

NHA CBCS PRACTICE TEST

Questions and Answers | Verified Answers

1. 2. A claim is submitted with a transposed insurance member ID number & returned to the provider. This describes the status that should be assigned to the claim by the carrier >>> INVALID

2. 3. Medigap coverage is offered to Medicare beneficiaries by >>> PRIVATE THIRD-PARTY PAYER

3. 4. This provision ensures that an insured's benefits from all insurance companies does not exceed 100% of allowable medical: Coordination of benefits

4. 5. A coroner's autopsy is comprised of which examination >>> Gross examination.

5. 6. This statement is true regarding the release of patient records >>>

Patient access to psychotherapy notes may be restricted.

6. 7. Actions by a billing & coding specialist would be considered fraud >>>

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Billing for services not provided.

7. 8. The components of an explanation of benefits expedites the process of a phone appeal >>> Claim control number.

8. 9. On the CMS-1500 claim form, blocks 14 through 33 contain information of?.: The patient's condition & the provider's information

9. 10. A billing & coding specialist should understand that the financial record source that is generated by a provider's office is called a >>>

Patient Ledger Account.

10. 11. The medical terms refer to the sac that endoses the heart >>>

Pericardi-um.

11. 12. HIPAA transaction standards apply to >>> Health care clearinghouse.

12. 13. All dependents 10 years of age or older are required to have which of the following for TRICARE >>> Military identification.

13. 14. The standard medical abbreviation "ECG" refers to a test used to assess >>> Cardiovascular system.

14. 15. An example of a violation of an adult patient's confidentiality >>>

Patient information was disclosed to the patient's parent without consent.

15. 16. Claims that are submitted without an NPI number will delay payment to the provider because >>> the number is needed to identify the provider