

## 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

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information rules and regulations for different payers An Evolve companion website enhances learning with performance checklists self assessment quizzes and the Student Software Challenge featuring cases for different payer types and an interactive CMS 1500 form to fill in A workbook contains learning tips practice exercises for key terms and abbreviations review questions study outlines performance objectives a chapter with practice tests and critical thinking activities for hands on experience with real world cases Available separately Updated coverage of key health insurance topics includes HIPAA compliance the HITECH Act health reform of 2010 electronic health records electronic claims ICD 10 NUCC standards Physician Quality Reporting System PQRS Incentive Program Meaningful Use and CPT 2013 Updated ICD 10 coding information prepares you for the October 2014 ICD 10 implementation date Updated content on claim forms includes block by block explanations and examples for the new CMS 1500 Claim Form Updated guidelines for the filing and submission of electronic claims include sample screenshots and prepare you for the future of the medical office

### **Health Care Job**

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