Name:_____ Class:_____ Date:_____

Test Bank For

Understanding Health Insurance A Guide to Billing and Reimbursement 19th Edition 2025 by Michelle A. Green

Chapter 1-17

Chapter 01: Health Insurance Specialist Career

1. If the insurance plan has a *hold harmless clause*, it means that the patient
   a. is charged for fees by the health care provider, per the EOB.
   b. automatically has lower out-of-pocket health care expenses.
   c. is *not* responsible for paying what the insurance plan denies.
   d. was required to pay any amounts that the insurance plan denies.

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_24_1.2 - Briefly summarize health insurance claims processing and the parties involved.
DATE CREATED: 12/11/2023 3:17 PM
DATE MODIFIED: 12/20/2023 5:49 AM

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

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_24_1.2 - Briefly summarize health insurance claims processing and the parties involved.
DATE CREATED: 12/11/2023 3:17 PM
DATE MODIFIED: 12/11/2023 3:17 PM

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 the medical necessity of services/procedures.

d. resubmitting denied claims to health care providers.

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_24_1.2 - Briefly summarize health insurance claims processing and the parties involved.
UHI_GREEN_24_1.3 - Identify career opportunities available for health insurance specialists.
DATE CREATED: 12/11/2023 3:17 PM
DATE MODIFIED: 12/11/2023 3:30 PM

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

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

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_24_1.3 - Identify career opportunities available for health insurance specialists.
DATE CREATED: 12/11/2023 3:17 PM
DATE MODIFIED: 12/11/2023 3:17 PM

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.

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_24_1.3 - Identify career opportunities available for health insurance specialists.
DATE CREATED: 12/11/2023 3:17 PM
DATE MODIFIED: 12/11/2023 3:17 PM

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

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

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_24_1.2 - Briefly summarize health insurance claims processing and the parties involved.
DATE CREATED: 12/11/2023 3:17 PM
DATE MODIFIED: 12/19/2023 8:20 AM

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.

ANSWER: d
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_24_1.2 - Briefly summarize health insurance claims processing and the parties involved.
DATE CREATED: 12/11/2023 3:17 PM
DATE MODIFIED: 12/19/2023 10:38 AM

8. Which is submitted to the payer requesting reimbursement?

a. explanation of benefits
b. health insurance claim
c. remittance advice
d. prior approval form

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_24_1.5 - Describe the job responsibilities of a health insurance specialist.

DATE CREATED: 12/11/2023 3:17 PM
DATE MODIFIED: 12/11/2023 3:17 PM

9. The Centers for Medicare and Medicaid Services (CMS) administrative agency is located in the _____.
   a. ACF
   b. DHHS
   c. FDA
   d. OIG

ANSWER: b
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_24_1.2 - Briefly summarize health insurance claims processing and the parties involved.
DATE CREATED: 12/11/2023 3:17 PM
DATE MODIFIED: 12/11/2023 3:31 PM

10. When a health insurance plan's prior approval 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.

ANSWER: c
POINTS: 1
QUESTION TYPE: Multiple Choice
HAS VARIABLES: False
LEARNING OBJECTIVES: UHI_GREEN_24_1.2 - Briefly summarize health insurance claims processing and the parties involved.
DATE CREATED: 12/11/2023 3:17 PM
DATE MODIFIED: 12/11/2023 3:17 PM

11. Which coding system is used to report procedures and services on claims?
   a. CPT
   b. ICD-10-CM
   c. SNDO
   d. SNOMED

ANSWER: a
POINTS: 1
QUESTION TYPE: Multiple Choice