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AAPC CPB Practice Exam

Joe and Mary are a married couple and both carry insurance from their employers. Joe was born on February 23, 1977 and Mary was born on April 4, 1974. Using the birthday rule, who carries the primary insurance for their children for billing?

- A. Joe, because he is the male head of the household.
 - B. Mary, because her date of birth is the 4th and Joe's date of birth is the 23rd.
 - C. Mary, because her birth year is before Joe's birth year.
 - D. Joe, because his birth month and day are before Mary's birth month and day.
- Answer D. Joe, because his birth month and day are before Mary's birth month and day.

Which type of managed care insurance allows patients to self-refer to out-of-network providers and pay a higher co-insurance/copay amount?

- I. HMO
 - II. PPO
 - III. EPO
 - IV. POS
 - V. Capitation
- A. II
B. IV
C. II and IV
D. II, III, and V - Answer C. II and IV

A patient covered by a PPO is scheduled for knee replacement surgery. The biller contacts the insurance carrier to verify benefits and preauthorize the procedure. The carrier verifies the patient has a \$500 deductible which must be met. After the deductible, the PPO will pay 80% of the claim. The contracted rate for the procedure is \$2,500. What is the patient's responsibility?

- A. \$400
- B. \$500
- C. \$900
- D. \$1,600 - Answer C. \$900

When a nonparticipating provider files a claim for a patient to BC/BS, how is the payment processed?

- A. The payment is sent to the patient and the patient must pay the provider.
- B. The payment is sent to the provider if the provider agrees to accept assignment.
- C. The payment is sent to the provider regardless if he accepts assignment.
- D. The claim is not paid because the provider is not participating in the plan. - Answer A. The payment is sent to the patient and the patient must pay the provider.

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AAPC Certified Professional Biller (CPB) Sample Questions (Q235-Q240):

NEW QUESTION # 235

APDRG refers to All Patient DiagnosisRelated Group.

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

Answer: B

NEW QUESTION # 236

anti

- A. condition
- **B. against**
- C. joint

Answer: B

NEW QUESTION # 237

What is Allowed Charge?

- A. The amount the payer will reimburse for each procedure or service, according to the patients policy.
- B. The Minimum amount the payer will reimburse for each procedure or service, according to the patients policy.
- **C. The Maximum amount the payer will reimburse for each procedure or service, according to the patients policy.**

Answer: C

NEW QUESTION # 238

FCA

- **A. False Claims Act**
- B. Federal Employee Health Benefit Program
- C. Federal Employment Compensation Act
- D. Fair Debt Collection Practices Act

Answer: A

NEW QUESTION # 239

Preauthorization is an authorization that must be received from a payer before treatment by a specialist will be covered.

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

Answer: B

NEW QUESTION # 240

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