

Certification study guide for NHA CBCS Exam Questions with Answers. Graded A+

Medical Ethics - Ans-Standards of conduct based on moral principals. Acting within ethical behavior boundaries means carrying out one's responsibilities with integrity, decency, respect, honesty, competence, fairness and trust.

Compliance Regulations - Ans-Most billing related cases are based on HIPAA and the False Claims Act.

HIPAA is an acronym for - Ans-Health Insurance Portability and Accountability Act of 1996.

Category 1 CPT codes - Ans-Medical Procedures.

Category 2 CPT codes - Ans-Supplemental Codes for Performance Measures.

Category 3 CPT codes - Ans-Emerging Technologies.

Add on Codes - Ans-Used for procedures that are always performed during the same operative session, as another surgery in addition to the primary service/procedure and is never performed separately.

Anesthesia is found - Ans-00100-01999, 99100-99140.

Evaluation and Management (E&M) codes - Ans-Are listed first in the CPT manual because they are used by all the different specialties.

Brackets - Ans-Used to enclose synonyms, alternative wording or and explanatory phrase.

Nha Cbcs Certification Exam Study Guide

Jennifer Hornung Garvin



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Insurance Handbook for the Medical Office Marilyn Takahashi Fordney, 2004 A bestseller for over 25 years this text helps users excel at all aspects of insurance billing submitting tracing appealing and transmitting claims Its comprehensive coverage also includes important information on diagnostic coding procedural coding office and insurance collection strategies Medicare Managed Care and more This edition has been reviewed by industry experts and carefully updated to reflect recent changes in the industry including the addition of special HIPAA Compliance Alerts throughout the book to help users comply with important governmental privacy regulations Instructor resources are available please contact your Elsevier sales representative for details Icons help students identify each insurance payer with a specific color and graphic making the learning process more effective Emphasizes procedural CPT and HCPCS and diagnostic ICD 9 CM coding and documentation since they are the keystones to obtaining maximum reimbursement Block by block teaching approach organized by payer category for the CMS 1500 claim form facilitates understanding effective learning and greater productivity Detailed examples and samples of completed insurance forms help students see how knowledge is applied in the real world Accompanying CD ROM of practice software

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