Medical Association of Billers

Certified Medical Billing Specialist®
(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

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 carrier, you can bill the patient for usual and customary fees.
   a. True  
   b. False
Claim Form

7. On a CMS 1500 claim form, what block is used for the diagnosis codes?
   
   a. Box 24E  
   b. Box 24D  
   c. Box 21  
   d. 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.
   
   a. True  
   b. False  

9. Where is the secondary insurance information placed on a CMS 1500 claim form?
   
   a. Box 1  
   b. Box 4  
   c. Box 9  
   d. Box 11  

Medicare

10. To qualify for Medicare coverage, the recipient must:
   
   a. Be 65 or older  
   b. Have permanent kidney failure  
   c. Be disabled  
   d. Any of the above  

11. What part of Medicare pays for Prescription Drugs?
   
   a. Part A  
   b. Part B  
   c. Part C  
   d. Part D
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

14. What symbol is used to identify codes 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 low complexity medical decision making. The provider should bill for a level 4 visit.

a. True  
b. False
### 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?

a. -52  
b. -53  
c. -58  
d. 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:

a. 99213  
b. 12031  
c. Both  
d. 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?

a. -57  
b. -58  
c. -76  
d. -78

### ICD-9 CM Coding

20. Code Conductive hearing loss, middle ear:

a. 389.02  
b. 389.03  
c. 389.04  
d. 389.06
21. V codes are used for:
   a. A person in isolation
   b. A person encountering health services for specific treatment (i.e.: cast change)
   c. Liability claims to paint a picture of the event
   d. All of the above

22. Code nausea with vomiting
   a. 787.0
   b. 787.01
   c. 787.02
   d. 787.03

23. A patient fell while looking at her home that was under construction and is not occupied.
   a. E849.0
   b. E849.1
   c. E849.2
   d. E849.3

24. What are the three headings for malignant neoplasm?
   a. Principal, secondary, in situ
   b. Primary, principal, secondary
   c. Primary, secondary, in situ
   d. Primary, benign, uncertain

**Analysis of an EOB**

Use the following EOB for questions 25-27.
25. The amount the provider received from this EOB is?

a. $288.38  
b. $386.99  
c. $790.01  
d. $1,262.00
26. What amount would you bill AETNA for 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 carries 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
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. D
13. B
14. C
15. B
16. B
17. B
18. A
19. C
20. B
21. B
22. B
23. D
24. C
25. A
26. D
27. C
28. B
29. A
30. B