

Real CPB Exam Answers, Reliable CPB Test Notes

CPB Exam B Questions with 100% correct 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 Deductible

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

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. V. Employee can make changes to the policy. VI. The employee's spouse and children are not eligible for coverage. - ANSWER I, IV, V, VI

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 Standard. 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

What organization is responsible in evaluating the medical necessity, appropriateness, and efficiency of the use of healthcare services and procedures? - ANSWER Utilization Review Organization

Medicaid providers are forbidden by law to: - ANSWER Balance bill patients

Which statement is FALSE about Local Coverage Determinations (LCDs)? - ANSWER CMS develops LCDs when there is no National Coverage Determination

When a minor procedure is performed on a Medicare patient, what is the global period and what timeframe is covered? - ANSWER 10-day global period - the day of the procedure and 10 days following the procedure

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NEW QUESTION # 90

bronch

- A. neck, cervix
- **B. bronchial tube**
- C. head
- D. heart

Answer: B

NEW QUESTION # 91

CMS1500

- A. Clinical nurse specialist
- B. Consolidated Omnibus Budget Reconciliation Act of 1985
- C. Coordination of Benefits
- **D. Insurance claim used by noninstitutional providers and supplier to bill payers**

Answer: D

NEW QUESTION # 92

EHNAC

- A. Electronic Health Record
- B. Evaluation and Management
- C. Electronic Media Claim
- **D. Electronic Healthcare Network Accreditation Commission**

Answer: D

NEW QUESTION # 93

What does the acronym FSA stand for?

- **A. Flexible Spending Account**
- B. Geographic Cost Practice Index
- C. General Enrollment Period
- D. General Equivalency Mapping

Answer: A

NEW QUESTION # 94

BCBSA stands for Blue Cross Blue Shield Association.

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

Answer: A

NEW QUESTION # 95

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