MEDICAL CODER & BILLER CERTIFICATION (MCBC) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://medicalcoderandbiller-mcbc.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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Which financial policy could be beneficial for patients with low income?

A. Offering payment plans without interest

B. Sliding scale fees based on income

C. Mandatory prepayment for all services

D. Referral to external charities only

2. What aspect does a retention schedule ensure regarding patient records?

A. Minimizes electronic data storage

B. Protects patient privacy

C. Speeds up patient check-in

D. Enhances coding accuracy

3. What is a common reason for claim denials in medical billing?

A. Incorrect patient demographics

B. Outdated billing software

C. Lack of medical necessity for the services rendered

D. Missing physician signatures

4. Which law amended the Fair Credit Report Act?

A. Health Insurance Portability and Accountability Act (HIPAA)

B. Fair and Accurate Credit Transaction Act of 2003

C. Consumer Financial Protection Act.

D. Electronic Fund Transfer Act.

5. When making a collection call, what is an acceptable practice regarding phone calls to patients?

A. Call them multiple times a day until they respond.

B. Do not call a patient before 8am or after 9pm.

C. Use harsh language to convey urgency.

D. Only leave voicemail messages and never speak to the patients directly.

6. Why might a practice choose to implement guarantor billing?

A. To focus on patient care over billing

B. To consolidate multiple accounts on one bill

C. To reduce coding errors

D. To increase the number of patients seen

SAMPLE

7. What should be one of the main considerations outlined in financial policies?

A. Patient confidentiality during billing

B. Requirements for pre-authorized treatments

C. The methods of payment accepted

D. The professional qualifications of the staff

8. When billing is done manually rather than by computer, the patient statement form is called the _____.

A. Patient ledger card

B. Billing statement

C. Manual invoice

D. Account summary

9. Which method is commonly used to locate a debtor when the skip-tracing process begins?

A. Contacting the debtor directly.

B. Hiring a private investigator.

C. Searching telephone directories for relatives.

D. Sending notifications through social media.

10. What is typically one of the first steps in the collection process?

A. Contacting a collection agency

B. Sending a reminder bill

C. Filing a lawsuit

D. Writing off the debt

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which financial policy could be beneficial for patients with low income?

A. Offering payment plans without interest

B. Sliding scale fees based on income

C. Mandatory prepayment for all services

D. Referral to external charities only

Sliding scale fees based on income are designed specifically to accommodate individuals with varying financial capabilities. This approach adjusts the cost of services based on the patient's income level, making healthcare more accessible for those who may not be able to afford standard fees. By implementing this policy, healthcare providers can ensure that patients with low income receive necessary medical services without facing prohibitive costs. This method directly addresses the financial barriers that may prevent low-income patients from seeking care, promoting health equity and improving overall community health outcomes. The sliding scale allows for flexibility and fosters a supportive environment for patients who may already be facing economic challenges. In contrast, payment plans without interest can be beneficial but do not reduce the overall cost of care. Mandatory prepayment for all services can deter patients from seeking care due to upfront financial burdens. Referral to external charities might offer some assistance, but it does not provide a direct solution within the healthcare framework itself for low-income patients regarding affordability.

2. What aspect does a retention schedule ensure regarding patient records?

A. Minimizes electronic data storage

B. Protects patient privacy

C. Speeds up patient check-in

D. Enhances coding accuracy

A retention schedule is a critical aspect of managing patient records, as it provides guidelines on how long different types of records should be kept and when they can be properly disposed of. This is crucial for protecting patient privacy because it ensures that sensitive information is not retained longer than necessary, minimizing the risk of unauthorized access or disclosure. By adhering to a retention schedule, healthcare providers can ensure compliance with regulations such as HIPAA, which mandates safeguarding patient information and appropriately managing its lifecycle. This focus on protecting patient privacy underlines the importance of managing records efficiently to maintain confidentiality while also being compliant with legal and regulatory requirements. Other options do not directly relate to the fundamental purpose of a retention schedule, which centers on privacy and data protection. For instance, minimizing electronic data storage, speeding up patient check-in, and enhancing coding accuracy do not encapsulate the essence of what a retention schedule fundamentally aims to achieve concerning patient records.

SAMPLE

3. What is a common reason for claim denials in medical billing?

A. Incorrect patient demographics

B. Outdated billing software

C. Lack of medical necessity for the services rendered

D. Missing physician signatures

A common reason for claim denials in medical billing is the lack of medical necessity for the services rendered. This concept is critical in the healthcare industry, as insurance providers typically only cover services that are deemed medically necessary according to established standards and guidelines. When a claim is submitted without showing that the treatment or service was required for the patient's health condition, the insurance company is likely to deny the claim. Medical necessity can be established through clinical documentation, treatment plans, and physician notes that provide a rationale for the services provided. If the medical records fail to support the need for a particular service or procedure, the payer may view it as non-reimbursable, leading to a denial of the claim. Other issues, like incorrect patient demographics, outdated billing software, or missing physician signatures, can also contribute to claim denials, but they are less frequently cited as primary reasons compared to the critical determination of medical necessity. Claim denials based on medical necessity require the billing and coding staff to ensure proper documentation and justification is included when submitting claims to ensure compliance and reduce the likelihood of denials.

4. Which law amended the Fair Credit Report Act?

A. Health Insurance Portability and Accountability Act (HIPAA)

B. Fair and Accurate Credit Transaction Act of 2003

C. Consumer Financial Protection Act.

D. Electronic Fund Transfer Act.

The Fair and Accurate Credit Transactions Act of 2003, often referred to as FACTA, amended the Fair Credit Reporting Act (FCRA) to enhance consumer protection in several ways. One of the key aspects of FACTA is that it provides consumers with greater access to their credit reports, allowing them to monitor their credit history more closely and protect themselves against identity theft. It also requires credit reporting agencies to provide consumers with a free annual credit report upon request. This amendment of the FCRA significantly strengthens consumer rights and ensures more transparent practices regarding credit reporting. Other options do play significant roles in the regulatory landscape but do not specifically amend the Fair Credit Reporting Act. For example, the Health Insurance Portability and Accountability Act (HIPAA) primarily focuses on protecting patient health information and ensuring privacy within the healthcare sector. The Consumer Financial Protection Act primarily aimed at establishing and empowering the Consumer Financial Protection Bureau, so it is not directly linked to amending the FCRA. The Electronic Fund Transfer Act governs electronic fund transfers but does not pertain to credit reporting laws.

SAMPLE

5. When making a collection call, what is an acceptable practice regarding phone calls to patients?

A. Call them multiple times a day until they respond.

B. Do not call a patient before 8am or after 9pm.

C. Use harsh language to convey urgency.

D. Only leave voicemail messages and never speak to the patients directly.

When making a collection call, it is crucial to follow regulations and maintain professional conduct to respect the rights and privacy of patients. Calling before 8 am or after 9 pm can violate the Fair Debt Collection Practices Act (FDCPA) and various state laws that protect consumers from being contacted during unreasonable hours. By adhering to these time restrictions, the practice demonstrates consideration for the patient's time and well-being, which is essential for maintaining a positive relationship and ensuring compliance with legal standards. Other options do not reflect acceptable practices. Calling multiple times a day may lead to harassment, using harsh language is unprofessional and could damage relationships, and only leaving voicemails misses the opportunity to resolve the matter directly through conversation. Overall, option B is the most appropriate and legally compliant choice when conducting collection calls.

6. Why might a practice choose to implement guarantor billing?

A. To focus on patient care over billing

B. To consolidate multiple accounts on one bill

C. To reduce coding errors

D. To increase the number of patients seen

A practice might choose to implement guarantor billing primarily to consolidate multiple accounts on one bill. This approach simplifies the billing process for both the practice and the patient, as it allows a single individual, typically the person responsible for the medical expenses of another, to receive one comprehensive statement rather than multiple separate bills for various family members or dependents. This not only improves clarity for the payer but also can lead to more efficient collections and better cash flow for the practice. In practices where families often receive healthcare services simultaneously, such as pediatrics or family medicine, this consolidated billing can streamline communications and reduce administrative workload. Patients appreciate having one bill instead of several, which can sometimes be cumbersome to manage.

SAMPLE

7. What should be one of the main considerations outlined in financial policies?

A. Patient confidentiality during billing

B. Requirements for pre-authorized treatments

C. The methods of payment accepted

D. The professional qualifications of the staff

One of the main considerations outlined in financial policies is the methods of payment accepted. This is crucial because it establishes clear guidelines for patients regarding how they can settle their bills. Payment methods can include options like credit cards, debit cards, cash, checks, or electronic payments. By specifying this information in the financial policy, healthcare organizations can enhance the patient experience, streamline the billing process, and reduce ambiguities that might lead to confusion or disputes over payment. Furthermore, outlining the accepted payment methods helps in ensuring prompt payment and improves cash flow for the practice. It also plays an important role in compliance with legal and financial regulations by maintaining transparency in financial transactions. While options such as patient confidentiality, requirements for pre-authorizations, and the professional qualifications of staff are certainly important aspects of healthcare administration, they do not directly pertain to the essential financial transactions that occur between the provider and the patient. Financial policies are primarily focused on the economic interactions within the healthcare setting, making the methods of payment a fundamental consideration.

8. When billing is done manually rather than by computer, the patient statement form is called the _____.

A. Patient ledger card

B. Billing statement

C. Manual invoice

D. Account summary

The patient statement form used for manual billing is referred to as a patient ledger card. This document is crucial in the manual billing process as it serves to track individual patient accounts, including services rendered, payments made, and outstanding balances. Each entry helps keep an organized record of the patient's financial history within the practice. The terminology surrounding billing can sometimes cause confusion. While a billing statement is a common term, it often refers to computer-generated documents that may include more detailed formatting and be part of an automated system. Manual invoices and account summaries could represent specific types of transactions or summaries but do not necessarily encompass the ongoing tracking of individual patient accounts like the patient ledger card does. The patient ledger card specifically is the traditional tool used in manual billing practices to ensure that every transaction related to a patient's account is recorded and easily accessible.

SAMPLE

9. Which method is commonly used to locate a debtor when the skip-tracing process begins?

A. Contacting the debtor directly.

B. Hiring a private investigator.

C. Searching telephone directories for relatives.

D. Sending notifications through social media.

The choice to search telephone directories for relatives is typically a foundational step in the skip-tracing process, as it leverages existing connections of the debtor to gather information about their whereabouts. This method aims to find a debtor by identifying family members or acquaintances who may have updated contact information or may know where the debtor can be reached. Using telephone directories allows the skip-tracer to compile a list of potential contacts who might provide insights or leads related to the debtor's current location. This community-based approach often yields productive results because family and friends are likely to have the most recent data on someone's whereabouts. While other methods, like contacting the debtor directly, hiring a private investigator, or using social media, can also be effective, they may come later in the process or rely on additional resources, such as financial considerations or permissions. However, searching directories is a low-cost, straightforward preliminary method to gather useful information quickly in the skip-tracing process.

10. What is typically one of the first steps in the collection process?

A. Contacting a collection agency

B. Sending a reminder bill

C. Filing a lawsuit

D. Writing off the debt

Sending a reminder bill is typically one of the first steps in the collection process because it serves as a gentle nudge to remind the patient or client that a payment is due. It provides an opportunity to communicate directly with the debtor about the outstanding balance in a non-confrontational manner. This initial step ensures that the debtor is aware of the debt and gives them a chance to address it before more aggressive collection techniques are employed. In many cases, individuals may overlook a bill or forget about a payment due, so a reminder serves as both a notification and a prompt for payment. It is generally seen as a best practice in the collections process to start with this step, as it can often lead to successful resolution without further escalation.

SAMPLE

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://medicalcoderandbiller-mcbc.examzify.com

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

SAMPLE