

MULTIPLE CHOICE

1. Administrative medical office responsibilities include
- laboratory analyses.
 - claims submission.
 - taking x-rays.
 - venipunctures.

ANS: B DIF: Easy REF: 4 OBJ: 2

2. A claims assistance professional
- works for the consumer.
 - helps patients file insurance claims.
 - neither works for the consumer nor helps patients file insurance claims.
 - works for the consumer and helps patients file insurance claims.

ANS: D DIF: Easy REF: 4 OBJ: 2

3. What is “cash flow” in a medical practice?
- The actual money available to a medical practice
 - The amount of money received by a medical practice in 1 day
 - The amount of money received by a medical practice in 1 month
 - The amount of outstanding money on the accounts receivable

ANS: A DIF: Moderate REF: 4 OBJ: 2

4. Which level of education is generally required for one who seeks employment as an insurance coder?
- College diploma.
 - High school diploma.
 - Completion of an accredited program for coding certification.
 - No specific level of education is required.

ANS: C DIF: Easy REF: 4 OBJ: 4

5. The amount of money an insurance billing specialist earns is dependent on which of the following factors?
- Knowledge
 - Experience
 - Size of employing institution
 - All are correct

ANS: D DIF: Moderate REF: 9 OBJ: 5

6. A billing specialist is entrusted with
- holding patients' medical information in confidence.
 - collecting monies.
 - being a reliable resource for co-workers.
 - all are correct.

ANS: D DIF: Moderate REF: 13 OBJ: 7

7. Medical etiquette refers to
- consideration for others.
 - moral principles or practices.
 - laws.
 - the Oath of Hippocrates.

ANS: A DIF: Moderate REF: 11 OBJ: 9

8. Professional ethics include
- state laws.
 - federal laws.
 - standards of conduct.
 - civil torts.

ANS: C DIF: Moderate REF: 13 OBJ: 9

9. The earliest written code of ethical principles for the medical profession is the
- Oath of Hippocrates.
 - Socratic oath.
 - Code of Hammurabi.
 - Medicolegal oath.

ANS: C DIF: Easy REF: 13 OBJ: 9

10. What is the name of the modern code of ethics that the American Medical Association (AMA) adopted in 1980?
- a. The Modern Standards of Conduct Code
 - b. The Principles of Medical Ethics
 - c. The Oath of Hippocrates
 - d. The *American Medical Association Code of Ethics*

ANS: B DIF: Easy REF: 13 OBJ: 9

11. A self-employed medical insurance biller who does independent contracting is responsible for
- a. advertising.
 - b. billing.
 - c. accounting.
 - d. all are correct.

ANS: D DIF: Hard REF: 10 OBJ: 10

12. The Internet Health care Coalition has developed
- a. the AAMA Code of Ethics.
 - b. the eHealth Code of Ethics.
 - c. the AMA Code of Ethics.
 - d. the AHIMA Code of Ethics.

ANS: B DIF: Moderate REF: 13 OBJ: 9

13. Reporting incorrect information to government-funded programs is
- a. unethical.
 - b. illegal.
 - c. abuse.
 - d. fraud.

ANS: B DIF: Moderate REF: 13 OBJ: 9

14. The doctrine stating that physicians are legally responsible for both their own conduct and that of their employees is known as
- a. *respondeat superior*.
 - b. let the master answer.
 - c. vicarious liability.
 - d. all are correct.

ANS: D DIF: Hard REF: 14 OBJ: 10

15. The AHIMA Code of Ethics is appropriate for
- a. health information specialists.
 - b. coders.
 - c. insurance billing specialists.
 - d. all are correct.

ANS: D DIF: Easy REF: 14 OBJ: 9

COMPLETION

1. _____ is the total income produced by a health care organization.

ANS: Revenue

DIF: Moderate REF: 2 OBJ: 1

2. An NPP is a _____.

ANS: non-physician practitioner

DIF: Moderate REF: 3 OBJ: 3

3. Charging for services done in hospitals, acute care hospitals, skilled nursing or long-term care facilities, rehabilitation centers, or ambulatory surgical centers is known as _____ billing.

ANS: facility

DIF: Moderate REF: 3 OBJ: 2

4. Obtaining and recording patient data using a questionnaire before that person's first visit is known as _____.

ANS: preregistration

DIF: Easy REF: 3 OBJ: 3

5. Individuals who are employed by an insurance carrier and whose role is to analyze and process incoming claims, checking them for validity and determining if the services were reasonable and necessary are referred to as _____, _____ or _____.

ANS:
claims examiners claims adjustors claims representatives
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claims representatives, claims examiners, claims adjustors
claims representatives, claims adjustors, claims examiners

DIF: Moderate REF: 3 OBJ: 3

6. Patients who do not have any medical insurance and are liable for the entire bill are referred to as _____ patients.

ANS: self-pay

DIF: Easy REF: 4 OBJ: 3

7. Transmitting, receiving, storing, and forwarding of text, voice messages, attachments, or images by computer from one person to another is referred to as _____ mail.

ANS: electronic

DIF: Moderate REF: 12 OBJ: 3

8. The Greek physician known as the Father of Medicine devised the _____.

ANS: Oath of Hippocrates

DIF: Easy REF: 13 OBJ: 2

9. Most health care professionals have a well-defined _____ which easily draws a boundary on things which the professional can do and things they are not supposed to do.

ANS: scope of practice

DIF: Moderate REF: 13 OBJ: 3

10. The Greek physician known as the Father of Medicine devised the _____.

ANS: Oath of Hippocrates

DIF: Easy REF: 13 OBJ: 2

11. Standards of conduct by which an insurance billing specialist determines the propriety of his or her behavior in a relationship are known as medical _____.

ANS: ethics

DIF: Moderate REF: 13 OBJ: 9

12. The earliest written code of ethical principles of medicine is called the _____.

ANS: Code of Hammurabi

DIF: Easy REF: 13 OBJ: 9

13. In 1980, the AMA adopted a modern code of ethics called the _____.

ANS: Principles of Medical Ethics

DIF: Easy REF: 13 OBJ: 9

14. *Respondeat superior*, which literally means “let the master answer,” is also known as _____ liability.

ANS: vicarious

DIF: Hard REF: 14 OBJ: 1

15. All insurance billing specialists should check with their physician employers to see whether the specialist is included in the medical professional _____ insurance policy.

ANS: liability

DIF: Moderate REF: 14 OBJ: 10

TRUE/FALSE

1. The primary goal of an insurance claims assistance professional (CAP) is to assist the consumer in obtaining maximum benefits and to tell the patient what checks to write to providers to make sure there are no overpayments.
ANS: T DIF: Moderate REF: 4 OBJ: 11
2. In a medical practice, front office duties have lost importance.
ANS: F DIF: Easy REF: 4 OBJ: 3
3. Generally, a high school diploma is not required for an insurance billing specialist.
ANS: F DIF: Easy REF: 4 OBJ: 4
4. Working in a physician's office as an insurance billing specialist carries greater responsibilities than operating a self-owned insurance billing business.
ANS: F DIF: Moderate REF: 15 OBJ: 10
5. The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the physician.
ANS: F DIF: Moderate REF: 13 OBJ: 9
6. The Centers for Medicare and Medicaid Services, formerly known as the Health Care Financing Administration, adopted the Principles of Medical Ethics in 1980.
ANS: F DIF: Easy REF: 13 OBJ: 9
7. Illegal coding practices are subject to penalties, fines, and/or imprisonment.
ANS: T DIF: Moderate REF: 13 OBJ: 9
8. At certain times medical office staff members are allowed to make critical remarks about a physician to a patient.
ANS: F DIF: Moderate REF: 13 OBJ: 9
9. It is illegal to report incorrect information to government-funded programs such as Medicare, Medicaid, and TRICARE.
ANS: T DIF: Moderate REF: 13 OBJ: 9
10. The title used for medical billing personnel may depend on the region of the United States where they work.
ANS: T DIF: Moderate REF: 3 OBJ: 4
11. Insurance companies never require the patient to submit the claim form.
ANS: F DIF: Moderate REF: 4 OBJ: 3
12. Physicians are legally responsible for any actions of their employees performed within the context of their employment; therefore, an employee cannot be sued or brought to trial.
ANS: F DIF: Hard REF: 14 OBJ: 10
13. A claims assistance professional (CAP) acts as an informal representative of patients and helps patients interpret insurance contracts.
ANS: F DIF: Moderate REF: 4 OBJ: 11
14. In some states, giving an insured client advice on purchase or discontinuance of insurance policies is construed as being an insurance agent.
ANS: T DIF: Hard REF: 15 OBJ: 11
15. The best way for an insurance specialist to keep up to date in the profession is to read health care industry association publications, attend seminars on billing and coding, and participate in e-mail listserv discussions.
ANS: T DIF: Easy REF: 15 OBJ: 12