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AAPC CPB (TEST B, C) with Complete Questions and Answers

What is the term for the total amount of covered medical expenses a policyholder must pay each year out-of-pocket before the health insurance company begins to pay any benefits? - ANSWER-A deductible is the amount a policyholder pays for health care services before the health insurance begins to pay.

Which type of insurance covers physicians and other healthcare professionals for liability as to claims arising from patient treatment? - ANSWER-Medical malpractice insurance is a type of liability insurance that covers physicians and other healthcare professionals for liability as to claims arising from patient treatment.

Which of the following does NOT fall under group policy insurance?

- I. The premium is paid for by the employee.
- II. The premium is paid for (or partially paid for) by an employer.
- III. The employer selects the plan(s) to offer to employees.
- IV. Physical exams and medical history questionnaires are a mandatory part of the application process.
- V. Employee can make changes to the policy.
- VI. The employee's spouse and children are not eligible for coverage. - ANSWER-I, IV, V, and VI, Group health insurance coverage is a type of health policy that is purchased by an employer and is offered to eligible employees of the company, and to eligible dependents of employees. With group health insurance, the employer selects the plan (or plans) to offer to employees. With an individual policy, you are the only one who can make changes to your policy and you are the only one who can cancel the coverage. You have full control over your own policy. Applicants for individual health insurance will need to complete a medical history questionnaire and have a physical exam when applying for coverage.

Dr. Wallace is in a capitation contract with Belleview Managed Care Health Plan. He received \$25,000 from the health plan to provide services for the 175 enrollees on the health plan. The services provided by Dr. Wallace to the enrollees cost \$23,000. Based on the information, what must be done? - ANSWER-Dr. Wallace can keep the \$2,000 profit under the terms of the capitated plan

What is the deadline for filing a Medicare claim? - ANSWER-One year from the date of service

A provider sees a patient who has TRICARE Select. The provider is not contracted with TRICARE but is certified by the regional TRICARE Managed Care Support Contractor (MCSC). The provider charges \$200 for the office visit. TRICARE allows \$160 and pays \$140. How much can the provider bill the patient for? - ANSWER-. \$60.00

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AAPC Certified Professional Biller (CPB) Sample Questions (Q152-Q157):

NEW QUESTION # 152

What does CF stand for?

- A. Competitive Factor
- B. Civilian FactorAffairs
- **C. Conversion Factor**
- D. Clinical Factor

Answer: C

NEW QUESTION # 153

HCRA stands for Healthcare Reimbursement Account.

- **A. TRUE**
- B. FALSE

Answer: A

NEW QUESTION # 154

Adjudication

- A. Document that acknowledges patient responsibility for payment if Medicare denies the claim
- **B. Judicial dispute resolution process in which an appeals board makes a final determination.**
- C. Also called adverse reaction; the appearance of a pathologic condition due to ingestion r exposure to a chemical substance properly administered or taken.
- D. Payment correction resulting in additional payment(s) to the provider.

Answer: B

NEW QUESTION # 155

Ambulatory Payment Classification (APC) is prospective payment system used to calculate reimbursement for outpatient care according to similar clinical characteristics and in terms of resources required.

- **A. TRUE**
- B. FALSE

Answer: A

NEW QUESTION # 156

hemi

- A. liver
- **B. half**
- C. below, under
- D. above, excessive

Answer: B

NEW QUESTION # 157

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