

AAHAM EXAM WITH CORRECT ANSWERS

Requirement that all diagnostic or outpatient services furnished in connection with the principle admitting diagnosis within one day prior to the hospital admission are bundled with the inpatient services for medicare billing - Answer- 1-DAY RULE

Requirement that all diagnostic or outpatient services furnished in connection with the principle admitting diagnosis within three days prior to the hospital admission are bundled with the inpatient services for medicare billing. - Answer- 3-DAY RULE

The American National Standards Institute transaction for a professional claim (the electronic equivalent of the CMS 15000), formerly the 837P - Answer- 5010A1

the American National Standards Institute transaction for an institutional claim; as a result of HIPAA, it is replacing the electronic UB-04. - Answer- 837I

Write the letter in the appropriate blank below to indicate the term being described.

- a. Bad debt
- b. Charity care
- c. Indigent
- d. Judgment
- e. Lien
- f. Statute of limitations
- g. Tort

- 1 ___ A liability for an injury or wrongdoing by one person to another resulting from a breach of legal duty
- 2 ___ An uncollectible account resulting from the extension of credit
- 3 ___ The amount of time in which a claim must be collected before it is deemed paid or satisfied
- 4 ___ A legally verified claim against a debtor; a legal right to collect a debt that can be used to obtain a lien
- 5 ___ Service provided that is never expected to result in cash flow
- 6 ___ An individual with no means of paying for services or treatments, who is not eligible for Medicaid or another public assistance program
- 7 ___ A recorded claim against real or personal property; if the property is sold, the creditor must be paid out of the proceeds of that sale - Answer- 1. G

2. A

3. F

Aaham Practice Exam

Marilyn Fordney



Aaham Practice Exam:

CRCS Prep with Practice Questions for the AAHAM Certified Revenue Cycle Specialist Institutional and Professional Exams [2nd Edition] Matthew Lanni, 2021-06-18 APEX Test Prep's CRCS Prep with Practice Questions for the AAHAM Certified Revenue Cycle Specialist Institutional and Professional Exams 2nd Edition APEX Test Prep believes that preparing for the CRCS I and P exams shouldn't be harder than the tests themselves. To that end, we pack our products with everything you need. This includes testing tips, clear instruction, comprehensive material, practice questions, and detailed answer explanations. We want you to succeed. Get a copy of our APEX Test Prep CRCS study guide to get access to Test Taking Tips. We give you the best practice when taking exams to help you pass with confidence. These APEX Test Prep tips help you get inside the minds of the test creators and help you make educated guesses when you get stumped.

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issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap

Insurance Handbook for the Medical Office - E-Book Marilyn Fordney,2015-12-08 Stay up on the latest in insurance billing and coding with Marilyn Fordney s *Insurance Handbook for the Medical Office* 14th Edition Trusted for more than 30 years this market leading handbook equips you to succeed as medical insurance specialist in any of today s outpatient settings Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies As with previous editions all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text as well as icons for different types of payers lists of key abbreviations and numerous practice exercises that assist you in accurately filling out claim forms This new edition also features expanded coverage of ICD 10 electronic medical records electronic claims submission and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology Separate chapter on HIPAA Compliance in Insurance Billing as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to code ICD 10 with the planned effective

date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap

Fordney's Medical Insurance and Billing - E-Book Linda M. Smith, Cheryl Fassett, 2024-08-07 Gain the skills you need to succeed in insurance coding and billing Fordney's Medical Insurance and Billing 17th Edition helps you master the insurance billing specialist's role and responsibilities in areas such as diagnostic coding procedural coding HCPCs coding medical documentation billing and collection Using clear explanations this book covers all types of insurance coverage commonly encountered in hospitals physicians offices and clinics Step by step guidelines lead you through the submission of electronic claims and paper claims as well as the job search and professional advancement Written by coding specialist and educator Linda M Smith this market leading text is a complete guide to becoming an efficient insurance billing specialist NEW HCPCs Coding chapter covers ambulance billing supply billing and certificates of medical necessity NEW Content on professionalism includes customer service conflict management diversity awareness leadership and other competencies to help you become an effective engaged and highly functioning employee NEW Additional content on medical decision making helps you select the appropriate evaluation and management codes under the current documentation guidelines NEW Additional examples of CMS claims include those from Blue Shield and Automobile Insurance NEW Updates to credentialing include those specific to Medicare Medicaid and Workers Compensation Coverage of medical documentation diagnostic coding and procedural coding provides you with the foundation and skills needed to work in a physician's office as well as ambulatory and inpatient settings Coverage of the role and responsibilities of the insurance billing specialist emphasizes advanced job opportunities and certification Chapter on HIPAA compliance as well as Compliance Alerts highlight important HIPAA compliance issues and the latest regulations Step by step procedures detail common responsibilities of the insurance billing specialist and coder Key terms and abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Color coded icons denote and clarify information rules and regulations for each type of payer Insights From The Field includes more interviews with experienced insurance billing specialists providing a snapshot of their career paths and offering advice to the new student Scenario boxes help you apply concepts to real world situations Quick Review sections summarize chapter content and also include review questions Student Software Challenge on the Evolve website allows you to practice filling out interactive CMS 1500 forms

Health Care Job Explosion! Dennis V. Damp, 2006 *Health Care Job Explosion* offers a distinct advantage over other books of this type It is two books in one a comprehensive Career Guide plus a dynamic Job Finder First it presents comprehensive health care occupational descriptions and then provides resources to locate job announcements job hotlines job fairs placement services

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For-profit Schools United States. Congress. Senate. Committee on Health, Education, Labor, and Pensions, 2013

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