

AAPC AAPC-CPCO

Certified Professional Compliance Officer

Questions And Answers PDF Format:

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Question: 1

Which of the following areas would not be covered under EMTALA?

- A. A physical therapy department of the hospital located in a new office complex located two miles from the hospital.
- B. Ongoing auditing and monitoring will evaluate whether the physician practice's standards and procedures are current and accurate and whether the compliance program is working.
- C. At the first services encounter by personal delivery and obtain a written acknowledgement
- D. Physician office laboratory

Answer: A

Question: 2

As the compliance contact for your physician practice, you are charged with developing the policies and procedures related to coding and billing. When developing these policies and procedures, which of the following statements should be included?

- A. Promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law.
- B. For any services billed, documentation must be present in the patient's medical record to support the services.
- C. Create a response team, consisting of representatives from compliance, audit, and any other relevant functional department.
- D. Provide a medical screening examination to determine if the patient has a medical emergency.

Answer: B

Question: 3

When agreeing to a global civil fraud settlement, what is the most popular reason why a provider agrees to enter into a Corporate Integrity Agreement?

- A. To avoid an OIG permissive exclusion
- B. Fraud
- C. Document the conversation and retain the records.
- D. Well-publicized disciplinary actions for retaliation

Answer: A

Question: 4

According to the Social Security Act, Sec. 1877. [42 U.S.C. 1395], prohibitions on certain referral arrangements include those that involve financial arrangements between entities and physician practices. In the law, rental of office space is considered not to be a compensation arrangement under certain conditions and as such are considered exceptions as long as which of the following exists?

A. Dr. Appleton's ownership in the orthopedic hospital represents a conflict of interest because his decisions on the care needed by his patients may be biased by his potential financial gain for referring patients to the facility.

The lease would be commercially reasonable even if no referrals were made between the parties

B. The lease provides for a term of rental or lease for at least 1 year

The space rented or leased does not exceed that which is reasonable and necessary for the legitimate business purposes of the lease or rental and is used exclusively by the lessee when being used by the lessee

The rental charges over the term of the lease are set in advance, are consistent with fair market value, and are not deemed in a manner that takes into account the volume or value of any referrals or other business generated between the parties

C. No, this would be an exception to the OIG gift allowance because it is based on the patient's ability to pay.

D. Dr. Y bills Medicare using a covered office visit code when the actual service was a non-covered annual physical. This could be considered improper coding or billing and therefore is considered a risk area.

Answer: B

Question: 5

You have just been identified as the compliance officer at your practice. The OIG Compliance Guidance for Individual and Small Group Physician Practices suggests six specific duties that may be assigned to you. What is one of those duties?

A. Reviewing reports to see that new employees and vendors have been checked against the OIG's list of excluded individuals and entities.

B. Medicaid Reports listing patient names and dates of birth.

C. Create a response team, consisting of representatives from compliance, audit, and any other relevant functional department.

D. For any services billed, documentation must be present in the patient's medical record to support the services.

Answer: A

Question: 6

Any health care fraud scheme that disseminate any article or document through a "common mail carrier" may be the basis for a charge of:

- A. Proper Claims Filing
- B. Mail Fraud
- C. Wire Fraud
- D. Securities Fraud

Answer: B

Question: 7

Developing effective compliance policies and procedures is an important part of any compliance program. To help your practice mitigate compliance risk, policies and procedures should:

- A. For any services billed, documentation must be present in the patient's medical record to support the services.
- B. Promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law.
- C. Be sure any time frames or requirements listed can be accomplished given the practice's resources.
- D. Provide a medical screening examination to determine if the patient has a medical emergency.

Answer: C

Question: 8

Physician Quack just completed a 15 minute psychiatric evaluation of his patient. He intentionally completes his superbill for a 30-45 minute session. Dr. Quack may be liable for:

- A. Fraud
- B. Negligence
- C. Slander
- D. Libel

Answer: A

Question: 9

According to the OIG, medically unnecessary services should only be billed to Medicare in what circumstance?

- A. Physicians and hospitals
Federal health care programs like Medicare
- B. At the first services encounter by personal delivery and obtain a written acknowledgement
- C. To receive a denial so that the claim can be submitted to a secondary payer.
- D. Carefully follow the manufacturer's instructions when performing tests

Answer: C

Question: 10

Dr. Amber is the emergency department physician at Orangevale Hospital. A patient arrives complaining of chest pains, dizziness, and shortness of breath for the past three hours. What is the first thing Dr. Amber must do to comply with EMTALA?

- A. Dr. Appleton's ownership in the orthopedic hospital represents a conflict of interest because his decisions on the care needed by his patients may be biased by his potential financial gain for referring patients to the facility.
- B. Provide a medical screening examination to determine if the patient has a medical emergency.
- C. For any services billed, documentation must be present in the patient's medical record to support the services.
- D. Immediately ask the consultant to stop work.
Contact legal counsel.

Answer: B

Question: 11

Services furnished in teaching settings are paid under the Medicare Physician Fee Schedule (MPFS) if the services are:

- A. Document the conversation and retain the records.
- B. Employees should not destroy, change or alter any documents, including paper, tape and electronic records because such actions can lead to criminal liability.
- C. Personally furnished by a physician who is not a resident.
- D. Physicians or suppliers who have chosen to accept assignment may as a result collect from the enrollee or anyone else any amount which, when added to the benefit, may exceed the Medicare allowed amount.

Answer: B

Question: 12

As part of a practice's compliance program, record retention policies and procedures should be developed. This policy and procedure should address the timeframes associated with the retention of various records. When developing a policy, which of the following statements should be present?

- A. Reviewing reports to see that new employees and vendors have been checked against the OIG's list of excluded individuals and entities.
- B. Medicaid Reports listing patient names and dates of birth.
- C. Create a response team, consisting of representatives from compliance, audit, and any other relevant functional department.
- D. Specific records must be retained based upon the most stringent requirement identified in federal or state law, or internal policies and procedures

Answer: D

Question: 13

For larger physician practices, how frequently does the OIG recommend reporting compliance activities to the Board of Directors and CEO?

- A. Relatively
- B. Regularly
- C. Annually
- D. Frequently

Answer: B

Question: 14

Select the best phrase from the list below to complete the following policy statement: Centennial Medical Associates is committed to following Federal, State, and Local laws, rules, guidelines, and regulations. To promote this effort, Centennial Medical Associates will perform claims audits at least on an annual basis to _____.

- A. Verify accuracy of coding and reimbursement for the services performed.
- B. Does the arrangement or practice raise patient safety or quality of care concerns?
- C. For any services billed, documentation must be present in the patient's medical record to support the services.
- D. Physicians and hospitals
Federal health care programs like Medicare

Answer: A

Question: 15

Under Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), what is the name of the national program designed to coordinate Federal, State and local law enforcement activities with respect to health care fraud and abuse?

- A. Create a response team, consisting of representatives from compliance, audit, and any other relevant functional department.
- B. Health Care Fraud and Abuse Control Program (HCFAC)
- C. Well-publicized disciplinary actions for retaliation
- D. Medicaid Reports listing patient names and dates of birth.

Answer: B

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