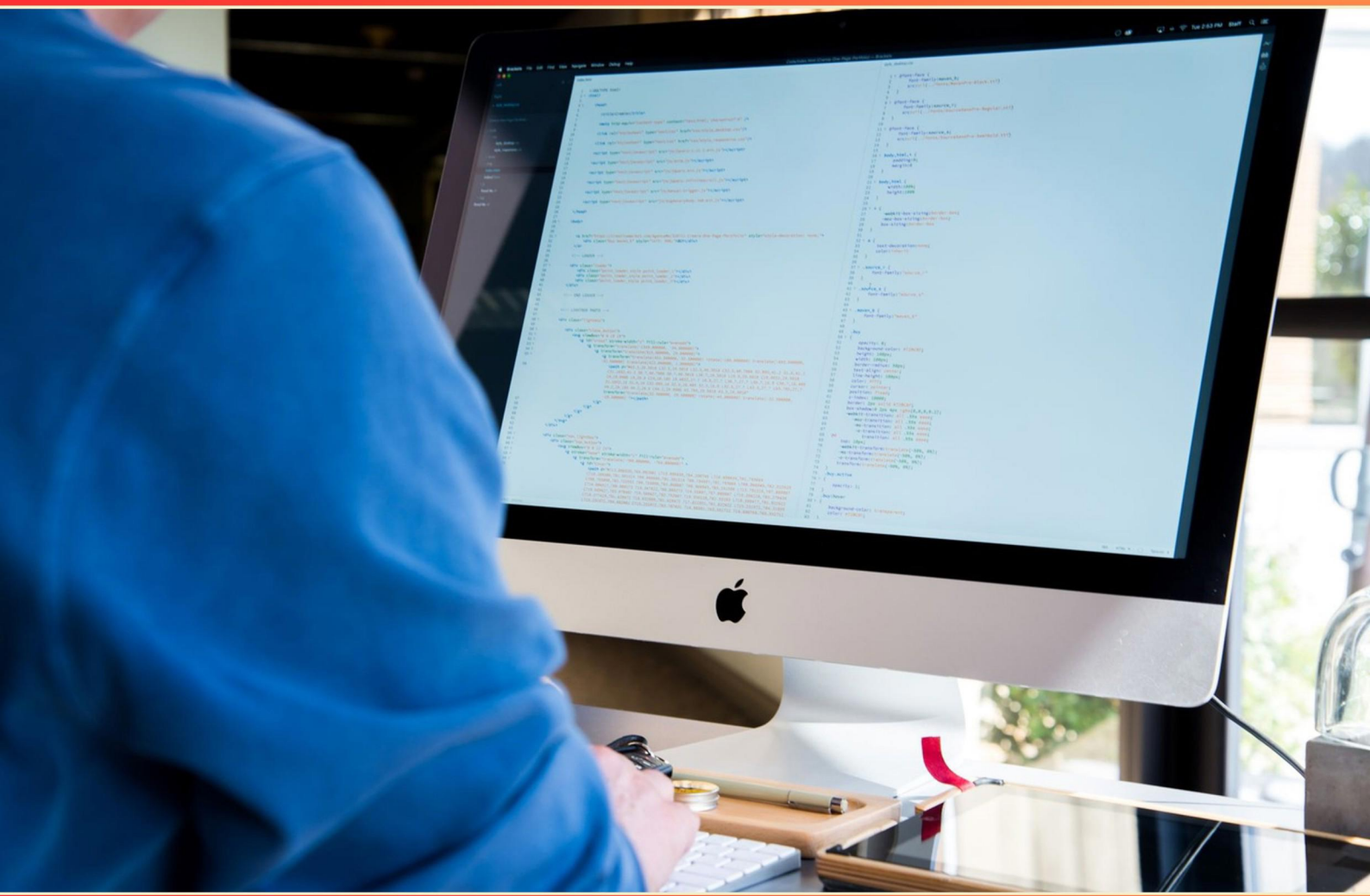
NHA CERTIFIED BILLING AND CODING SPECIALIST (CBCS) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://nhacbcs.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.

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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. **The physician bills $500 to a patient; the claim is denied by insurance, and the patient still owes $500 for the year. This amount is called what?**

   A. Copayment

   B. Deductible

   C. Premium

   D. Coinsurance

2. **Which notes are explicitly exempt from the HIPAA Privacy Rule protections?**

   A. Psychotherapy notes

   B. General medical notes

   C. Billing information

   D. Public health reporting

3. **When the remittance advice is sent from the third-party payer to the provider, which action should the billing and coding specialist perform first?**

   A. Verify that the payment is posted to the patient account

   B. Ensure proper payment has been made

   C. Prepare an appeal for any denial

   D. Notify the patient of payment status

4. **What does two triangular symbols ( ) represent?**

   A. Changes in the text or definition between the triangles

   B. New code

   C. Deleted code

   D. Change in the code description since the last edition

5. **What is the medical term for puncturing the space between the ribs to withdraw fluid from the chest cavity?**

   A. Pleurocentesis

   B. Thoracentesis

   C. Pneumothorax

   D. Cardiocentesis

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6. The aging report is used to track which of the following?

A. Outstanding balances

B. Appointment availability

C. Patient demographics

D. Payment timeliness

7. What is the primary function of the respiratory system?

A. Oxygenating blood cells

B. Pumping blood

C. Filtering toxins

D. Producing hormones

8. The CPT guidelines specify what is necessary to do what, with respect to coding accuracy?

A. Determine payer names

B. Define items that are necessary to accurately code

C. Approve claims automatically

D. Schedule follow-up appointments

9. What color is acceptable on the CMS-1500 claim form?

A. RED

B. BLUE

C. GREEN

D. BLACK

10. Which symbol marks a change in text or definition between triangles?

A. Double triangles ( )

B. Single triangle ( )

C. Bullet ( )

D. Plus sign (+)

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Answers

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

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Explanations

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1. The physician bills $500 to a patient; the claim is denied by insurance, and the patient still owes $500 for the year. This amount is called what?

A. Copayment

B. Deductible

C. Premium

D. Coinsurance

Deductible is the portion of medical costs the patient must pay out of pocket before the insurer starts to share in the expenses for covered services within the policy year. It resets annually. In the scenario, the patient owes $500 for the year because that amount represents the deductible still unpaid; until the deductible is met, the patient is responsible for full allowed charges like this $500. A copayment is a fixed fee per visit, not tied to meeting an annual amount. A premium is the regular payment to maintain the policy, not a per-service amount. Coinsurance is the percentage of costs the patient pays after the deductible has been met.

2. Which notes are explicitly exempt from the HIPAA Privacy Rule protections?

A. Psychotherapy notes

B. General medical notes

C. Billing information

D. Public health reporting

Psychotherapy notes are treated as a separate, highly protected category. They consist of notes recorded by a mental health professional that document or analyze the contents of a psychotherapy session. Under HIPAA, these notes are not treated the same as the rest of a patient's medical records and are exempt from the Privacy Rule's usual protections. They are kept separate from the designated record set and generally may be disclosed only with explicit authorization, with few exceptions. This added layer of protection is designed to encourage open communication in therapy and safeguard sensitive material. In contrast, general medical notes, billing information, and information disclosed to public health authorities are all considered PHI and fall under the Privacy Rule's rules for use and disclosure, with disclosures limited to permitted circumstances or with patient authorization. Public health reporting is allowed under specific HIPAA provisions but does not constitute an exemption from the Privacy Rule.

3. When the remittance advice is sent from the third-party payer to the provider, which action should the billing and coding specialist perform first?

A. Verify that the payment is posted to the patient account

B. Ensure proper payment has been made

C. Prepare an appeal for any denial

D. Notify the patient of payment status

When remittance advice arrives, the immediate task is to verify the payment against the claim and the payer's contract. This means checking that the amount paid, the patient responsibility, and any adjustments or denials align with what the claim should produce. Confirming proper payment at this stage ensures you're not posting or taking further actions on an incorrect payment. Once you've verified the payment is correct, you can post it to the patient's account and then handle subsequent steps—such as addressing discrepancies, initiating appeals for denials, or notifying the patient—based on what the RA shows. Therefore, the first action is to ensure proper payment has been made.

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4. What does two triangular symbols ( ) represent?

A. Changes in the text or definition between the triangles

B. New code

C. Deleted code

D. Change in the code description since the last edition

Two triangular symbols placed around a section of text show revision marks. The content between them has been changed from the previous edition. This is how editors indicate updates to wording or definitions when a document is revised, making it clear what was altered without reprinting the entire text. It isn't specifically signaling new code, deletions, or changes only in the code description; it signals that the text between the triangles was modified since the last edition.

5. What is the medical term for puncturing the space between the ribs to withdraw fluid from the chest cavity?

A. Pleurocentesis

B. Thoracentesis

C. Pneumothorax

D. Cardiocentesis

The action of puncturing the space between the ribs to withdraw fluid from the chest cavity is called thoracentesis. This procedure targets the pleural space, the thin gap between the lungs and chest wall, accessed through the intercostal space with a needle or catheter to remove pleural fluid. While pleurocentesis is a term you might encounter, the commonly used and most recognized term for this purpose in exams and clinical practice is thoracentesis. Pneumothorax refers to air in the pleural space (a condition, not a procedure), and cardiocentesis would involve accessing the heart. Thoracentesis is performed to diagnose or relieve symptoms from pleural effusion, and it's done with attention to patient position, local anesthesia, and awareness of risks like pneumothorax or bleeding.

6. The aging report is used to track which of the following?

A. Outstanding balances

B. Appointment availability

C. Patient demographics

D. Payment timeliness

The aging report focuses on accounts receivable and shows what patients or payers owe and how long those balances have been unpaid. It groups outstanding balances into age buckets (for example, current, 30 days overdue, 60 days overdue, 90+ days) so you can see at a glance which accounts are most overdue and need follow-up. This makes it a key tool for managing cash flow and prioritizing collections. That's why the best answer is tracking outstanding balances. The report isn't used to assess appointment availability, patient demographics, or general payment timeliness outside of how long the balance has remained unpaid.

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7. What is the primary function of the respiratory system?

A. Oxygenating blood cells

B. Pumping blood

C. Filtering toxins

D. Producing hormones

Gas exchange is the primary function of the respiratory system. Inhaled air reaches the alveoli, where oxygen diffuses into the capillaries and binds to hemoglobin in red blood cells, allowing oxygen to be carried through the bloodstream to tissues that need it. At the same time, carbon dioxide—a waste product of metabolism—diffuses from the blood into the alveoli to be exhaled. This oxygen delivery and CO2 removal keep cells energized and maintain pH balance. Pumping blood is the job of the heart and circulatory system; filtering toxins is mainly handled by the liver and kidneys (with the lungs also helping remove particulates, not as their primary role); producing hormones belongs to the endocrine system.

8. The CPT guidelines specify what is necessary to do what, with respect to coding accuracy?

A. Determine payer names

B. Define items that are necessary to accurately code

C. Approve claims automatically

D. Schedule follow-up appointments

The essential idea is that accurate coding hinges on clearly identifying the components needed to support the chosen code. The CPT guidelines emphasize defining the items or elements required to code correctly, meaning the documentation must show exactly what was done and why the specified code reflects those services. This careful delineation helps ensure the code matches the actual procedure or service and is supported by the record, reducing errors like undercoding or upcoding and aiding proper reimbursement and compliance. Activities like determining payer names, automatic claim approvals, or scheduling follow-up appointments aren't part of CPT's focus on coding accuracy; they relate to payer processes or practice management rather than the precise coding of the service.

9. What color is acceptable on the CMS-1500 claim form?

A. RED

B. BLUE

C. GREEN

D. BLACK

The key idea here is that the CMS-1500 professional claim form should be printed in black ink. Black ink provides the strongest contrast on white paper, which makes the information most legible for both human reviewers and the scan/processing systems that payer offices use. When colored inks are used, scanners and automated readers can misread or fail to capture the data correctly, leading to delays or rejections. So, black ink is the standard and acceptable color for submitting the CMS-1500 form; other colors don't meet the typical submission requirements.

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10. Which symbol marks a change in text or definition between triangles?

A. Double triangles ( )

B. Single triangle ( )

C. Bullet ( )

D. Plus sign (+)

When you want to show that something changes from one triangle to another in a diagram or description, a symbol that clearly marks a boundary or transition is most effective. The double triangles provide that clear signal, indicating that the text or definition shifts as you move from one triangle to the next. This makes it the best choice because it communicates a modification or change, rather than merely listing items, indicating addition, or labeling a single shape. A single triangle wouldn't convey a change boundary, a bullet is just a list marker, and a plus sign suggests addition rather than a transition in definition.

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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://nhacbcs.examzify.com

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

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