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AAPC Certified Professional Biller (CPB) Sample Questions (Q229-Q234):

NEW QUESTION # 229
hemi

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

Answer: A

NEW QUESTION # 230
What are Category III codes?

- A. Procedures/ services identified by a five digit CPT code and descriptor nomenclature; these codes are traditionally associated with CPT and organized within six sections.
- B. **Temporary codes for data collection purposes that are assigned an alphanumeric identifier with a letter in the last field (e.g., 0001T) these codes are located after the Medicine section, and will be archived after five years unless accepted for placement within Category I sections of CPT.**
- C. Optional performance measurement tracking codes that are field (e.g.,1234A); these codes will be located after the medicine section; their use is optional.

Answer: B

NEW QUESTION # 231

What document is used to transfer patient financial responsibility after insurance adjudication?

- A. Prior Authorization
- B. UB-04
- C. CMS-1500
- D. **Patient Statement**

Answer: D

Explanation:

A patient statement reflects remaining balances after insurance processing.

NEW QUESTION # 232

FPL

- A. General Equivalency Mapping
- B. Flexible Spending Account
- C. Federal Register
- D. **Federal Poverty Level**

Answer: D

NEW QUESTION # 233

CPT

- A. CHAMPUS Reform Initiative
- B. Computed Tomography
- C. Customized SubCapitation Plan
- D. **Current Procedural Terminology**

Answer: D

NEW QUESTION # 234

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