

# Medical Association of Billers



## **Certified Medical Billing Specialist<sup>®</sup> (CMBS) Sample Examination**

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**The CMBS Examination consists of 100 questions. Below are sample questions from each category. Good Luck!**

### **Medical Terminology**

Medical Terminology is not on the CMBS exam but may be on a retest.

Complete the sentences below using the following terms:

- (a) Hemophobia      (b) Tonsillectomy      (c) Hemolysis      (d) Tonsillitis

1. Inflammation of the tonsils is known as \_\_\_\_\_.
2. \_\_\_\_\_ is the destruction of red blood cells.
3. The fear of blood is known as \_\_\_\_\_.

### **Medical Billing**

4. The standard office visit fee for a procedure is \$1400. Your physician is contracting with ABC insurance and the fee schedule is \$1275, what would the contractual adjustment be?
  - a. \$125
  - b. \$280
  - c. \$1,020
  - d. \$1,120
5. If both parents have health insurance the parent whose insurance is primary is the \_\_\_\_\_.
  - a. Mother
  - b. Father
  - c. One who has had insurance the longest
  - d. One whose birthday is first in the year
6. If the provider does not have a contract with a commercial insurance payer, you can balance bill the patient for fees above the payer payment.
  - a. True
  - b. False



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**Claim Form**

7. On a CMS 1500 claim form, what block is used for the diagnosis codes?
- Box 24E
  - Box 24D
  - Box 21
  - Box 24
8. If a patient's last name is Henderson, but on their insurance card it says Hendersen, you should use the correct spelling on the claim form, and not what's on the insurance card.
- True
  - False
9. Where is the secondary insurance information placed on a CMS 1500 claim form?
- Box 1
  - Box 4
  - Box 9
  - Box 11

**Medicare**

10. To qualify for Medicare coverage, the recipient must:
- Be 65 or older
  - Have permanent kidney failure
  - Be disabled
  - Any of the above
11. What part of Medicare pays for Prescription Drugs?
- Part A
  - Part B
  - Part C
  - Part D



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12. A Medicare patient is seen by a non-participating physician who accepts assignment. The office fee is \$100 and the Medicare allowable is \$80. Assuming the beneficiary has not met their annual deductible, the office would bill the patient for \_\_\_\_\_.

- a. \$16.00
- b. \$20.00
- c. \$76.00
- d. \$80.00

13. Medicare Part B is automatic when a beneficiary reaches 65 if they have worked for ten (10) years.

- a. True
- b. False

### CPT Coding

14. What symbol is used to identify codes that are exempt from modifier -51?

- a. +
- b. ●
- c. ⊙
- d. ▲

15. What is the procedure code for anesthesia for a third degree burn excision without skin grafting, 9% of total body surface?

- a. 01951
- b. 01952
- c. 01953
- d. None of the above

16. An established patient was seen for an expanded problem focused history, expanded problem focused exam and moderate complexity medical decision making. The provider should bill for a level 4 visit.

- a. True
- b. False



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### Modifiers

17. A patient was in the operating room for a diagnostic arthroscopy of the knee. The physician inserted the arthroscope and the patient suddenly went into respiratory distress. The arthroscope was withdrawn and the procedure was terminated. What modifier would you use with the procedure code?
- 52
  - 53
  - 58
  - None of the above
18. A physician performs a 99213 and a 12031 on the same date of service. You should append modifier -25 to:
- 99213
  - 12031
  - Both
  - Neither
19. A patient has a biopsy of deep cervical lymph nodes on May 8 and the pathology report comes back showing malignancy. She elects to have a lymphadectomy on May 11 by her physician. What modifier would be used on the lymphadectomy?
- 57
  - 58
  - 76
  - 78

### ICD-10 CM Coding

20. A combination code is a single code used to classify two diagnoses, or a diagnosis with an associated \_\_\_\_\_.
- Definitive diagnosis
  - Default code
  - Complication
  - Residual condition
21. For patients who routinely use insulin, code Z79.00, Long-term (current) use of insulin, should also be assigned.
- True
  - False



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22. The ICD-10 code for nausea (without vomiting) is R11.0.
- a. True
  - b. False
23. In ICD-10-CM a placeholder is used for some codes requiring the 7<sup>th</sup> digit. The placeholder is represented as a/an \_\_\_\_\_.
- a. A
  - b. X
  - c. Default code
  - d. Excludes 1 code
24. Patient has post-operative hemorrhage due to accidental puncture of the spleen during gastric bypass surgery.
- a. S36.030 A
  - b. S36.030 S
  - c. D78.11
  - d. D78.12

### **Analysis of an EOB**

Use the following EOB for questions 25-27.

Please see next page.



EOB

PERF	PROV	SERV DATE	POS	NOS	PROC	MOD	BILLED	ALLOWED	DED	PATIENT	GRP/RC	AMT	PROV PD		
NAME: PATIENT #1 HIC# 987654321A ACNT# 000066655															
VMD0099		061911	61	1	99232		135.00	62.50	0.00	12.50 CO 42	ASG Y MOA MA01 MA07	72.50	50.00		
		062011	61	1	99232		135.00	62.50	0.00	12.50 CO 42		72.50	50.00		
		062111	61	1	99232		135.00	62.50	0.00	12.50 CO 42		72.50	50.00		
PT RESP	37.50	CLAIM TOTALS						405.00	187.50		37.50		217.50	150.00 NET	
CLAIM INFORMATION FORWARDED TO AETNA															
NAME: PATIENT #2 HIC# 555333212 ACNT#000067890															
VMD0099		120310	11	1	99214		227.00	82.50	26.50	11.20 CO 42	ASG Y MOA MA01	144.50	44.80		
PT RESP	37.70	CLAIM TOTALS						227.00	82.50	26.50	11.20		144.50	44.80 NET	
NAME: PATIENT #3 HIC# 789101112A ACNT# 00009654															
VMD0099		041510	11	1	99213		110.00	54.87	0.00	10.97 CO 42	ASG Y MOA	55.13	43.89		
PT RESP	5.49	CLAIM TOTALS						110.00	54.87	0.00	10.97		55.13	43.89 NET	
NAME: PATIENT #4 HIC# 222435361C ACNT # 000085614															
VMD0099		111509	11	1	99310		325.00	0.00	0.00	0.00 CO 5	ASG Y MOA MA130 MA15	325.00	0.00		
PT RESP	0.00	CLAM TOTALS						325.00	0.00	0.00	0.00		325.00	0.00 NET	
NAME: PATIENT #5 HIC# 111254263D ACNT# 000010020															
VMD099		092509	11	1	99212		85.00	0.00	0.00	145.00 PR 31	ASG Y MOA MA01	0.00	0.00		
PT RESP	85.00	CLAIM TOTALS						85.00	0.00	0.00	145.00		0.00	0.00 NET	
NAME: PATIENT #6 HIC# 777222222A ACNT#00002004															
VMD0099		071208	11	1	99212		85.00	42.12	0.00	8.42 CO 42	ASG Y MOA MA01	42.88	33.69		
		071208	11		J3010		25.00	20.00	0.00	4.00 CO 42		5.00	16.00		
PT RESP	12.42	CLAIM TOTALS						110.00	62.12	0.00	12.42		47.88	49.69 NET	
TOTALS: #OF CLAIMS BILLED AMT ALLOWED AMT DED AMT TOTAL RC-AMT PROV PD AMT PROV ADJ AMT CHECK AMT															
		6			1262.00			386.99	26.50	790.01			288.38	0.00	288.38

GLOSSARY: GRP, REASON, MOA REMARK AND ADJUSTMENT CODES

- CO 42 Charges exceed our fee schedule or maximum allowable amount.
- 5 The procedure code/bill type is inconsistent with the place of service.
- 109 Claim not covered by this payer/contractor. You must send the claim to the correct contractor.
- 22 Payment adjusted because this care may be covered by another payer per coordination of benefits.
- M77 Missing/ incomplete/invalid place of service.
- MA07 The claim information has also been forwarded to Medicaid for review.
- MA27 Missing/incomplete/invalid entitlement number or name shown on the claim
- PR 122 Psychiatric reduction
- 31 Claim denied as patient cannot be identified as our insured

25. The amount the provider received from this EOB is?

- a. \$288.38
- b. \$386.99
- c. \$790.01
- d. \$1,262.00



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26. What amount would you expect AETNA to pay on patient #1?

- a. \$37.50
- b. \$72.05
- c. \$405.00
- d. None of the above

27. What would you do about the claim for patient #5?

- a. Appeal the claim
- b. Write off the balance
- c. Resubmit the claim with corrections
- d. Bill the patient for the patient responsible amount

**Medical Legal**

28. If a patient has insurance the carrier is ultimately responsible for paying the bill.

- a. True
- b. False

29. Preservation of medical records is governed by state and local laws. Individual states generally set a minimum of 7 to 10 years for keeping records.

- a. True
- b. False

30. Your office is compiling data for a new drug. One patient is demonstrating exactly the results you need for your study. Since you are the Primary Care Provider for the patient you can use the results without telling the patient as long as you do not use their name.

- a. True
- b. False



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## Answer Key

1. D
2. C
3. A
4. A
5. D
6. A
7. C
8. B
9. C
10. D
11. D
12. C
13. B
14. C
15. B
16. B
17. B
18. A
19. D
20. C
21. B
22. A
23. B
24. D
25. A
26. A
27. C
28. B
29. A
30. B



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