

Healthcare Business Monthly Tests Your Knowledge

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1. Is a provider required to offer patients copies of their medical records?
 - A. Yes, at every office visit.
 - B. Yes, once a year.
 - C. Only if the patient requests specific records.
 - D. Not if the provider has a patient portal.
2. When a patient requests a copy of their records, how long does the HIPAA entity have to respond to the request?
 - A. 15 days
 - B. 30 days
 - C. 45 days
 - D. 60 days
3. RTM services differ from RPM services in all except which of the following?
 - A. Physicians may not bill RTM services.
 - B. RTM services monitor therapeutic responses, not physiologic data.
 - C. Nonphysician qualified healthcare professionals such as physical therapists can bill for RTM services.
 - D. Therapy assistants can bill for services performed under the supervision of a therapist.
4. According to CMS, how may RTM services be billed?
 - A. Under direct supervision
 - B. Under general supervision
 - C. No supervision is required
 - D. Incident-to billing is not allowed
5. In 2023, CMS expanded the regulatory definition of CRC screening to include which of the following?
 - A. Immunoassay-based fecal occult blood tests (iFOBT)
 - B. Follow-on screening colonoscopy after non-invasive screening test returns a positive result
 - C. Blood-based biomarker tests
 - D. Cologuard™ multi-target stool DNA (MT-sDNA) test
6. Colorectal screening tests that turn into a diagnostic or therapeutic service fall under the CAA coinsurance reduction plan when reported with which of the following HCPCS Level II codes?
 - A. G0105
 - B. G0106
 - C. G0120
 - D. G0328
7. What is the best way to find a good vendor partner, according to the article "Successful Vendor Selection Starts With You?"
 - A. By asking for references from other organizations that are comparable in size or specialty to yours
 - B. By asking a consultant
 - C. By attending conferences
 - D. By following trade magazines
8. What is the best method for assessing a vendor product, according to the article "Successful Vendor Selection Starts With You?"
 - A. Reading the brochure
 - B. Watching a demo
 - C. Testing its features immediately after onboarding
 - D. Reading periodic reports from the vendor partner after onboarding
9. What is a CBR?
 - A. A list of improper claims payments that have resulted in fraud litigation
 - B. A precursor to an audit
 - C. A data report used for education and improvement
 - D. A checklist-based reading technique for EHR improvement
10. What type of information is in a CBR?
 - A. A list of improper payments
 - B. A summary of Medicare claims data statistics for a single employer
 - C. A notification of an audit timeline
 - D. A list of problems or errors to correct by a specific date
11. Which of the following statements is true concerning phishing scams?
 - A. Emails sent from colleagues can be considered safe.
 - B. Performing regular computer system updates helps protect devices against attackers.
 - C. Turning on automatic downloads will help your email software identify dangerous files.
 - D. Avoid cloud-based email systems, as they tend to allow in ransomware.
12. How would you code low back pain that a provider documents as chronic?
 - A. M54.50, G89.29
 - B. M54.59
 - C. M54.4, G89.29
 - D. S39.012S

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13. Which of the following is the proper way to query a provider when their documentation about a patient's back pain is not clear?
 - A. Dr. Jones, you use the term 'persistent' repeatedly. Could you correct this and call it chronic?
 - B. Dr. Jones, can you expand on the type of back pain and management the patient has had?
 - C. Dr. Jones, when you say 'several months' does this indicate a chronic condition?
 - D. Dr. Jones, this patient has had low back pain for a while. Can you confirm whether it is a chronic condition and adjust your documentation?
14. Which of the following is an appropriate use of modifier 24?
 - A. The E/M furnished by a different physician is related to the first procedure.
 - B. The same diagnosis may be addressed as the original procedure if a different anatomical site is evaluated.
 - C. Chemotherapy management is provided by a different physician during the postoperative period of a procedure.
 - D. Documentation supports medical decision making for the effects of the postoperative care.
15. What does a global surgical package include?
 - A. Follow-up visits during the postoperative period to ensure proper recovery from the procedure
 - B. Any postoperative pain management by the surgeon or other QHP from the same practice
 - C. All services required during the postoperative period due to a complication from the surgery, provided the patient does not require additional trips to the operating room
 - D. All of the above
16. Which of the following should you do to ensure compliance with the Medicare policy for facet joint injections?
 - A. Limit injections to 5 in a 12-month period
 - B. Limit injections to 10 in a 12-month period
 - C. Limit injections to 5 sessions in a 12-month period
 - D. Limit injections to 10 sessions in a 12-month period
17. True or False. Per ACR guidelines, a physician signature is required in a diagnostic imaging report.
 - A. True
 - B. False
18. Which of the following statements concerning diagnostic radiology coding is false?
 - A. If your office has a list of standard views, you cannot use it for coding purposes.
 - B. All diagnostic ultrasound examinations require permanent image documentation.
 - C. Hospitals are exempt from reporting modifier TC for their services.
 - D. Oral and/or rectal administration can be billed as a "with contrast" study.
19. Which of the following is one of the three categories the IRS says employers can use to determine whether their workers are employees or independent contractors?
 - A. Former tax status
 - B. Worker's previous employment record
 - C. Behavioral control
 - D. Worker's desired status
20. Which of the following did the NAB introduce in 2022?
 - A. New member orientation meetings
 - B. Facebook live social hours
 - C. In-person career fairs
 - D. All of the above