**Chapter 1 - Health Insurance Specialist Career**

**MULTIPLE CHOICE**

1. If the insurance plan has a *hold harmless clause*, it means that the patient is

|  |  |
| --- | --- |
| a. | charged for fees by the health care provider, per the EOB. |
| b. | automatically has lower out-of-pocket health care expenses. |
| c. | *not* responsible for paying what the insurance plan denies. |
| d. | required to pay any amounts that the insurance plan denies. |

ANS: D PTS: 1

2. The process of reporting \_\_\_\_\_\_\_\_\_\_ as numeric and alphanumeric characters on the insurance claim is called coding.

|  |  |
| --- | --- |
| a. | dates of service for procedures |
| b. | diagnoses and procedures/services |
| c. | health insurance claims identifiers |
| d. | national provider identifiers |

ANS: B PTS: 1

3. A claims examiner employed by a third-party payer reviews health-related claims to determine whether the charges are reasonable, in addition to

|  |  |
| --- | --- |
| a. | assigning ICD-10-CM and CPT codes. |
| b. | billing patients for copayments and coinsurance. |
| c. | determining medical necessity of services/procedures. |
| d. | resubmitting denied claims to health care providers. |

ANS: C PTS: 1

4. Which is another name for a health insurance specialist?

|  |  |
| --- | --- |
| a. | billing specialist |
| b. | coding specialist |
| c. | health information specialist |
| d. | reimbursement specialist |

ANS: D PTS: 1

5. A claims examiner is employed by a

|  |  |
| --- | --- |
| a. | facility to submit claims. |
| b. | governmental agency to process claims. |
| c. | physician’s office to submit claims. |
| d. | third-party payer to review claims. |

ANS: D PTS: 1

6. Which involves linking every procedure or service code reported on the claim to a condition code that justifies the necessity of performing that procedure or service?

|  |  |
| --- | --- |
| a. | claims adjudication |
| b. | diagnosis coding |
| c. | medical necessity |
| d. | reimbursement processing |

ANS: C PTS: 1

7. The CPT manual is published by the

|  |  |
| --- | --- |
| a. | American Billing Association. |
| b. | American Board of Physicians. |
| c. | American Dental Association. |
| d. | American Medical Association. |

ANS: D PTS: 1

8. Which is submitted to the payer requesting reimbursement?

|  |  |
| --- | --- |
| a. | explanation of benefits |
| b. | health insurance claim |
| c. | remittance advice |
| d. | preauthorization form |

ANS: B PTS: 1

9. The Centers for Medicare and Medicaid Services (CMS) agency is located in the \_\_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| a. | ACF |
| b. | DHHS |
| c. | FDA |
| d. | OIG |

ANS: B PTS: 1

10. When a health insurance plan’s preauthorization requirements are not met by providers,

|  |  |
| --- | --- |
| a. | administrative costs are reduced. |
| b. | patients’ coverage is canceled. |
| c. | payment of the claim is denied. |
| d. | providers pay a fine to the plan. |

ANS: C PTS: 1

11. Which coding system is used to report procedures and services on claims?

|  |  |
| --- | --- |
| a. | CPT |
| b. | ICD-10-CM |
| c. | SNDO |
| d. | SNOMED |

ANS: A PTS: 1

12. Which would be found on a remittance advice?

|  |  |
| --- | --- |
| a. | detected errors and omissions from claims |
| b. | documentation of medical necessity |
| c. | payment information about a claim |
| d. | provider qualifications and responsibilities |

ANS: C PTS: 1

13. Which guarantees repayment for financial losses resulting from an employee’s act or failure to act?

|  |  |
| --- | --- |
| a. | bonding insurance |
| b. | liability insurance |
| c. | property insurance |
| d. | workers’ compensation insurance |

ANS: A PTS: 1

14. Medical malpractice insurance is which type of insurance?

|  |  |
| --- | --- |
| a. | bonding |
| b. | liability |
| c. | property |
| d. | workers’ compensation |

ANS: B PTS: 1

15. Which type of insurance covers employees and their dependents against injury and death that occurs during the course of employment?

|  |  |
| --- | --- |
| a. | bonding |
| b. | liability |
| c. | property |
| d. | workers’ compensation |

ANS: D PTS: 1

16. The word *embezzle* means to \_\_\_\_\_.

|  |  |
| --- | --- |
| a. | compensate |
| b. | disburse |
| c. | remunerate |
| d. | steal |

ANS: D PTS: 1

17. Independent contractors should purchase \_\_\_\_\_\_\_\_\_\_ liability insurance, which provides protection from claims that contain errors and omissions resulting from professional services provided to clients as expected of a person in the contractor’s profession.

|  |  |
| --- | --- |
| a. | bonding |
| b. | business |
| c. | professional |
| d. | property |

ANS: C PTS: 1

18. Which term describes the principles of right or good conduct and includes rules that govern the conduct of members of a profession?

|  |  |
| --- | --- |
| a. | biased |
| b. | ethics |
| c. | immoral |
| d. | misleading |

ANS: B PTS: 1

19. The *Healthcare Common Procedure Coding System* (HCPCS) consists of \_\_\_\_\_\_\_\_\_\_ codes.

|  |  |
| --- | --- |
| a. | CPT and national |
| b. | DSM and CDT |
| c. | ICD-10-CM and ICD-10-PCS |
| d. | SNOMED and SNDO |

ANS: A PTS: 1

20. Health information technicians \_\_\_\_\_.

|  |  |
| --- | --- |
| a. | assist with direct patient care |
| b. | document clinical information |
| c. | manage medical records |
| d. | process health insurance claims |

ANS: C PTS: 1

21. The organization that hires a(n) \_\_\_\_\_\_\_\_\_\_ is not liable for the acts or omissions of that individual.

|  |  |
| --- | --- |
| a. | health insurance specialist |
| b. | health care provider |
| c. | independent contractor |
| d. | medical assistant |

ANS: C PTS: 1

22. During completion of a student internship, the facility will likely require students to sign a nondisclosure agreement to protect \_\_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| a. | facility resources |
| b. | health care finances |
| c. | patient confidentiality |
| d. | quality of patient care |

ANS: C PTS: 1

23. Which coding system is used to report procedures and services on inpatient hospital claims?

|  |  |
| --- | --- |
| a. | CPT |
| b. | HCPCS level II |
| c. | ICD-10-CM |
| d. | ICD-10-PCS |

ANS: D PTS: 1

24. Which does a provider usually employ to perform administrative and clinical tasks, which help keep the office or clinic running smoothly?

|  |  |
| --- | --- |
| a. | health information technician |
| b. | medical assistant |
| c. | nurse practitioner |
| d. | reimbursement specialist |

ANS: B PTS: 1

25. Which organization offers the CMBS exam?

|  |  |
| --- | --- |
| a. | AAPC |
| b. | AHIMA |
| c. | AMBA |
| d. | MAB |

ANS: D PTS: 1

26. Which are published by CMS and used to report procedures, services, and supplies not classified in CPT?

|  |  |
| --- | --- |
| a. | dental codes |
| b. | disease codes |
| c. | injury codes |
| d. | national codes |

ANS: D PTS: 1

27. Conduct or qualities that characterize a professional person are called \_\_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| a. | certification |
| b. | credentials |
| c. | professionalism |
| d. | specialization |

ANS: C PTS: 1

28. Which is an insurance agreement that protects business contents against fire, theft, and other risks?

|  |  |
| --- | --- |
| a. | bonding insurance |
| b. | business liability insurance |
| c. | errors and omissions insurance |
| d. | property insurance |

ANS: D PTS: 1

29. Which is Latin for “let the master answer,” which means that the employer is liable for the actions and omissions of employees as performed and committed within the scope of their employment?

|  |  |
| --- | --- |
| a. | *res gestae* |
| b. | *res ipsa loquitur* |
| c. | *respondeat superior* |
| d. | *requiescat in pace* |

ANS: C PTS: 1

30. Which defines a profession, delineates qualifications and responsibilities, and clarifies supervision requirements?

|  |  |
| --- | --- |
| a. | job description |
| b. | policy and procedure |
| c. | scope of practice |
| d. | workforce development |

ANS: C PTS: 1