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CPB Practice Exam A (100% Correct) Questions and Answers

The office policy for claims follow-up is to prioritize the insurance balance accounts past 90 days by highest outstanding balance. Based on the A/R report provided, which payer type and aging category would be one of the top priorities on which to focus collection efforts? - workers' compensation, 121+ days

Using the fee schedule and the payment policy provided, what is the expected reimbursement (including patient responsibility) when a provider performs a nasal endoscopy and dilation of the left maxillary sinus (31295) and a diagnostic nasal endoscopy of the right maxillary sinus (31233)? - \$2475

Policy applies to all professional services performed in an office place of service: When a significant, separately identifiable E/M service (appended with modifier 25) and any service that has a global period indicator—as designated by CMS of 0, 10, 90 or YYY—is performed on the same day, the E/M service will be reimbursed at 50% of the contracted allowable. When performed in a facility, both services are paid at 100%.

When the E/M value is greater than the procedure, the reduction will be applied to the global procedure code.

Based on the remittance advice and the payment policy provided, what action is required for this claim? - D. The claim did not pay correctly. Both services should be paid at 100%. Contact the payer to reprocess the claim for full payment.

Balloon Sinusplasty Medical Coverage Policy

According to the LCD, how is an extracapsular cataract surgery with insertion of an intraocular lens for a drug induced cataract in the left eye reported? - 66984, H26.32, T38.0X5A

I. Primary insurance

II. Primary insurance ID number

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AAPC Certified Professional Biller (CPB) Sample Questions (Q205-Q210):

NEW QUESTION # 205

Amendment to the HMO Act of 1973 is legislation that allowed federally qualified HMOs to permit members to occasionally use non HMO physicians and be partially reimbursed.

- A. FALSE
- B. TRUE

Answer: B

NEW QUESTION # 206

APDRG refers to All Patient DiagnosisRelated Group.

- A. FALSE
- B. TRUE

Answer: B

NEW QUESTION # 207

Which factor determines the correct payer sequence in coordination of benefits (COB)?

- A. Birthday rule
- B. Length of employment
- C. Provider type
- D. Patient preference

Answer: A

Explanation:

The birthday rule is used for dependents to determine primary coverage.

NEW QUESTION # 208

HCPCS stands for Healthcare Common Procedure Coding System.

- A. FALSE
- B. TRUE

Answer: B

NEW QUESTION # 209

What does HIPAA stand for?

- A. Health Insurance portability and accountability Act of 1996
- B. Health Insurance portability and accountability Act of 1994
- C. Health Insurance portability and accountability Act of 1997
- D. Health Insurance portability and accountability Act of 1995

Answer: A

NEW QUESTION # 210

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