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Question: 1

Which of these is used for form locator 2 of Form UB-04?

- A. Billing provider name, street address, city, state, zip code, telephone, fax, and country code.
- B. Billing provider's pay-to name, address, city, state, zip code, and ID.
- C. Patient control number and medical record number.
- D. Type of bill.

Answer: B

Explanation:

Form UB-04 is a standardized form used by hospitals and other healthcare providers to submit claims to Medicare and other health insurance programs. The form is detailed and organized into 81 distinct sections, known as form locators, each with a specific purpose. Understanding what each form locator is used for is crucial for accurately submitting claims that comply with the billing requirements of health insurance providers.

Form locator 1 and form locator 2 of the UB-04 play crucial roles in identifying the billing provider. Form locator 1 is used for "Billing provider name, street address, city, state, zip code, telephone, fax, and country code." This information identifies the main location or headquarters of the healthcare provider. It includes comprehensive contact details, ensuring that the provider can be contacted if there are any questions or issues with the bill.

In contrast, form locator 2 is designated for "Billing provider's pay-to name, address, city, state, zip code, and ID." This section is used if the payment for services rendered by the healthcare provider needs to be sent to a different address than the one listed in form locator 1. It may include the name and address of a separate billing office or a third-party billing service if the provider uses one. Including the correct "pay-to" information is essential to ensure that payments are sent promptly to the right location, avoiding delays in reimbursement.

Following these, form locator 3 is used for "Patient control number and medical record number," which helps in tracking and referencing individual patient cases for both billing and medical records. Form locator 4 contains the "Type of bill," a code that identifies the specific type of bill being submitted, which helps in processing the claim according to the services provided.

Understanding the specific requirements and details that must be included in each form locator on the UB-04 form is fundamental for healthcare providers to ensure accurate and timely payment for their services. Errors in filling out these sections can lead to delays in payment or the rejection of claims, emphasizing the importance of accuracy in completing the form.

Question: 2

The nurse aide is on a break. Which is true?

- A. She may make personal phone calls.

- B. She may discuss patient details in the break room.
- C. She does not need to report to the nurse before leaving the unit if it is a regularly scheduled break.
- D. She can take a few extra minutes if she needs them for personal business.

Answer: A

Explanation:

When a nurse aide is on a break, she is temporarily relieved from her duties, which gives her personal time to manage activities not related to her job. During these breaks, it is generally acceptable for the nurse aide to engage in personal activities such as making phone calls. This provision allows the aide to attend to personal matters, maintain social connections, or handle emergencies that may arise during work hours.

However, despite being on break, the nurse aide remains a professional and must adhere to certain protocols to ensure the privacy and dignity of the patients are maintained. This includes not discussing any patient-specific details in public spaces. Patient information is confidential, and discussing it outside of professional boundaries can lead to breaches of confidentiality and potentially violate regulations like HIPAA (Health Insurance Portability and Accountability Act).

Furthermore, while the nurse aide can use her break time as she sees fit, she must also respect the time allocated for her break. This means returning to her duties on time to ensure continuous patient care and proper functioning of healthcare operations. Delays in returning from breaks can disrupt the workflow, affecting not just the patients but also her coworkers who might need to cover for her in her absence.

In addition, the nurse aide is typically required to inform the nursing supervisor or another designated person when leaving her unit or post. This notification is crucial for maintaining staff accountability and ensuring that the unit is adequately staffed at all times. If the break is scheduled and its timing is known to all relevant staff, she may not need to report before leaving, but this can vary depending on the facility's policies.

Lastly, taking additional time beyond the scheduled break for personal business is generally discouraged unless urgent and should be communicated to supervisory staff. Adhering to the scheduled times helps maintain the discipline and efficiency necessary in healthcare settings.

In summary, while a nurse aide can certainly make personal phone calls during her breaks, she must do so within a framework that respects patient confidentiality, adheres to scheduled break times, and maintains communication with other staff members about her whereabouts.

Question: 3

The CAC software has finished scanning a patient's chart and assigns the code for congestive heart failure (CHF), but the code is incomplete. As the manual coder reviews the chart, what information must she try to supply to complete the code?

- A. The possible treatment needed.
- B. The location of the failing mechanisms.
- C. The age of the patient.
- D. The underlying cause.

Answer: D

Explanation:

When the Computer Assisted Coding (CAC) software assigns an incomplete code for Congestive Heart Failure (CHF), the manual coder reviewing the chart needs to focus on determining and supplying the underlying cause of the CHF to complete the code accurately.

The importance of identifying the underlying cause stems from the need to provide a precise diagnosis as per the ICD-10 coding standards. ICD-10 has significantly detailed classifications that enable coders to specify not just the condition (CHF in this case), but also the etiological factors contributing to it. These could include conditions such as hypertension, coronary artery disease, or valvular heart disease, among others. By identifying the specific cause, healthcare providers can better tailor treatment plans and ensure appropriate medical management.

Furthermore, the accuracy of coding directly impacts various aspects of healthcare administration, including insurance billing, healthcare planning, and statistical documentation of disease prevalence. Incorrect or incomplete coding can lead to issues like claim rejections or insufficient patient care. Thus, it is crucial for the coder to review all available patient information meticulously and update the coding as needed to reflect the most accurate medical situation.

In addition to determining the underlying cause, the coder might also need to consider the severity and the acuity of the CHF as indicated in the patient's record. ICD-10 allows for differentiation between acute, chronic, and acute on chronic manifestations of CHF, which are critical for guiding treatment decisions and prognostic assessments.

Overall, the role of the manual coder is vital in bridging the gap between the preliminary automated coding by CAC software and the final, precise diagnostic coding required for optimal patient care and healthcare administration. By focusing on the underlying causes and other specifics of CHF, coders ensure that the coding is as detailed and accurate as possible, enhancing the quality of care and healthcare data integrity.

Question: 4

Octagam injection is associated with what APC code?

- A. 0925.
- B. 0943.
- C. 1086.
- D. 3041.

Answer: B

Explanation:

The APC code associated with Octagam injection is 0943. APC, which stands for Ambulatory Payment Classification, is a system used in the United States for outpatient services to classify healthcare procedures for payment purposes. This system was developed by the Centers for Medicare and Medicaid Services (CMS) to facilitate the efficient management of outpatient billing and reimbursements.

The APC code 0943 specifically categorizes Octagam injection, which is a medication used primarily for treating patients with immune deficiencies. Octagam belongs to a group of drugs known as immune globulins, which are critical in providing necessary immunity against infections for individuals with weakened immune systems.

Each APC code groups procedures or services that are similar both clinically and in terms of the resources they require. For example, other APC codes include 0442 for Dosimetric Drug Administration and 0659 for Hyperbaric Oxygen, each signifying different treatments and associated resource usage. The classification under a specific APC code, such as 0943 for Octagam, helps standardize the payment process across various medical facilities and ensures consistent reimbursement for similar medical services.

Understanding APC codes is essential for healthcare providers as it directly impacts the billing process and reimbursement rates. Proper coding ensures that hospitals and clinics are adequately compensated for the outpatient services they provide, thereby maintaining the sustainability of healthcare service delivery.

Question: 5

The heart, the aorta, and thymus gland are located where?

- A. Thorax.
- B. Mediastinum.
- C. Proteases.
- D. Extensor retinacula.

Answer: B

Explanation:

The correct answer to the question of where the heart, the aorta, and the thymus gland are located is "Mediastinum." The mediastinum is a central compartment within the thoracic cavity, lying between the lungs. It extends from the sternum (breastbone) in the front to the vertebral column in the back, and from the neck above to the diaphragm below.

This area is subdivided into different sections: the anterior, middle, and posterior mediastinum. The heart and its vessels, along with the trachea, esophagus, and other vital structures, are housed within these subdivisions. Specifically, the heart is predominantly located in the middle mediastinum, which is the largest subdivision and central component of the mediastinum.

The aorta, which is the main artery carrying blood away from the heart to the rest of the body, originates from the heart and initially ascends, then arches, and finally descends within the mediastinum. It plays a crucial role in blood circulation and is a major structure within the thoracic cavity.

The thymus gland, which is important for the immune system, particularly during early life, is located in the anterior (front) part of the mediastinum. The size of the thymus varies with age, being largest in children and regressing to smaller proportions and being replaced by fat in adults.

Understanding the anatomical positioning of these organs within the mediastinum is crucial for medical professionals for diagnostic, surgical, and treatment purposes. This anatomical knowledge helps in assessing and managing various medical conditions related to the heart, blood vessels, and immune system effectively.

Question: 6

Employees who work with personal coding information should be ____ to protect privacy.

- A. Nurses.
- B. Doctors.
- C. Vetted.
- D. Experienced.

Answer: C

Explanation:

The question "Employees who work with personal coding information should be ____ to protect privacy," suggests the need for a specific action or quality to safeguard sensitive data. The correct answer is "vetted," which speaks directly to the process of thoroughly checking or investigating someone before they are allowed to handle personal or confidential information.

The rationale behind choosing "vetted" as the correct answer is rooted in the principles of data protection and privacy. Personal coding information can include sensitive details such as social security numbers, financial data, medical records, or any personally identifiable information (PII). When employees have access to such data, it is crucial that they are trustworthy and have a clear record that supports their reliability and integrity.

Vetting, in this context, involves conducting background checks, verifying previous employment history, checking references, and ensuring that the employee has no history of misusing or mishandling sensitive information. This process helps in building a workforce that is not only skilled but also highly responsible and ethical in managing personal information.

Furthermore, vetting is not just a one-time process but can be an ongoing requirement. It ensures continuous compliance with privacy laws and regulations and helps in maintaining the trust of clients and the public. This is especially important in industries like healthcare, finance, and technology, where the unauthorized disclosure of information can lead to serious consequences.

In contrast, other qualities like being a nurse, doctor, or experienced, although valuable, do not directly address the core requirement of safeguarding privacy through reliability and trustworthiness. These professions and experiences are important but do not specifically correlate with the capability to manage personal coding information securely, unless accompanied by proper vetting.

In conclusion, vetting is essential for any position where employees handle sensitive or personal coding information. It ensures that those entrusted with such data are properly screened and capable of protecting privacy, thus minimizing the risk of data breaches and maintaining the integrity of the organization.

Question: 7

Which of the following is used to describe optional performance measurement tracking codes?

- A. Category I Codes.
- B. Category II Codes.
- C. Category III Codes.
- D. Category IV Codes.

Answer: B

Explanation:

The correct answer to the question "Which of the following is used to describe optional performance measurement tracking codes?" is **Category II Codes**.

To understand why Category II Codes is the correct answer, it's important to delve into the function and purpose of different types of codes used in medical billing and coding.

Category I Codes are a part of the Current Procedural Terminology (CPT) code set and are used to describe medical procedures and services that are generally accepted in medical practice. These codes are numeric and are the most widely used part of the CPT system. They represent specific medical, surgical, or diagnostic services and are used by providers to communicate with insurers about what procedures were performed.

Category II Codes are also part of the CPT code set, but they serve a different purpose. These codes are optional and are used specifically for performance management. They provide a way to track the quality of care delivered by recording metrics such as the timeliness of service provision, follow-up care, and patient outcomes. These codes are used to facilitate data collection about quality of care that can be used for performance improvement, reducing variability in treatment, and improving patient outcomes. Importantly, these codes do not have any direct impact on reimbursement rates, but they can be critical for quality reporting and ensuring compliance with health care regulations.

Category III Codes are temporary codes also within the CPT system used for emerging technologies, services, and procedures. These codes allow for more effective data collection for new and potentially innovative services that are not yet widely used or accepted enough for Category I codes. The use of these temporary codes helps in assessing the utilization and effectiveness of these new services and can support broader acceptance and reimbursement in the future.

Category IV Codes do not exist within the Current Procedural Terminology (CPT) system. This is a distractor in the question options.

Therefore, **Category II Codes** is the correct answer as they are specifically designed to describe optional performance measurement tracking codes, which are essential for quality improvement and monitoring in medical practice.

Question: 8

The nurse aide may be legally required to report abuse. Which of the following is not an example which would cause the nurse aide to suspect abuse?

- A. The patient reports that her son "yells" at her and makes her stay in her room most of the day.
- B. The nurse aide doesn't give her patient her medicine as scheduled because she is just too busy.
- C. The nurse aide notices that her patient has marks on her wrists and ankles. The patient tells her that her husband ties her in her chair so that she won't get up and bother him when he is working.
- D. The patient complains that her daughter has taken the phone out of her room just because she was calling her son when she woke up in the middle of the night. The daughter allows her to use the house phone but only before ten at night and after ten in the morning.

Answer: D

Explanation:

The question provided asks which of the scenarios would not cause a nurse aide to suspect abuse. To analyze this question correctly, it's important to understand the definition of abuse and the context of each scenario.

Abuse, as defined by most legal standards, includes any action that intentionally causes physical or mental harm to another person. Abuse can manifest in various forms such as physical injury, psychological or emotional maltreatment, neglect, and financial exploitation. It also encompasses actions that involve intimidation, unreasonable confinement, or willful deprivation of necessary services that could cause physical or mental pain or anguish.

Let's consider each scenario provided: 1. **The patient reports that her son "yells" at her and makes her stay in her room most of the day:** Yelling can be considered a form of psychological or emotional abuse if it causes mental anguish or distress. Forcing someone to stay in a room can be viewed as unreasonable confinement. This scenario might indeed raise suspicions of abuse. 2. **The patient complains that her daughter has taken the phone out of her room after she used it inappropriately late at night, but still allows access at reasonable times:** This scenario describes a situation where the daughter is setting boundaries to prevent disturbances at inappropriate times. She has not completely deprived her mother of the ability to communicate, as the mother still has access to the house phone during reasonable hours. This does not typically indicate abuse, as the action seems rational and does not cause direct harm or distress. 3. **The nurse aide doesn't give her patient her medicine as scheduled because she is just too busy:** Neglecting to provide necessary medical care, such as scheduled medication, can be considered neglect or abuse. This is particularly true if the omission leads to harm or potential harm to the patient. This scenario should raise concerns about neglect. 4. **The nurse aide notices that her patient has marks on her wrists and ankles, and the patient explains that her husband ties her up to avoid being disturbed:** This scenario clearly describes physical abuse and unlawful confinement. Physical restraints used without medical justification and causing harm or potential harm are forms of abuse.

Based on the provided definitions and understanding of abuse, the scenario in which the daughter restricts phone use to certain hours (while still allowing reasonable access) is the least likely to constitute abuse, especially if the restrictions are set for managing inappropriate or disruptive behavior effectively without causing distress or deprivation. It shows a measure of control but not necessarily abuse, given that the patient is still granted access to the phone during a broad range of hours. Thus, this scenario is the one that would least likely cause a nurse aide to suspect abuse.

Question: 9

Which of the following indicates a cervical vertebrae?

- A. T5.
- B. L2.
- C. S1.
- D. C3.

Answer: D

Explanation:

The human spine is divided into several regions, which include the cervical, thoracic, lumbar, and sacral vertebrae. Each type of vertebra has a unique structure and function, suited to its location and the demands placed upon it.

The cervical vertebrae are located in the neck region and are denoted by the letter 'C' followed by a number indicating their position from the top of the spine down. There are seven cervical vertebrae,

numbered C1 to C7. C1, also known as the atlas, and C2, known as the axis, are specialized to support the skull and enable a wide range of head movements.

In contrast, the thoracic vertebrae, marked by the letter 'T', consist of twelve components, numbered T1 to T12. These vertebrae are located in the upper and middle back. They primarily function to hold the rib cage and protect vital organs such as the heart and lungs.

The lumbar vertebrae, indicated by the letter 'L', consist of five vertebrae (L1 to L5). These are located in the lower back and are structured to bear much of the body's weight and provide flexibility and movement.

Finally, the sacral vertebrae are represented by the letter 'S' and numbered from S1 to S5, although they are fused into a single sacral bone in adults. These vertebrae connect the spine to the pelvic bones and play a crucial role in supporting the upper body's weight when sitting and standing.

Given the options T5, C3, L2, and S1, the correct answer to the question regarding which one indicates a cervical vertebra is C3. This is because 'C' denotes cervical vertebrae, and C3 refers to the third cervical vertebra in the neck region. This vertebra, like others in the cervical group, supports the neck's movements and stability.

Question: 10

What is meant by the suffix "megaly" ?

- A. Malformed.
- B. Enlarged.
- C. Darkened in color.
- D. Congenital.

Answer: B

Explanation:

The suffix "megaly" is derived from the Greek word "megas," which means great or large. In medical terminology, "megaly" is used to denote an enlargement of a specific body part or organ. When this suffix is attached to the name of an organ, it indicates that the organ is abnormally large.

For example, the term "cardiomegaly" refers to the enlargement of the heart. This condition can occur due to various reasons such as high blood pressure, heart valve disorders, or diseases affecting the heart muscle itself. Similarly, "hepatomegaly" refers to an enlarged liver, which can be caused by conditions like fatty liver disease, hepatitis, or liver cancer.

Identifying the enlargement of organs is crucial in medical diagnosis as it helps in understanding the underlying health issues a patient might be facing. The use of "megaly" in medical terms provides a clear and concise way to communicate the abnormal increase in size of an organ, which is essential for effective medical evaluation and treatment planning.

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