

CBCS Exam Study Guide

1. Medical Billing & Coding as a Career: *Claims assistant professional or claims manager, *Coding Specialist, * Collection Manager, *Electronic Claims Processor, *Insurance Billing Specialist, * Insurance Coordinator, *Insurance Counselor, *Medical Biller, *Medical & Financial Records Manager, * Billing & Coding Specialist

2. What are Medical Ethics?: Standards of conduct based on moral principle. They are generally accepted as a guide for behavior towards pt's, dr's, co-workers, the gov, and ins co's.

3. What does acting within ethical behavior boundaries mean?: carrying out one's responsibilities w/ integrity, dignity, respect, honesty, competence, fairness, & trust.

4. Compliance regulations:: Most billing-related cases are based on HIPPA and False Claims Act

5. Health Insurance Portability & Accountability Act (HIPAA): Enacted in 1996, created by the Health Care Fraud & Abuse Control Program-enacted to check for fraud and abuse in the Medicare/Medicaid Programs and private payers

6. What are the 2 provisions of HIPPA?: Title I: Insurance Reform
Title II: Administrative Simplification

7. What is Title I of HIPPA?: Insurance Reform-primary purpose is to provide continuous ins coverage for worker & their dependents when they change or lose jobs
Also *Limits the use of preexisting conditions exclusions *Prohibits discrimination from past or present poor health *Guarantees certain employees/indv the right to purchase new health ins coverage after losing job *Allows renewal of health ins cov regardless of an indiv's health cond. that is covered under the particular policy.

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8. What is Title II of HIPPA?: Administrative Simplification-goal is to focus on the health care practice setting to reduce administrative cost & burdens. Has 2 parts- 1) development and implementation of standardized health-related financial & administrative activities electronically 2) Implementation of privacy & security procedures to prevent the misuse of health info by ensuring confidentiality

9. What is the False Claims Act (FCA)?: Federal law that prohibits submitting a fraudulent claim or making a false statement or representation in connection w/ a claim. Also protects & rewards whistle-blowers.

10. **What is the National Correct Coding Initiative (NCCI)?**: Developed by CMS to promote the national correct coding methodologies & to control improper coding that lead to inappropriate payment of Part B health ins claims.

11. **How many edits does NCCI include?**: 2: 1) Column 1/Column 2 (prev called Comprehensive/Component) Edits
2) Mutually Exclusive Edits

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12. **Column 1/Column 2 edits (NCCI):** Identifies code pairs that should not be billed together b/c 1 code (Column 1) includes all the services described by another code (Column 2)

13. **Mutually Exclusive Edits (NCCI):** ID's code pairs that, for clinical reasons, are unlikely to be performed on the same pt on the same day

14. **What are the possible consequences of inaccurate coding and incorrect billing?:** *delayed processing & payment of claims *reduced payments, denied claims *fine and/or imprisonment *exclusion from payer's programs, loss of dr's license to practice med

15. **Who has the task of investigate and prosecuting health care fraud & abuse?:** The Office of Inspector General (OIG)

16. **Fraud:** knowingly & intentionally deceiving or misrepresenting info that may result in unauthorized benefits. It is a felony and can result in fines and/or prison.

17. **Who audits claims?:** State & federal agencies as well as private ins co's

18. **What are common forms of fraud?:** billing for services not furnished, un-bundling, & misrepresenting diagnosis to justify payment