

**MEDICAL CODING AND BILLING CERTIFICATION**  
**(MCBC) EXAM PART 1,2 AND 3 LATEST WITH ACTUAL**  
**QUESTIONS AND CORRECT VERIFIED ANSWERS**  
**ALREADY GRADED A+ 100% GUARANTEED PASS!**

Which of the following entities is responsible for implementing the various provisions of HIPAA in Health Care? - ✓✓ANSWER✓✓>>D. Centers for Medicare and Medicaid Services (CMS)

Which of the following is not a key component in selecting a level of Evaluation and Management (E/M) services? - ✓✓ANSWER✓✓>>B. Date

When an non-member physician treats an HMO patient, the service rendered is termed: - ✓✓ANSWER✓✓>>D. Out of Plan or out of Network

New Codes in the CPT Manual are represented by: - ✓✓ANSWER✓✓>>C. A solid circle

The Medical Program for dependents of active military personnel is called: - ✓✓ANSWER✓✓>>B. TRICARE

When a code has less than 6 characters and a 7th character applies, it is appropriate to leave a space in the code? - ✓✓ANSWER✓✓>>False

A sequela of an injury is reported with the code that describes the sequela followed by the code for the injury with 7th character 'S'. - ✓✓ANSWER✓✓>>True

Karen has been in a car accident and broke her arm. Which volume will you refer to first to find a code representing her problem? - ✓✓ANSWER✓✓>>C. Volume 3 - The Alphabetical Index.

In which chapter would you find a malignant cancer of the esophagus? - ✓✓ANSWER✓✓>>Chapter XXI - Factors influencing health status and contact with health services (Z00-Z99)

In which chapter would you find a malignant cancer of the esophagus? -

✓✓ANSWER✓✓>>A. Chapter II Neoplasms

A veteran's wife needs to go to the doctor. Her husband's leg was cut off due to a explosion in Afghanistan. Which insurance is she likely to have? - ✓✓ANSWER✓✓>>B. CHAMPVA

In the diagnostic statement "eye dryness from insufficient tear production" the primary diagnosis is - ✓✓ANSWER✓✓>>C. Insufficient tear production

Health policies concerning the patient's constitutional right to privacy, confidentiality, and informed consent are a part of: - ✓✓ANSWER✓✓>>Patient's Bill of Rights

Services that are not covered by an insurance plan are referred to as: - ✓✓ANSWER✓✓>>D. Exclusions

C codes, in the HCPCS describe some services, such as drugs, biologicals, devices and supplies that are provided in the \_\_\_\_\_ setting? - ✓✓ANSWER✓✓>>C. Outpatient hospital

What do the letters NEC indicate? - ✓✓ANSWER✓✓>>D. Indicates the use of code assignment for "other" when a more specific code does not exist

The term malignant refers to: - ✓✓ANSWER✓✓>>D. Used to describe a cancerous tumor that grows worse over time

An inconclusive diagnosis is indicated by terms such as: - ✓✓ANSWER✓✓>>A. Rule out, suspected, probable

Codes that identify the procedures performed for a patient are called: - ✓✓ANSWER✓✓>>A. CPT

Giving the patient adequate information concerning the method, risk and consequences prior to a procedure is called: - ✓✓ANSWER✓✓>>C. Informed consent

Chief Complaint (element 1 of history) - ✓✓ANSWER✓✓>>History of present illness, Review symptom, Past, Family, and Social history

History Levels (Element 2 of history) and Examination Levels (Element 3 of History) - ✓✓ANSWER✓✓>>Problem focused, expanded problem focused,

detailed,  
Comprehensive

Medical Decision Making Complexity Levels (element 4 of history) -

✓✓ANSWER✓✓>>Straightforward,

Low,

Moderate,

High

straightforward - ✓✓ANSWER✓✓>>Minimal diagnosis

Minimal risk

Minimal complexity of data

Low - ✓✓ANSWER✓✓>>Limited diagnosis

Limited/low risk to patient

Limited data

Moderate - ✓✓ANSWER✓✓>>Multiple diagnosis

Moderate risk to patient

Moderate amount and complexity of data

high - ✓✓ANSWER✓✓>>Extensive diagnosis

high risk to patient

extensive amount and complexity of data

truncated coding (error in coding) - ✓✓ANSWER✓✓>>using diagnosis codes that are not as specific as possible

assumption coding (fraudulent coding) - ✓✓ANSWER✓✓>>reporting items of services that are not actually documented

errors of the coding process - ✓✓ANSWER✓✓>>-altering documentation after services are reported

-coding without documentation

-reporting services provided by unlicensed or unqualified clinical personnel

-coding a unilateral service twice instead of choosing the bilateral

-not satisfying the condition of coverage for a particular service

-codes that report more than one diagnosis with one code is a combination code

Unbundling codes - ✓✓ANSWER✓✓>>when multiple codes are used to code a procedure when a single code should be used

Upcoding - ✓✓ANSWER✓✓>>using a procedural code that provides a higher reimbursement rate than the correct code

Downcoding - ✓✓ANSWER✓✓>>the document does not justify the level of service

Most common billing errors - ✓✓ANSWER✓✓>>Billing non-covered services

Billing over limit services

Upcoding

Downcoding

Billing without signatures

Using outdated codes

External Audits

Internal Audits

Retrospective audits - ✓✓ANSWER✓✓>>Types of Audits done to avoid billing and coding errors

External Audits - ✓✓ANSWER✓✓>>a private payer or government investigator's review of selected records of a practice for compliance

Internal Audits - ✓✓ANSWER✓✓>>self-audit conducted by a staff member or consultant

Retrospective Audits - ✓✓ANSWER✓✓>>conducted after the claim has been send the remittance advice has been received

Adjustments - ✓✓ANSWER✓✓>>amounts added to or taken away from the balance of an account

Two methods to determine rates to be paid to providers - ✓✓ANSWER✓✓>>Charge; Resource

Charge - ✓✓ANSWER✓✓>>based fees are established using the fees of providers providing similar services

resource - ✓✓ANSWER✓✓>>-how difficult is it for the provider to do the procedure

-how much office overhead is involved

-the relative risk the procedure presents to the patient and the provider

Clearing Houses - ✓✓ANSWER✓✓>>Edits and transmits batches of claims to insurance companies

Fee schedule - ✓✓ANSWER✓✓>>Payment is predetermined according to a table of diagnoses and their eligible fees

usual - ✓✓ANSWER✓✓>>fee normally charged for a given service