were covered under the plan on the day before the qualifying event, and the continuation period is usually 18 months, with possible extensions to 36 months in certain situations.

7. Procedure codes that are used to bill your client's insurance

A. CPT codes

B. ICD 10 codes

C. Copayments

D. Deductible

Procedure codes used to bill insurance are CPT codes. They describe the exact services or procedures performed and are the standard framework insurers use to reimburse for medical and chiropractic services. CPT codes are submitted on claims to specify what was done, often with modifiers to indicate nuances in the service. ICD-10 codes, by contrast, are diagnosis codes that justify the need for the service but do not represent the procedure itself. Copayments and deductibles are patient cost-sharing amounts, not codes used for billing.

8. If you perform 2 units, what is the time range (lower bound included)?

A. 8-22

B. 23-37

C. 38-52

D. 53-67

The main idea here is that completing two units happens within a specific time window that includes the fastest possible time for those two units. The problem defines a range of times where two units could reasonably be finished, with the lower bound included. Among the options, the window that starts at the earliest feasible completion time for two units is the one that begins at 23 time units and extends to 37. This means two units can be finished in as little as 23 time units and as much as 37 time units, so the correct range is 23-37 with 23 included. The other ranges either start too early or too late to accurately cover the two-unit task under the given constraints.

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9. Cervical region is coded as which option?

A. M99.01

B. M99.02

C. M99.03

D. M99.04

The region of the spine is indicated by the decimal portion of the M99 code. In this scheme, the cervical region is assigned .01, so the code for cervical region issues is M99.01. This makes it the best match for cervical region. The other decimals correspond to other spine regions (for example, .02 for thoracic, .03 for lumbar, .04 for lumbosacral), which would describe problems in those areas, not the cervical region.

10. Which modifier is used to indicate the patient has signed an ABN for a service unlikely to be covered by Medicare?

A. GX

B. GY

C. GA

D. GZ

The chosen modifier is used when a patient has signed an Advanced Beneficiary Notice. It signals that a liability waiver is on file, meaning the patient understands Medicare is unlikely to cover the service and agrees to be billed. This lets the provider bill the patient and shows that the ABN was acknowledged in advance. Other modifiers relate to different ABN situations (no ABN on file, ABN offered but not signed, etc.), but they do not indicate a signed ABN in the same way.

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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://chirobusinessmidterm.examzify.com

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

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