

CPB Test Result - Valid CPB Test Objectives

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. Employees 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 Bellevue 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 (Q207-Q212):

NEW QUESTION # 207

EMC

- A. Electronic Medical Record
- B. **Electronic Media Claim**
- C. Explanation of Benefits
- D. Exclusive provider organization

Answer: B

NEW QUESTION # 208

What is the coding system currently in use to report diagnoses and reasons for encounter?

- A. International Classification of Diseases, 7th revision, clinical modification (ICD7CM)
- B. International Classification of Diseases, 6th revision, clinical modification (ICD6CM)
- C. **International Classification of Diseases, 9th revision, clinical modification (ICD9CM)**
- D. International Classification of Diseases, 8th revision, clinical modification (ICD8CM)

Answer: C

NEW QUESTION # 209

What is the provider's responsibility when a patient has a copayment?

- A. Bill it to insurance
- B. Write it off automatically
- C. Waive it routinely
- D. **Collect it at the time of service**

Answer: D

Explanation:

Copayments are patient responsibility and should be collected at the time of service.

NEW QUESTION # 210

DSH

- A. Diagnostic and statistical manual
- B. (California) Employment Development Department
- C. Electronic data interchange
- D. **Disproportionate share hospital (adjustment)**

Answer: D

NEW QUESTION # 211

What are Category II codes?

- A. 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.
- B. Procedures/ services identified by a five digit CPT code and descriptor nomenclature; these codes are traditionally associated with CPT and organized within six sections.
- C. **Optional performance measurement tracking codes that are assigned an alphanumeric identifier with a letter in the last field (e.g., 1234A); these codes will be located after the medicine section; their use is optional.**

Answer: C

NEW QUESTION # 212

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