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CPB PRACTICE EXAM 1

_____ is a legal proceeding involving a person that is unable to repay outstanding debts.

- A. Collection Agency
- B. Bankruptcy
- C. Dismissal of patient
- D. Bad debt - ✓✓B. Bankruptcy

According to Chapter 30 of the Medicare Claims Processing Manual, any refund due a Medicare recipient must be made to the beneficiary within _____ days.

- A. 5
- B. 15
- C. 30
- D. 60 - ✓✓C. 30

The HIPAA privacy rule states that "an individual has the right to inspect and obtain a copy of the individual's protected health information (PHI) in a designated record set". What PHI cannot be inspected by the patient or be allowed a copy of such record?

- A. PHI exempt from CLIA (information generated by facilities that perform forensic testing).

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AAPC Certified Professional Biller (CPB) Sample Questions (Q154-Q159):

NEW QUESTION # 154

The medical prefix "ab-" means:

- A. extremities, top
- B. away from
- C. toward
- D. abdomen

Answer: B

NEW QUESTION # 155

CMP

- A. Centers of Medicare and Medicaid Services
- B. Competitive Medical Plan
- C. UB04 Claim used by institutional and other selected providers to
- D. Insurance claim used by noninstitutional providers and supplier to bill payers

Answer: B

NEW QUESTION # 156

Capitation

- A. Provider accepts preestablished payments for providing healthcare services to enrollees over a period of time (usually one year)
- B. Provider accepts preestablished payments for providing healthcare services to enrollees over a period of time (usually one month)
- C. Provider accepts preestablished payments for providing healthcare services to enrollees over a period of time (usually 6 months)
- D. Provider accepts preestablished payments for providing healthcare services to enrollees over a period of time (usually one quarter)

Answer: A

NEW QUESTION # 157

Which scenario would most likely result in a claim denial for lack of medical necessity?

- A. Incorrect patient demographics
- B. Missing modifier
- C. Diagnosis code does not support the procedure
- D. Late filing

Answer: C

Explanation:

Medical necessity denials occur when the diagnosis does not justify the billed service.

NEW QUESTION # 158

Which professional association was founded to elevate the standards of medical coding by providing certification, ongoing education, networking, and recognition for coders?

- A. An association of independent Blue Cross Blue Shield plans

- B. American Health Information Management Association (AHIMA)
- **C. American Academy of Professional Coders (AAPC)**
- D. Joint venture between Blue Cross and Blue shield where the corporations shared one building and computer services but maintained separate corporate identities

Answer: C

NEW QUESTION # 159

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