CLINICAL PRACTICE ISSUES 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 global period?

A. A period during which only postoperative care is billed separately

B. A fixed calendar month for bundles

C. A fixed timeframe surrounding surgery during which all routine related pre-operative, intraoperative and postoperative care is bundled into a single surgical fee

D. A window during which only non-surgical services are billed

2. A patient refuses a recommended blood transfusion due to personal beliefs. How should the clinician respond to honor autonomy while ensuring safety?

A. Respect the patient's refusal after assessing capacity, discuss risks/benefits, explore values and preferences, discuss alternatives, document discussion, involve a surrogate if capacity is lacking, arrange follow-up and safety planning.

B. Ignore the refusal and administer the transfusion.

C. Seek a court order to override the patient's decision without attempting discussion.

D. Tell the patient that their beliefs are unacceptable and proceed with standard care.

3. What characterizes Category 1 CME?

A. Informal learning such as reading

B. Accredited, structured activities including self-assessment and performance improvement

C. Webinars only with no assessment

D. Unstructured personal study

4. What are the NCCPA CME requirements?

A. 100 CME credits every 2 years, with at least 50 in Category I

B. 60 CME credits every year

C. 120 CME credits every 2 years

D. 40 CME credits every year

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5. Which practice is foundational for protecting patient data in an organization's information systems?

A. Access controls

B. Public sharing of passwords

C. Disabling authentication

D. Leaving devices unlocked in public areas

6. Medicaid is responsible for publishing a fee schedule that lists each CPT code and the reimbursement amount assigned to that code.

A. False

B. True

C. Not Sure

D. Not Applicable

7. Which of the following is NOT one of the three major coding systems?

A. CPT

B. HCPCS

C. ICD-10

D. DSM-5

8. In a non-facility office setting, what percentage of reimbursement does a PA receive when directly billing for services?

A. 60%

B. 70%

C. 85%

D. 100%

9. Which statement accurately describes PMP review requirements before prescribing a controlled substance?

A. Before prescribing a controlled substance and at every encounter for new patients; every 3 months for chronic illness on controlled substances.

B. After prescribing a controlled substance for any duration.

C. Only at the patient's request.

D. Not required for any prescription.

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10. Which statement best differentiates credentialing from privileging?

A. Credentialing verifies qualifications to practice; privileging authorizes specific procedures within an institution

B. Privileging verifies qualifications to practice; credentialing authorizes procedures

C. Neither relates to clinical practice

D. They are the same thing

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Answers

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

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Explanations

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1. What is the global period?

A. A period during which only postoperative care is billed separately

B. A fixed calendar month for bundles

C. A fixed timeframe surrounding surgery during which all routine related pre-operative, intraoperative and postoperative care is bundled into a single surgical fee

D. A window during which only non-surgical services are billed

Global period is a defined timeframe surrounding a surgical procedure during which all routine related preoperative, intraoperative, and postoperative care is bundled into a single surgical fee. This means that the follow-up visits and routine perioperative care that are typically necessary for that surgery are included in the initial payment for the procedure, rather than billed separately. The length of this period varies by procedure (common durations include 0, 10, or 90 days). Unrelated services or visits not connected to the procedure can be billed separately, but routine postoperative care within the global period is included in the surgical fee.

2. A patient refuses a recommended blood transfusion due to personal beliefs. How should the clinician respond to honor autonomy while ensuring safety?

A. Respect the patient's refusal after assessing capacity, discuss risks/benefits, explore values and preferences, discuss alternatives, document discussion, involve a surrogate if capacity is lacking, arrange follow-up and safety planning.

B. Ignore the refusal and administer the transfusion.

C. Seek a court order to override the patient's decision without attempting discussion.

D. Tell the patient that their beliefs are unacceptable and proceed with standard care.

The main idea being tested is how to respect patient autonomy while keeping the patient safe through a proper consent process. When a patient refuses a transfusion because of personal beliefs, the clinician should first determine whether the patient has decision-making capacity. If capacity is present, provide clear information about the risks and benefits of the transfusion, discuss the patient's values and preferences, and explore acceptable alternatives (such as bloodless management strategies or other treatments). Document this discussion carefully and arrange follow-up and safety planning to monitor the patient and respect ongoing decisions. If capacity is lacking, involve a legally authorized surrogate and proceed with decisions the surrogate would make, while still documenting and ensuring safety planning. This approach honors the patient's right to refuse treatment, ensures they are fully informed, and includes safeguards and alternatives to maintain safety. It avoids coercion or overriding the patient's beliefs, which would undermine trust and violate ethical obligations.

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3. What characterizes Category 1 CME?

A. Informal learning such as reading

B. Accredited, structured activities including self-assessment and performance improvement

C. Webinars only with no assessment

D. Unstructured personal study

Category 1 CME consists of accredited, structured educational activities that have explicit learning objectives, are designed to improve physician knowledge, competence, or performance, and include mechanisms for self-assessment and performance-improvement projects. Because these activities are formally planned, credit-bearing, and require assessment and feedback, they stand in contrast to informal learning like reading or unstructured personal study and to webinars without assessment. The combination of accreditation, structured curriculum, built-in assessment, and a focus on applying improvements in practice is what characterizes Category 1 CME.

4. What are the NCCPA CME requirements?

A. 100 CME credits every 2 years, with at least 50 in Category I

B. 60 CME credits every year

C. 120 CME credits every 2 years

D. 40 CME credits every year

NCCPA CME requirements are based on a two-year maintenance cycle. You must earn 100 CME credits within that period, and at least 50 of those credits must be Category I (accredited, AMA PRA Category 1 CME or equivalent). The remaining credits can be Category I or Category II, as long as you reach the total of 100 and meet the 50-category I minimum. The other options don't fit because they misstate either the total number of credits, the time frame, or both. For example, 60 CME credits per year would amount to 120 in two years (more than required); 120 CME credits every two years exceed the stated requirement; and 40 CME credits per year equals 80 over two years (below the minimum).

5. Which practice is foundational for protecting patient data in an organization's information systems?

A. Access controls

B. Public sharing of passwords

C. Disabling authentication

D. Leaving devices unlocked in public areas

Controlling who can access patient data within information systems is foundational because it sets the gatekeepers for confidentiality, ensuring that only authorized individuals can view or modify sensitive information and only to the extent necessary for their role. This involves authentication to verify identity and authorization to enforce what each person is allowed to do, often implemented through role-based access controls and least-privilege principles. Such controls also support accountability through audit trails, helping detect and respond to any unauthorized access and aligning with healthcare privacy and security standards. Publicly sharing passwords defeats authentication entirely, disabling authentication removes the barrier that protects data, and leaving devices unlocked in public areas allows anyone nearby to access systems directly. Each of these undermines access control and greatly increases the risk of data breaches.

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6. Medicaid is responsible for publishing a fee schedule that lists each CPT code and the reimbursement amount assigned to that code.

A. False

B. True

C. Not Sure

D. Not Applicable

Understanding payer-specific fee schedules helps explain why this statement isn't accurate. The organized, national CPT code payment list most medical students encounter is Medicare's Physician Fee Schedule, which sets amounts for CPT codes (with geographic adjustments) across the country. Medicaid, however, is state-administered. Each state maintains its own Medicaid fee schedule or payment structure, which can vary widely and isn't a single universal list of CPT codes with fixed reimbursement amounts. Because of that, Medicaid isn't responsible for publishing one comprehensive fee schedule like Medicare does.

7. Which of the following is NOT one of the three major coding systems?

A. CPT

B. HCPCS

C. ICD-10

D. DSM-5

The key idea is recognizing the difference between billing coding systems and a clinical diagnostic manual. In healthcare billing, the major coding systems are CPT for procedures and services, HCPCS for additional codes like devices and certain drugs, and ICD-10-CM for diagnoses (with ICD-10-PCS used for inpatient procedures). DSM-5, the Diagnostic and Statistical Manual of Mental Disorders, is a clinical reference used to diagnose and classify mental disorders, not a billing code set. While clinicians may use DSM-5 criteria to inform which ICD-10-CM diagnosis code to choose, DSM-5 itself isn't used as a billing code. That's why DSM-5 is the one that isn't a major coding system.

8. In a non-facility office setting, what percentage of reimbursement does a PA receive when directly billing for services?

A. 60%

B. 70%

C. 85%

D. 100%

In a non-facility office setting, when a physician assistant directly bills for services, reimbursement is typically 85% of the physician fee schedule. This rate recognizes the PA's contribution to care while reflecting that payment is not at the full physician level. The 85% benchmark is standard for Medicare Part B and is commonly used across payers in outpatient settings. The other percentages don't align with this usual arrangement—100% would imply full physician-level reimbursement, while 60% or 70% are not the standard figures you'd expect in the common outpatient billing context. (Some payers or special circumstances can differ, but 85% is the usual benchmark.)

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9. Which statement accurately describes PMP review requirements before prescribing a controlled substance?

A. Before prescribing a controlled substance and at every encounter for new patients; every 3 months for chronic illness on controlled substances.

B. After prescribing a controlled substance for any duration.

C. Only at the patient's request.

D. Not required for any prescription.

Monitoring controlled-substance prescribing with the Prescription Monitoring Program is about proactive safety. Before you prescribe a controlled substance, pull up the patient's PMP history to see past prescriptions, sources, and patterns. If the patient is new to your practice, review the PMP at every encounter to catch any prior or concurrent use that could signal risk. For patients on chronic controlled-substance therapy, perform a PMP review at least every 90 days, or every 3 months, to reassess ongoing need, dose, and potential red flags like overlapping prescriptions or multiple prescribers. This approach helps prevent misuse, overdose, and diversion by providing a fuller picture of the patient's controlled-substance activity. The other options miss essential proactive checks or rely on patient-initiated requests, which reduces safety.

10. Which statement best differentiates credentialing from privileging?

A. Credentialing verifies qualifications to practice; privileging authorizes specific procedures within an institution

B. Privileging verifies qualifications to practice; credentialing authorizes procedures

C. Neither relates to clinical practice

D. They are the same thing

The main idea here is that credentialing and privileging are two related but distinct steps in how a clinician is authorized to work in a hospital. Credentialing is the verification of qualifications to practice—checking license status, education, training, board certification, and any professional sanctions. It confirms that the clinician has the baseline credentials to practice medicine. Privileging, on the other hand, is the institution-specific authorization to perform particular procedures or provide certain services within that facility. It assesses competence and assigns the scope of practice the clinician may undertake in that hospital. So credentialing confirms that the clinician is qualified to practice in general, while privileging determines the exact procedures and services they are allowed to perform in a given institution. For example, a clinician might be credentialed to practice medicine overall, but must receive specific privileges to perform a high-risk procedure at that hospital.

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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://clinicalpracticeissues.examzify.com

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

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