

MULTIPLE CHOICE

1. What does the abbreviation MSHP designate?
- Multiple service health care professional
 - Multiskilled health practitioner
 - Multiskilled health professional
 - Managed care solo health practice

ANS: B DIF: Moderate REF: p. 4 OBJ: 1

2. Cost pressures on health care providers are forcing employers to reduce personnel costs by hiring
- specialized health care practitioners.
 - health care workers with college degrees.
 - multiskilled health care practitioners.
 - untrained health care practitioners.

ANS: C DIF: Moderate REF: p. 4 OBJ: 3

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

ANS: B DIF: Easy REF: p. 4 OBJ: 3

4. A claims assistance professional
- works for the consumer.
 - helps patients file insurance claims.
 - neither a nor b.
 - both a and b.

ANS: D DIF: Easy REF: p. 4 OBJ: 1

5. 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: Hard REF: p. 9 OBJ: 1

6. Front office medical duties have become increasingly important because
- diagnostic and procedure coding must be reviewed for its correctness and completeness.
 - the number of office visits for patients has increased.
 - the number of patients belonging to managed care plans has decreased.
 - the number of doctors has decreased.

ANS: A DIF: Moderate REF: p. 9 OBJ: 6

7. 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: Hard REF: p. 9 OBJ: 4

8. Which organization published diagnostic and procedure coding competencies for outpatient services and diagnostic coding and reporting requirements for physician billing?
- American Management Association (AMA)
 - American Academy of Professional Coders (AAPC)
 - American Association of Medical Assistants (AAMA)
 - American Health Information Management Association (AHIMA)

ANS: D DIF: Hard REF: p. 12 OBJ: 4

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

ANS: D DIF: Moderate REF: p. 12 OBJ: 5

10. A billing specialist is entrusted with
- holding patients' medical information in confidence.
 - collecting monies.
 - being a reliable resource for co-workers.
 - all of the above.
- ANS: D DIF: Moderate REF: p. 16 OBJ: 1
11. Medical etiquette refers to
- consideration for others.
 - moral principles or practices.
 - laws.
 - the Oath of Hippocrates.
- ANS: A DIF: Moderate REF: p. 14 OBJ: 9
12. Medical ethics include
- state laws.
 - federal laws.
 - standards of conduct.
 - civil torts.
- ANS: C DIF: Moderate REF: p. 16 OBJ: 1 | 9
13. 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: Moderate REF: p. 16 OBJ: 9
14. What is the name of the modern code of ethics that the American Medical Association (AMA) adopted in 1980?
- The Modern Standards of Conduct Code
 - The Principles of Medical Ethics
 - The Oath of Hippocrates
 - The *American Medical Association Code of Ethics*
- ANS: B DIF: Hard REF: p. 16 OBJ: 9
15. What should you do if you discover that a patient of your physician employer is under the care of another physician for the same ailment?
- Notify your physician.
 - Honor the patient's choice and say nothing.
 - Notify the other physician.
 - None of the above.
- ANS: A DIF: Hard REF: pp. 16-17 OBJ: 10
16. Reporting incorrect information to private insurance carriers is considered
- unethical.
 - poor etiquette.
 - criminal.
 - illegal.
- ANS: A DIF: Hard REF: p. 17 OBJ: 10
17. Which code of ethics is most appropriate for an insurance billing specialist who handles medical records?
- The American Health Information Management Association (AHIMA) code of ethics
 - The American Association of Medical Assistants, Inc. (AAMA) code of ethics
 - The claims assistance professional (CAP) code of ethics
 - The Certified Coding Specialist (CCS) code of ethics
- ANS: A DIF: Hard REF: p. 17 OBJ: 9
18. AHIMA publishes
- diagnostic and procedure coding competencies for outpatient services.
 - diagnostic coding and reporting requirements.
 - diagnostic medical terminology.
 - both a and b.
- ANS: D DIF: Moderate REF: p. 12 OBJ: 4
19. A self-employed medical insurance biller who does independent contracting is responsible for
- advertising.
 - billing.
 - accounting.
 - all of the above.
- ANS: D DIF: Moderate REF: p. 12 OBJ: 5

20. The Internet Healthcare 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: p. 17 OBJ: 4 | 9

21. Reporting incorrect information to government-funded programs is

- a. unethical.
- b. illegal.
- c. abuse.
- d. fraud.

ANS: B DIF: Moderate REF: p. 17 OBJ: 4 | 10

22. Insurance specialist certificate programs include

- a. anatomy.
- b. diagnostic coding.
- c. computer technology.
- d. all of the above.

ANS: D DIF: Moderate REF: p. 9 OBJ: 4

23. 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 of the above.

ANS: D DIF: Moderate REF: p. 17 OBJ: 10

24. The AHIMA Code of Ethics is appropriate for

- a. health information specialists.
- b. coders.
- c. insurance billing specialists.
- d. all of the above.

ANS: D DIF: Easy REF: p. 17 OBJ: 9

25. Why are multiskilled health practitioners (MSHPs) in demand?

- a. They are cross-trained to provide more than one function.
- b. They are often competent in more than one discipline.
- c. They offer more flexibility to their employer.
- d. All of the above.

ANS: D DIF: Moderate REF: p. 4 OBJ: 12

COMPLETION

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

ANS: Oath of Hippocrates

DIF: Hard REF: p. 16 OBJ: 9

2. 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: p. 16 OBJ: 9

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

ANS: Code of Hammurabi

DIF: Hard REF: p. 16 OBJ: 9

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

ANS: Principles of Medical Ethics

DIF: Hard REF: p. 16 OBJ: 9

5. It is _____ to report incorrect information to private insurance carriers because this can possibly damage the individual and the integrity of the database.

ANS: unethical

DIF: Hard REF: p. 17 OBJ: 9

6. To report incorrect information to a Medicare fiscal intermediary is _____.

ANS: illegal

DIF: Hard REF: p. 17 OBJ: 9

7. Physicians are paid on the basis of _____ units.

ANS: relative value

DIF: Moderate REF: p. 3 OBJ: 1

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

ANS: vicarious

DIF: Hard REF: p. 17 OBJ: 10

9. 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: p. 17 OBJ: 10

10. An NPP is a _____.

ANS: non-physician practitioner

DIF: Moderate REF: p. 3 OBJ: 10

11. Maintenance of health information records and distribution of mail to various departments in an office is done by a _____.

ANS: file clerk

DIF: Easy REF: p. 4 OBJ: 3

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

ANS: preregistration

DIF: Easy REF: p. 3 OBJ: 6

MATCHING

Determine whether the following statements are (a) illegal, (b) unethical, or (c) both illegal and unethical. You may use the three choices as many times as needed.

- a. Illegal
- b. Unethical
- c. Both illegal and unethical

1. Using code numbers to increase payment when case documentation does not warrant it.
2. Reporting incorrect information to Medicare.
3. Coding services that were not performed for payment.
4. Unbundling services when an available single code includes all services.
5. Reporting incorrect information to a private insurance carrier.
6. Assigning a code without documentation from the provider.
7. Coding a condition as primary when the majority of the treatment is for a preexisting condition.

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|-----------|---------------|------------|--------|
| 1. ANS: C | DIF: Moderate | REF: p. 17 | OBJ: 9 |
| 2. ANS: A | DIF: Moderate | REF: p. 17 | OBJ: 9 |
| 3. ANS: C | DIF: Moderate | REF: p. 17 | OBJ: 9 |
| 4. ANS: C | DIF: Moderate | REF: p. 17 | OBJ: 9 |
| 5. ANS: B | DIF: Moderate | REF: p. 17 | OBJ: 9 |
| 6. ANS: C | DIF: Moderate | REF: p. 17 | OBJ: 9 |
| 7. ANS: C | DIF: Moderate | REF: p. 17 | OBJ: 9 |

TRUE/FALSE

1. It is commonplace to find administrative duties shared by a number of specialists in the physician’s office.

ANS: T DIF: Easy REF: p. 4 OBJ: 2

2. 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: p. 4 OBJ: 10

3. In a medical practice, front office duties have lost importance.
ANS: F DIF: Easy REF: p. 9 OBJ: 1
4. Generally, a high school diploma is not required for an insurance billing specialist.
ANS: F DIF: Easy REF: p. 9 OBJ: 4
5. 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: p. 12 OBJ: 1
6. Electronic claims submissions are a format of the past.
ANS: F DIF: Easy REF: p. 13 OBJ: 1
7. It is acceptable practice for medical office personnel to use a patient's first name when speaking to the patient about his or her insurance.
ANS: F DIF: Easy REF: p. 15 OBJ: 11
8. 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: p. 16 OBJ: 9
9. 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: Hard REF: p. 16 OBJ: 9
10. Illegal coding practices are subject to penalties, fines, and/or imprisonment.
ANS: T DIF: Easy REF: p. 16 OBJ: 10
11. At certain times medical office staff members are allowed to make critical remarks about a physician to a patient.
ANS: F DIF: Moderate REF: p. 16 OBJ: 9
12. It is illegal to report incorrect information to government-funded programs such as Medicare, Medicaid, and TRICARE.
ANS: T DIF: Easy REF: p. 17 OBJ: 9
13. The title used for medical billing personnel may depend on the region of the United States where they work.
ANS: T DIF: Easy REF: p. 4 OBJ: 1
14. Medical billing employees should be able to perform a variety of administrative duties pertaining to the business office.
ANS: T DIF: Easy REF: p. 4 OBJ: 3
15. Insurance companies never require the patient to submit the claim form.
ANS: F DIF: Moderate REF: p. 9 OBJ: 1
16. 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: Moderate REF: p. 17 OBJ: 10
17. Rules of etiquette for e-mail and cell telephone calls fall under the Health Insurance Portability and Accountability Act.
ANS: T DIF: Moderate REF: p. 15 OBJ: 9
18. A claims assistance professional (CAP) acts as an informal representative of patients and helps patients interpret insurance contracts.
ANS: F DIF: Moderate REF: p. 4 OBJ: 10
19. 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: Easy REF: p. 10 OBJ: 10
20. An insurance billing specialist uses general skills in following an employer's established policies when dealing with the health care contract.
ANS: T DIF: Hard REF: p. 9 OBJ: 12
21. 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: p. 19 OBJ: 12