Comprehensive Health Insurance, 3e **(Vines)**
Chapter 1 Introduction to Professional Billing and Coding Careers

1.1 Multiple Choice Questions

1) The percentage of all healthcare providers who are physicians and nurses is:
A) 25%.
B) 40%.
C) 50%.
D) 60%.
Answer: B

2) The percentage of all healthcare providers who are allied health professionals is:
A) 25%.
B) 40%.
C) 50%.
D) 60%.
Answer: D

3) The increased demand for medical billers, medical office assistants, and medical coders can be attributed to:
A) the growth of managed care.
B) physician practices' having more responsibility for filing claims.
C) the need for additional staff to file claims and work to obtain timely payment.
D) all of the above.
Answer: D

4) A payment poster would most likely work in which facility?
A) a private practice.
B) a small-group practice.
C) a large-group practice.
D) all of the above.
Answer: C

5) Prior to the enactment of the Health Maintenance Organization Act of 1973, the growth of a physician's practice would be based on:
A) advertising and referrals.
B) managed care contracts.
C) consultations.
D) hospital affiliations.
Answer: A

6) Prior to the enactment of the Health Maintenance Organization Act of 1973, a solo practice included all of the following staff members EXCEPT:
A) physician.
B) nurse.
C) certified medical biller.
D) receptionist.
Answer: C

7) Managed care is a system in which physicians contract to participate in a health insurance network and healthcare delivery is:
A) at the discretion of the physician.
B) provided only by in-network physicians.
C) based on the patient's ability to pay.
D) monitored to control costs.
Answer: D

8) Which facility would most likely employ a refund specialist?
A) solo practice.
B) hospital.
C) large-group practice.
D) multi-specialty clinic.
Answer: B

9) It is common for small-group practices to outsource:
A) billing and accounts receivable.
B) insurance coverage verifications.
C) appointment scheduling and patient reminders.
D) medical records management.
Answer: A

10) A practice with three physicians would generally be categorized as a:
A) solo practice.
B) private practice.
C) small-group practice.
D) large-group practice.
Answer: C

11) A practice with 10 or more physicians would generally be categorized as a:
A) solo practice.
B) private practice.
C) small-group practice.
D) large-group practice.
Answer: D

12) A group of physicians with different specialties may practice together at one outpatient facility known as a:
A) free clinic.
B) small-group practice.
C) multispecialty clinic.
D) private hospital.
Answer: C

13) Most hospitals today are owned by a:
A) single, private owner.
B) nonprofit organization.
C) university.
D) corporation.
Answer: D

14) Which department is a part of patient financial services(PFS)?
A) billing.
B) collections.
C) revenue integrity.
D) all of the above.
Answer: D

15) A large-group practice is a specialized practice that is likely to:
A) employ more nurses than doctors.
B) include a physical therapist as part of the medical team.
C) employ in-house staff to handle claims and accounts receivable.
D) contract with an outside firm to handle claims and accounts receivable.
Answer: C

16) A centralized billing office (CBO) typically contracts with a physician's office to perform which of the following functions?
A) scheduling patient appointments
B) handling claims and/or accounts receivable
C) verifying insurance coverage
D) compiling and recording medical charts, reports, and correspondence
Answer: B

17) A medical office assistant may handle all of the following duties in a medical office EXCEPT:
A) scheduling appointments.
B) compiling and recording medical records.
C) interpreting laboratory test results.
D) answering telephones.
Answer: C

18) The responsibilities of a medical biller may include all of the following EXCEPT:
A) contacting patients to collect money.
B) submitting insurance claims.
C) entering patient charge information.
D) contacting insurance carriers about outstanding claims.
Answer: A

19) A possible job title for a medical coder position would be:
A) admitting clerk.
B) administrative medical assistant.
C) medical receptionist.
D) health information technician.
Answer: D

20) The healthcare professional who researches data in medical records in order to accurately document diagnoses and procedures and obtain maximum reimbursement for physicians is the:
A) medical office assistant.
B) medical collector.
C) medical coder.
D) payment poster.
Answer: C

21) The healthcare professional who contacts patients or insurance carriers to collect fees owed to the medical facility is the:
A) medical office assistant.
B) medical coder.
C) payment poster.
D) medical collector.
Answer: D

22) The healthcare professional who is responsible for answering questions and explaining topics such as HIPAA privacy regulations, living wills, and do-not-resuscitate orders (DNRs) to patients and their family members is the:
A) medical collector.
B) insurance verification representative.
C) admitting clerk.
D) privacy compliance officer.
Answer: D

23) The healthcare professional who contacts insurance carriers to verify benefit information for patients is the:
A) insurance verification representative.
B) admitting clerk.
C) payment poster.
D) medical collector.
Answer: A

24) A registered health information technician (RHIT) may also be referred to as a(n):
A) payment poster.
B) medical records analyst.
C) medical collector.
D) insurance verification representative.
Answer: B

25) Important skills required of a payment poster include all of the following EXCEPT:
A) data entry skills.
B) math skills.
C) phlebotomy skills.
D) working knowledge of insurance contracts.
Answer: C

26) The duties and responsibilities of a medical coder may include all of the following EXCEPT:
A) greeting visitors and directing them to appropriate staff.
B) researching and reference checking of medical records.
C) accurately coding primary and secondary diagnoses.
D) using ICD-10-CM and CPT® coding books.
Answer: A

27) The duties and responsibilities of a payment poster generally include:
A) greeting visitors and directing them to appropriate staff.
B) reading Explanation of Benefits documents issued by insurance carriers.
C) submitting claims to insurance carriers.
D) scheduling and confirming patients' appointments.
Answer: B

28) The duties and responsibilities of a medical collector may include:
A) sending patient billing statements.
B) compiling medical charts, reports, and correspondence.
C) reviewing medical records for compliance with regulations.
D) accurately coding diagnoses and procedures.
Answer: A

29) The duties and responsibilities of a medical biller may include all of the following EXCEPT:
A) submitting insurance claims.
B) analyzing patient charge information.
C) contacting insurance carriers on incorrectly paid claims.
D) explaining HIPAA regulations.
Answer: D

30) What are the duties and responsibilities of an admitting clerk?
A) registering and greeting patients.
B) having patients complete paperwork.
C) dealing with patients who may be upset or irritable.
D) all of the above.
Answer: D

31) The duties and responsibilities of a privacy compliance officer may include all of the following EXCEPT:
A) posting payments or making adjustments to patient accounts.
B) answering questions about privacy regulations.
C) explaining DNR orders to patients and their family members.
D) data entry of patient demographics.
Answer: A

32) Benefits of professional memberships include all of the following EXCEPT:
A) networking with professionals.
B) receiving multiple job offers.
C) learning the latest developments.
D) taking professional courses.
Answer: B

33) How many courses are required to achieve a medical billing certification?
A) three
B) six
C) eight
D) ten
Answer: B

34) To achieve certification as a National Certified Medical Office Assistant (NCMOA), you must have all of the following qualifications EXCEPT:
A) high-school diploma or equivalent.
B) graduation from an approved program of study or 1 year of experience.
C) evaluations of billing performance.
D) a passing grade on the NCMOA exam.
Answer: C

35) Medical coding certifications include all of the following EXCEPT:
A) Certified Medical Billing Specialist (CMBS).
B) Certified Coding Associate (CCA).
C) Certified Professional Coder (CPC).
D) Certified Coding Specialist (CCS).
Answer: A

36) The Certified Professional Coder (CPC) certification is designed to evaluate a medical coder's knowledge of all of the following EXCEPT:
A) medical terminology.
B) math concepts.
C) coding concepts.
D) human anatomy.
Answer: B

37) In order to receive the Certified Professional Coder (CPC) certification, you must:
A) have a college degree plus 1 year of experience.
B) have 2 years of work experience and pass the certification exam.
C) pass the certification exam within 12 months of obtaining your first job.
D) have 3 years of work experience and pass the certification exam.
Answer: B

38) Coders without much job experience can receive the following certification:
A) National Certified Medical Office Assistant (NCMOA).
B) Certified Medical Administrative Assistant (CMAA).
C) Certified Coding Associate (CCA).
D) Certified Professional Coder (CPC).
Answer: C

39) The Certified Coding Specialist (CCS) certification is awarded through the:
A) American Health Information Management Association.
B) American Academy of Professional Coders.
C) National Center for Competency Testing.
D) National Healthcareer Association.
Answer: A

40) The Certified Medical Billing Specialist (CMBS) certification is awarded through the:
A) American Health Information Management Association.
B) Medical Association of Billers.
C) National Center for Competency Testing.
D) National Healthcareer Association.
Answer: B

41) The Certified Professional Coder (CPC) certification is awarded through the:
A) American Academy of Professional Coders.
B) American Health Information Management Association.
C) National Center for Competency Testing.
D) National Healthcareer Association.
Answer: A

42) The American Health Information Management Association awards the:
A) National Certified Medical Office Assistant (NCMOA) certificate.
B) Certified Medical Administrative Assistant (CMAA) certificate.
C) Certified Medical Billing Specialist (CMBS) certificate.
D) Certified Coding Associate (CCA) certificate.
Answer: D

43) The National Center for Competency Testing awards the:
A) National Certified Medical Office Assistant (NCMOA) certificate.
B) Certified Medical Administrative Assistant (CMAA) certificate.
C) Certified Medical Billing Specialist (CMBS) certificate.
D) Certified Coding Associate (CCA) certificate.
Answer: A

44) The Certified Coding Specialist—Physician (CCS-P) demonstrates expertise in all of the following areas EXCEPT:
A) group practices.
B) inpatient hospitals.
C) specialty clinics.
D) solo practice offices.
Answer: B

45) Applicants who are successful in passing the Certified Professional Coder-Hospital (CPC-H) examination, but have not met the required coding work experience, will be awarded:
A) Certified Professional Coder-Hospital (CPC-H) certification.
B) Certified Professional Coder-Physician (CPC-P) certification.
C) Certified Coding Specialist (CCS) certification.
D) Certified Professional Coder-Hospital-Apprentice (CPC-H-A) certificate.
Answer: D

46) If you work in a doctor's office, a clinic, or a similar setting, what should you consider obtaining to demonstrate your ability?
A) Certified Professional Coder-Hospital (CPC-H) certification
B) Certified Coding Specialist-Physician (CCS-P) certification
C) Certified Coding Associate (CCA) certification
D) Certified Medical Administrative Assistant (CMAA) certification
Answer: B

47) The Registered Health Information Technician (RHIT) certification proves proficiency in all of the following EXCEPT:
A) patient record maintenance and management.
B) ICD-10-CM and CPT® coding.
C) Proficiency in electronic health records
D) familiarity with regulations regarding patient health information.
Answer: C

48) A registered health information technician (RHIT) ensures the quality of medical records by verifying that all records are:
A) complete.
B) accurate.
C) compliant with healthcare regulations.
D) all of the above.
Answer: D

49) A candidate for Certified Medical Billing Specialist (CMBS) certification aims to:
A) improve his or her medical billing knowledge.
B) assist providers in obtaining maximum reimbursement for services.
C) develop new coding and documentation skills.
D) all of the above.
Answer: D

50) The certification offered by the American Medical Billing Association (AMBA) to those who pass its exam is:
A) Certified Medical Billing Specialist.
B) Certified Coding Specialist.
C) Registered Health Information Technician.
D) Certified Medical Reimbursement Specialist.
Answer: D

51) What is required to become a medical and health services manager?
A) high school diploma
B) associates degree
C) bachelor's degree in health administration
D) master's degree in health administration
Answer: C

52) A physician who chooses not to handle billing and insurance claims within his or her facility may contract with a(n):
A) patient account services (PAS) facility.
B) centralized billing office (CBO).
C) small group practice.
D) third party administrator (TPA).
Answer: B

53) How long does it take to become a certified HIPAA professional?
A) 2 days
B) 2 weeks
C) 2 months
D) 2 years
Answer: A

54) After 1 year of experience, a medical office assistant can take an exam through the National Center for Competency Testing and be certified as a(n):
A) Certified Coding Associate (CCA).
B) National Certified Medical Office Assistant (NCMOA).
C) Certified Coding Specialist (CCS).
D) Certified Medical Administrative Assistant (CMAA).
Answer: B

1.2 True/False Questions

1) Allied health employees make up 40% of all healthcare professionals.
Answer: FALSE

2) A small-group practice will frequently contract out its billing and accounts receivable.
Answer: TRUE

3) A large-group practice will frequently contract out its billing and accounts receivable.
Answer: FALSE

4) It is rare to find a privately owned hospital today.
Answer: TRUE

5) The processing of hospital claims often takes place off site.
Answer: TRUE

6) The Healthcare Financial Management Association (HFMA) defines revenue cycle as "all administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue."
Answer: TRUE

7) Providers never have a financial interest in common with a centralized billing office (CBO).
Answer: FALSE

8) All facilities will have the same specific job description for a medical biller.
Answer: FALSE

9) A medical receptionist is considered back office staff in a physician's office.
Answer: FALSE

10) A medical collector can perform most of her job on the phone.
Answer: TRUE

11) Professional memberships can help you keep current with developments in your field.
Answer: TRUE

12) The privacy compliance officer is responsible for answering questions about the Health Insurance Portability and Accountability Act (HIPAA).
Answer: TRUE

13) The position of refund specialist requires research and analytical skills.
Answer: TRUE

14) To become a registered health informational technician you must pass a written examination overseen by the American Health Information Management Association (AHIMA).
Answer: TRUE

15) To become a Certified Medical Administrative Assistant (CMAA), you must be a graduate of a healthcare training program or have 1 or more years of full-time job experience.
Answer: TRUE

16) To achieve certification as a Certified Medical Billing Specialist (CMBS), an individual must have 5 or more years of job experience.
Answer: FALSE

17) A Certified Coding Associate (CCA) does not need much job experience.
Answer: TRUE

18) The Certified Professional Coder (CPC) certification requires 2 years of work experience.
Answer: TRUE

19) According to federal law a medical billing professional must become certified as a reimbursement specialist.
Answer: FALSE

20) A registered health information technician (RHIT) is not responsible for the quality of medical records.
Answer: FALSE

1.3 Short Answer Questions

1) A(n) _____ practice usually consists of three to nine physicians of the same specialty.
Answer: small-group

2) The front office staff member who primarily handles administrative duties is referred to as a(n) _____.
Answer: medical office assistant or administrative medical assistant

3) A(n) _____ contacts patients or insurance carriers to collect money owed to the facility or practice.
Answer: medical collector

4) The individual who contacts insurance carriers to verify benefits is referred to as a(n) _____.
Answer: insurance verification representative

5) The development of _____ required physicians to become responsible for filing health insurance claims.
Answer: managed care

6) _____ personnel make up 60% of all healthcare professionals.
Answer: Allied health

1.4 Matching Questions

Match the following:

A) insurance verification representative
B) cal collector
C) refund specialist
E) cal office assistant
D) registered health information technician
F) admitting clerk
G) privacy compliance officer
H) payment poster
I) medical biller
J) medical coder

1) The position whose duties include reading Explanation of Benefits documents from insurance carriers and posting payments or adjustments to the appropriate accounts

2) The position that is responsible for registering and greeting patients

3) The position that manages the coding of diagnoses, procedures, and services

4) The position that contacts patients or insurance carriers to collect money owed to the medical facility

5) The position that handles administrative duties and is responsible for making a physician's office function smoothly

6) The position that is responsible for answering questions or explaining such topics as privacy regulations and living wills to patients and their family members

7) The position that obtains precertification and/or prior authorization of services

8) The position that reviews records for completeness, accuracy, and compliance with regulations

9) The position that submits insurance claims and enters patient data and charge information

10) The position that analyzes patient accounts to discern whether or not a refund is required

Answers: 1) H 2) F 3) J 4) B 5) E 6) G 7) A 8) D 9) I 10) C

1.5 Essay Questions

1) Explain how managed care has created a demand for trained and certified medical billers.
Answer: With managed care, it has become the physician's responsibility to file claims and wait 30 days or longer for payment. Additional staff is needed to process claims in a timely fashion.

2) Prior to the enactment of the Health Maintenance Organization Act of 1973, how did a physician's practice grow?
Answer: Physicians relied on advertising and referrals for additional business.

3) Describe the characteristics of a small-group practice.
Answer: A small-group practice often consists of four or five physicians of the same specialty. It will frequently contract out its billing and accounts receivable.

4) Describe the characteristics of a large-group practice.
Answer: A large-group practice usually consists of 10 or more physicians and may be a specialized practice. It will typically handle its own billing and accounts receivable.

5) Name two examples of hospital corporations.
Answer: Hospital Corporation of America (HCA) and Tenet Health Care Corporation.

6) Define patient financial service.
Answer: All administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue.

7) Describe the characteristics of a centralized billing office (CBO).
Answer: CBOs are businesses that contract with physicians to handle their claims and/or accounts receivable.

8) What are some of the major job responsibilities of a medical office assistant?
Answer: A medical office assistant may perform duties such as scheduling and confirming appointments; compiling and recording medical charts, reports, and correspondence; answering telephones; greeting patients; and directing patients and visitors to appropriate staff.

9) What are some of the major job responsibilities of a registered health information technician (RHIT)?
Answer: Some of the major job responsibilities of an RHIT include compiling, processing, and maintaining medical records in a manner consistent with medical, administrative, ethical, legal, and regulatory requirements.

10) Describe some of the benefits of professional memberships.
Answer: Memberships can help you stay current in your field. They can offer information about upcoming conferences and professional development opportunities. Contacting someone in your field about possible employment as a fellow member of the association may open a door.