

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

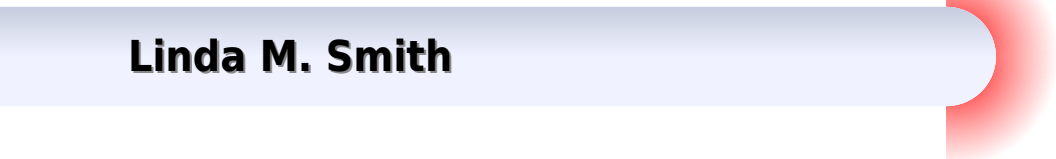
- 1 ____ A liability for an injury or wrongdoing by one person to another resulting from a breach of legal duty
- 2 ____ An uncollectible account resulting from the extension of credit
- 3 ____ The amount of time in which a claim must be collected before it is deemed paid or satisfied
- 4 ____ A legally 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

Linda M. Smith



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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

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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

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