

# CBCS Exam Questions and Answers

## (Verified Answers)

1. When submitting claims, which of the following is the outcome if Block 13 is left blank

**ANS** The third-party payer reimburses the patient, and the patient is responsible for reimbursing the provider.

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2. Which of the following do physicians use to electronically submit claims?-

: **ANS** Clearinghouse

3. When billing a secondary insurance company, which block should the billing and coding specialist fill out on the CMS-1500 claim form

**ANS** 9a

4. A physician is contracted with an insurance company to accept the allowed amount. The insurance company allows \$80 of a \$120 billed amount, and \$50

of the deductible has not been met. How much should the physician write off the patient's account **ANS** 40

5. Which of the following is a requirement of some third-party payers before a procedure is performed

**ANS** Preauthorization form

6. A dependent child whose parents both have insurance coverage comes to the clinic. The billing and coding specialist uses the birthday rule to determine which insurance policy is primary. Which of the following describes the birthday rule

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**ANS** The parent whose birthdate comes first in the calendar year

7. A prospective billing account audit prevents fraud by reviewing and comparing a completed claim form with which of the following documents

**ANS** A billing worksheet from the patient account

8. Which of the following documents is required to disclose an adult patient's information

**ANS** A signed release from the patient

9. After reading a provider's notes about a new patient, a coding specialist decides to code for a longer length of time than the actual office visit. Which of the following describes the specialist's action

**ANS** fraud

10. Two providers from the same practice visit a patient in the emergency department using the same CPT code. The claim may be denied due to which of the following reasons

**ANS** Duplication of services

11. The physician bills \$500 to a patient. After submitting the claim to the insurance company, the claim is sent back with no payment. The patient still owes \$500 for the year. This amount is called which of the following

**ANS** Deductible