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Chapter 01

Chapter 01: Multiple Choice Questions

1. **The percentage of all healthcare providers who are physicians and nurses is:**

   25%.
   40%.
   50%.
   60%.

   Answer: 40%.

2. **The percentage of all healthcare providers who are allied health professionals is:**

   25%.
   40%.
   50%.
   60%.

   Answer: 60%.

3. **The increased demand for medical billers, medical office assistants, and medical coders can be attributed to:**

   the growth of managed care.
   physician practices' having more responsibility for filing claims.
   the need for additional staff to file claims and work to obtain timely payment.
   all of the above.

   Answer: all of the above.

4. **All of the following changes were a result of managed care EXCEPT:**

   physicians' having to wait 30 days or longer for payment.
   physicians' having more responsibility for filing claims.
   patients' having to pay for services when rendered.
   physicians' having to add to their staff.

   Answer: patients' having to pay for services when rendered.

5. **Before the 1970s, a physician's practice would grow based on:**

   advertising and referrals.
   managed care contracts.
   consultations.
   hospital affiliations.

   Answer: advertising and referrals.

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6. **Before the 1970s, a solo practice included all of the following staff members EXCEPT:**

physician.
nurse.
certified medical biller.
receptionist.

Answer: certified medical biller.

7. **Managed care is a system in which physicians contract to participate in a health insurance network and healthcare delivery is:**

at the discretion of the physician.
provided only by in-network physicians.
based on the patient's ability to pay.
monitored to control costs.

Answer: monitored to control costs.

8. **It is common for small-group practices to outsource:**

billing and accounts receivable.
insurance coverage verifications.
appointment scheduling and patient reminders.
medical records management.

Answer: billing and accounts receivable.

9. **A practice with three physicians would generally be categorized as a:**

solo practice.
private practice.
small-group practice.
large-group practice.

Answer: small-group practice.

10. **A practice with 10 or more physicians would generally be categorized as a:**

solo practice.
private practice.
small-group practice.
large-group practice.

Answer: large-group practice.

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11. **A group of physicians with different specialties may practice together at one outpatient facility known as a:**

    free clinic.
    small-group practice.
    multispecialty clinic.
    private hospital.

    Answer: multispecialty clinic.

12. **Most hospitals today are owned by a:**

    single, private owner.
    nonprofit organization.
    university.
    corporation.

    Answer: corporation.

13. **All of the following are features of a patient account services (PAS) facility EXCEPT:**

    employing few staff members.
    having multiple departments.
    handling claims for hospitals within a state or region.
    handling hospitals' accounts receivable.

    Answer: employing few staff members.

14. **A PAS facility may include all of the following departments EXCEPT:**

    medical records.
    government billing.
    insurance verification.
    appeals.

    Answer: medical records.

15. **A large-group practice is a specialized practice that is likely to:**

    employ more nurses than doctors.
    include a physical therapist as part of the medical team.
    employ in-house staff to handle claims and accounts receivable.
    contract with an outside firm to handle claims and accounts receivable.

    Answer: employ in-house staff to handle claims and accounts receivable.

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16. **A centralized billing office (CBO) typically contracts with a physician's office to perform which of the following functions?**
    Scheduling patient appointments
    Handling claims and/or accounts receivable
    Verifying insurance coverage
    Compiling and recording medical charts, reports, and correspondence

    Answer: Handling claims and/or accounts receivable

17. **A medical office assistant may handle all of the following duties in a medical office EXCEPT:**

    scheduling appointments.
    compiling and recording medical records.
    interpreting laboratory test results.
    answering telephones.

    Answer: interpreting laboratory test results.

18. **The responsibilities of a medical biller may include all of the following EXCEPT:**

    scheduling appointments.
    submitting insurance claims.
    entering patient charge information.
    contacting insurance carriers about outstanding claims.

    Answer: scheduling appointments.

19. **A possible job title for a medical coder position would be:**

    admitting clerk.
    administrative medical assistant.
    medical receptionist.
    health information technician.

    Answer: health information technician.

20. **The healthcare professional who researches data in medical records to accurately document diagnoses and procedures to obtain maximum reimbursement for physicians is the:**
    medical office assistant.
    medical collector.
    medical coder.
    payment poster.

    Answer: medical coder.

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21. **The healthcare professional who contacts patients or insurance carriers to collect money owed to the medical facility is the:**
    medical office assistant.
    medical coder.
    payment poster.
    medical collector.

    Answer: medical collector.

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

    Answer: privacy compliance officer.

23. **The healthcare professional who contacts insurance carriers to verify benefit information for patients is the:**
    insurance verification representative.
    admitting clerk.
    payment poster.
    medical collector.

    Answer: insurance verification representative.

24. **A registered health information technician (RHIT) may also be referred to as a(n):**

    payment poster.
    medical records analyst.
    medical collector.
    insurance verification representative.

    Answer: medical records analyst.

25. **Important skills required of a payment poster include all of the following EXCEPT:**

    data entry skills.
    math skills.
    phlebotomy skills.
    working knowledge of insurance contracts.

    Answer: phlebotomy skills.

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26. **The duties and responsibilities of a medical coder may include all of the following EXCEPT:**

greeting visitors and directing them to appropriate staff.
researching and reference checking of medical records.
accurately coding primary and secondary diagnoses.
using ICD-9-CM and CPT® coding books.

Answer: greeting visitors and directing them to appropriate staff.

27. **The duties and responsibilities of a payment poster generally include:**

greeting visitors and directing them to appropriate staff.
reading Explanation of Benefits documents issued by insurance carriers.
submitting claims to insurance carriers.
scheduling and confirming patients' appointments.

Answer: reading Explanation of Benefits documents issued by insurance carriers.

28. **The duties and responsibilities of a medical collector may include:**

contacting patients or insurance carriers to obtain payment of balances owed.
compiling medical charts, reports, and correspondence.
reviewing medical records for compliance with regulations.
accurately coding diagnoses and procedures.

Answer: contacting patients or insurance carriers to obtain payment of balances owed.

29. **The duties and responsibilities of an insurance verification representative may include all of the following EXCEPT:**

precertification and/or prior authorization of services.
researching and reference checking of medical records.
contacting insurance carriers to clarify or confirm benefit information for patients.
determining the patient's financial responsibility prior to services rendered.

Answer: researching and reference checking of medical records.

30. **The duties and responsibilities of an admitting clerk may include:**

registering and greeting patients.
having patients complete paperwork.
dealing with patients who may be upset or irritable.
submitting insurance claims .

Answer: registering and greeting patients., having patients complete paperwork., dealing with patients who may be upset or irritable.

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31. **The duties and responsibilities of a privacy compliance officer may include all of the following EXCEPT:**

posting payments or making adjustments to patient accounts.
answering questions about privacy regulations.
explaining DNR orders to patients and their family members.
data entry of patient demographics.

Answer: posting payments or making adjustments to patient accounts.

32. **Benefits of professional memberships include all of the following EXCEPT:**

opportunities for networking with other professionals in your field.
automatic job placement.
publications that keep you up to date on issues and developments in your field.
conferences and professional development opportunities.

Answer: automatic job placement.

33. **Professional organization conferences can be held on the:**

state level only.
national level only.
state and national level only.
state, national, or regional level.

Answer: state, national, or regional level.

34. **To achieve certification as a National Certified Medical Office Assistant (NCMOA), you must have all of the following qualifications EXCEPT:**

high-school diploma or equivalent.
graduation from an approved program of study or 1 year of experience.
evaluations of billing performance.
a passing grade on the NCMOA exam.

Answer: evaluations of billing performance.

35. **Medical coding certifications include all of the following EXCEPT:**

Certified Medical Billing Specialist (CMBS).
Certified Coding Associate (CCA).
Certified Professional Coder (CPC).
Certified Coding Specialist (CCS).

Answer: Certified Medical Billing Specialist (CMBS).

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36. **The Certified Professional Coder (CPC) certification is designed to evaluate a medical coder's knowledge of all of the following EXCEPT:**

medical terminology.
math concepts.
coding concepts.
human anatomy.

Answer: math concepts.

37. **In order to receive the Certified Professional Coder (CPC) certification, you must:**

have a college degree plus 1 year of experience.
have 2 years of work experience and pass the certification exam.
pass the certification exam within 12 months of obtaining your first job.
have 3 years of work experience and pass the certification exam.

Answer: have 2 years of work experience and pass the certification exam.

38. **Coders without much job experience can receive the following certification:**

National Certified Medical Office Assistant (NCMOA).
Certified Medical Administrative Assistant (CMAA).
Certified Coding Associate (CCA).
Certified Professional Coder (CPC).

Answer: Certified Coding Associate (CCA).

39. **The Certified Coding Specialist (CCS) certification is awarded through the:**

American Health Information Management Association.
American Academy of Professional Coders.
National Center for Competency Testing.
National Healthcareer Association.

Answer: American Health Information Management Association.

40. **The Certified Medical Billing Specialist (CMBS) certification is awarded through the:**

American Health Information Management Association.
Medical Association of Billers.
National Center for Competency Testing.
National Healthcareer Association.

Answer: Medical Association of Billers.

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41. **The Certified Professional Coder (CPC) certification is awarded through the:**

American Academy of Professional Coders.
American Health Information Management Association.
National Center for Competency Testing.
National Healthcareer Association.

Answer: American Academy of Professional Coders.

42. **The American Health Information Management Association awards the:**

National Certified Medical Office Assistant (NCMOA) certificate.
Certified Medical Administrative Assistant (CMAA) certificate.
Certified Medical Billing Specialist (CMBS) certificate.
Certified Coding Associate (CCA) certificate.

Answer: Certified Coding Associate (CCA) certificate.

43. **The National Center for Competency Testing awards the:**

National Certified Medical Office Assistant (NCMOA) certificate.
Certified Medical Administrative Assistant (CMAA) certificate.
Certified Medical Billing Specialist (CMBS) certificate.
Certified Coding Associate (CCA) certificate.

Answer: National Certified Medical Office Assistant (NCMOA) certificate.

44. **The Certified Coding Specialist–Physician (CCS-P) demonstrates expertise in all of the following areas EXCEPT:**

group practices.
inpatient hospitals.
specialty clinics.
solo practice offices.

Answer: inpatient hospitals.

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:**

Certified Professional Coder-Hospital (CPC-H) certification.
Certified Professional Coder-Physician (CPC-P) certification.
Certified Coding Specialist (CCS) certification.
Certified Professional Coder-Hospital-Apprentice (CPC-H-A) certificate.

Answer: Certified Professional Coder-Hospital-Apprentice (CPC-H-A) certificate.

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

    Answer: Certified Coding Specialist-Physician (CCS-P) certification.

47. **The Registered Health Information Technician (RHIT) certification proves proficiency in all of the following EXCEPT:**
    patient record maintenance and management.
    ICD-9-CM and CPT® coding.
    medical record analysis.
    familiarity with regulations regarding patient health information.

    Answer: ICD-9-CM and CPT® coding.

48. **A registered health information technician (RHIT) ensures the quality of medical records by verifying that all records are:**
    complete.
    accurate.
    compliant with healthcare regulations.
    reimbursed properly.

    Answer: complete., accurate., compliant with healthcare regulations.

49. **A candidate for Certified Medical Billing Specialist (CMBS) certification is motivated to:**

    improve his or her medical billing knowledge.
    assist providers in obtaining maximum reimbursement for services.
    develop new coding and documentation skills.
    do all of the above.

    Answer: do all of the above.

50. **The certification offered by the American Medical Billing Association (AMBA) to those who pass their exam is:**
    Certified Medical Billing Specialist.
    Certified Coding Specialist.
    Registered Health Information Technician
    Certified Medical Reimbursement Specialist.

    Answer: Certified Medical Reimbursement Specialist.

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51. **A facility that handles hospitals' claims and accounts receivable for a state or region is called a(n) _____.**
patient account services (PAS) facility
centralized billing office (CBO)
hospital billing service (HBS)
third party administrator (TPA)

Answer: patient account services (PAS) facility

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

Answer: centralized billing office (CBO).

53. **AACP offers which of the following certifications?**

Certified Coding Associate (CCA)
Certified Coding Specialist-Physician (CCS-P)
Certified Professional Cover-Apprentice (CPC-A)
Certified Medical Billing Specialist (CMBS)

Answer: Certified Professional Cover-Apprentice (CPC-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):**
Certified Coding Associate (CCA).
National Certified Medical Office Assistant (NCMOA).
Certified Coding Specialist (CCS).
Certified Medical Administrative Assistant (CMAA).

Answer: National Certified Medical Office Assistant (NCMOA).

Chapter 01: True/False Questions

1. **Allied health employees make up 40% of all healthcare professionals.**

a True
b False

Answer: b. False

2. **A small-group practice will frequently contract out its billing and accounts receivable.**

a True
b False

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Answer: a. True

3. **A large-group practice will frequently contract out its billing and accounts receivable.**

a True
b False

Answer: b. False

4. **It is rare to find a privately owned hospital today.**

a True
b False

Answer: a. True

5. **The processing of hospital claims often takes place off site.**

a True
b False

Answer: a. True

6. **If you want a career that includes opportunities to advance, working for a patient account services (PAS) facility is not ideal.**

a True
b False

Answer: b. False

7. **A centralized billing office (CBO) specializes in hospital claims.**

a True
b False

Answer: b. False

8. **All facilities will have the same specific job description for a medical biller.**

a True
b False

Answer: b. False

9. **A medical receptionist is considered back office staff in a physician's office.**

a True
b False

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Answer: b. False

10. **Most of a medical collector's job is performed on the telephone.**

    a True
    b False

    Answer: a. True

11. **Professional memberships can help you keep current with developments in your field.**

    a True
    b False

    Answer: a. True

12. **The privacy compliance officer is responsible for answering questions about the Health Insurance Portability and Accountability Act (HIPAA).**
    a True
    b False

    Answer: a. True

13. **The position of refund specialist requires research and analytical skills.**

    a True
    b False

    Answer: a. True

14. **Certification for medical coding and billing is a requirement for employment in the field.**

    a True
    b False

    Answer: b. False

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.**
    a True
    b False

    Answer: a. True

16. **To achieve certification as a Certified Medical Billing Specialist (CMBS), an individual must have 5 or more years of job experience.**
    a True
    b False

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Answer: b. False

17. **A Certified Coding Associate (CCA) does not need much job experience.**

a True
b False

Answer: a. True

18. **The Certified Professional Coder (CPC) certificate requires 2 years of work experience.**

a True
b False

Answer: a. True

19. **The American Academy of Professional Coders has separate examinations and certifications for physician and hospital services.**
a True
b False

Answer: a. True

20. **A registered health information technician (RHIT) is not responsible for the quality of medical records.**
a True
b False

Answer: b. False

Chapter 01: Fill in the blank Questions

1. **A(n) _____ practice usually consists of three to nine physicians of the same specialty.**

Answer: a. small-group

2. **The front office staff member who primarily handles administrative duties is referred to as a(n) _____ .**

Answer: a. medical office assistant or administrative medical assistant

3. **A(n) _____ contacts patients or insurance carriers to collect money owed to the facility or practice.**

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Answer: a. medical collector

4. **The individual who contacts insurance carriers to verify benefits is referred to as a(n) _____ .**

Answer: a. insurance verification representative

5. **Because of _____ , physicians became responsible for filing health insurance claims.**

Answer: a. managed care

6. **personnel make up 60% of all healthcare professionals.**

Answer: a. Allied health

Chapter 01: Matching Questions

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1. **Match the following:**

a. **The position whose duties include reading Explanation of Benefits documents from insurance carriers and posting payments or adjustments to the appropriate accounts**	payment poster
b. **The position that is responsible for registering and greeting patients**	admitting clerk
c. **The position that manages the coding of diagnoses, procedures, and services**	medical coder
d. **The position that contacts patients or insurance carriers to collect money owed to the medical facility**	medical collector
e. **The position that handles administrative duties and is responsible for making a physician's office function smoothly**	medical office assistant
f. **The position that is responsible for answering questions or explaining such topics as privacy regulations and living wills to patients and their family members**	privacy compliance officer
g. **The position that obtains precertification and/or prior authorization of services**	insurance verification representative
h. **The position that reviews records for completeness, accuracy, and compliance with regulations**	registered health information technician
i. **The position that submits insurance claims and enters patient data and charge information**	medical biller
j. **The position that analyzes patient accounts to discern whether or not a refund is required**	refund specialist

Answer: a. payment poster/b. admitting clerk/c. medical coder/d. medical collector/e. medical office assistant/f. privacy compliance officer/g. insurance verification representative/h. registered health information technician/i. medical biller/j. refund specialist

Chapter 01: 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 was needed to process claims in a timely fashion.

2. **Before the 1970s, how did a physician's practice grow?**

Answer: Physicians relied on advertising and referrals for additional business.

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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. **Describe the characteristics of a patient account services (PAS) facility.**

Answer: A PAS handles claims and accounts receivable for hospitals in a state or region. There can be as many as 500 employees in multiple departments.

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)?**

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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:

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