

CBCS Exam Questions and Answers

(Verified Answers)

1. A nurse is reviewing a patients' labs prior to discharge and discovers an elevated glucose level. Which of the following health care providers should be alerted before the nurse can processed with the discharge process **ANS**
The attending physician.

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2. On the CMS-1500 claim form, blocks 14 through 33 contain information about which of the following **ANS** The patient's conditions and the provider's information

3. A provider performs an examination of a patient's sore throat during an office visit. Which of the following describes the level of the examination **ANS** -Problem-solving examination

4. The symbol "O" in the Current Terminology reference is used to indicate which of the following **ANS** Reinstated or recycled code

5. Which of the following is the portion of the account balance the patient must pay after services are rendered and the annual deductible is met **ANS**

Coinsurance

6. The billing and coding specialist should first divide the evaluation and management code by which of the following **ANS** Place of service

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7. The standard medical abbreviation "ECG" refers to a test used to assess which of the following body systems **ANS** Cardiovascular system

8. In the anesthesia section of the CPT manual, which of the following are considered qualifying circumstances **ANS** Add-on codes

9. As of April 1, 2014, what is the maximum number of diagnoses that can be reported on the CMS-1500 claim form before a further claim is required **ANS**

12

10. When submitting a claim with a diagnosis of kidney stones, which of the following procedure names is correct **ANS** Nephrolithiasis

11. Which of the following is one of the purposes of an internal auditing program in a physician's office **ANS** Verifying that the medical records and the billing record match

12. Patient: Jane Austin; Social Security No.:555-22-1111; Medicare ID No.:555-33-2222A; DOB: 05/22/1945. Claim information entered: Austin, Jane; Social Security No.:555-22-1111; Medical ID No.:555-33-2222A; DOB 052245. Which of the following is a reason the claim was rejected **ANS** The DOB is entered incorrectly

13. Which of the following options is considered proper supportive documentation for reporting CPT and ICD codes for surgical procedures **ANS** Operative report

14. Which of the following actions should be taken first when reviewing a delinquent claim **ANS** Verify the age of the account.

15. Which of the following components of an explanation of benefits expedites the process of a phone appeal **ANS** Claim control number

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