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 boundries 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.

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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 guizzes 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 Certified Billing and Coding Specialist (CBCS) Study Guide Edition 3.0 Assessment Technologies Institute, 2021-07 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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