



**Strategies for Coding, Billing and Getting Paid Appropriately: A Guide for Family Physicians**  
CME Post-Test & Evaluation

This activity has been reviewed and is acceptable for up to **4 Prescribed** credit hours by the American Academy of Family Physicians. Term of approval is for two-years from beginning distribution date of 1/31/2008, with option for yearly renewal.

To obtain CME credit, please complete *the entire* form and fax to **415-345-8668** or mail to 1520 Pacific Avenue, San Francisco, CA, 94109.

Name: _____	
Address: _____	
City/State/Zip: _____	E-mail: _____
AAFP #: _____	Date: _____

**Monograph Post-Test**

1. Which of the following statements regarding billing and reimbursement in a Family Physician's office is not true?
  - a) A well designed Patient Information Form is an essential tool for billing
  - b) There is no need for the Family Physician to be involved or concerned with coding and billing since it is a job for the billing department.
  - c) Reimbursement management begins with the first patient contact and ends only when the account balance is zero.
  - d) Documenting services provided is a basic step of medical billing.
  
2. Which of the following statements is false?
  - a) A Family Physician may never provide and/or bill for a consultation service.
  - b) The medical record should be complete and legible.
  - c) The CPT and ICD-9 codes reported on a health insurance claim should be supported by the documentation in the patient's medical record.
  - d) Non-physician providers working in a practice must be enrolled correctly with each payer with which the practice contracts.
  
3. A modifier is used to indicate:
  - a) A service or procedure has been increased or reduced
  - b) An adjunctive service was performed

- c) Unusual events occurred during a procedure or service
  - d) All of the above
4. The Key Components of any Evaluation and Management service are:
- a) Chief Complaint, Assessment and Plan
  - b) Reason for the Visit, Physical Exam and Time spent with the patient
  - c) History, Examination and Medical Decision Making
  - d) Problem List, Health History and Medication List
5. Which of the following reference materials would NOT be considered essential to medical billing?
- a) Current edition of CPT
  - b) Reimbursement Articles from Family Practice Management
  - c) Medicare Billing Guide
  - d) Business section of the local newspaper

**Monograph Evaluation**

Strongly Disagree Strongly Agree

**As a result of reading this monograph, I learned...**

• The language through which the physician can appropriately communicate (or bill) services to third-party payors.	1	2	3	4	5
• How to work as a team with office staff to optimize reimbursement by coding and billing correctly for services provided.	1	2	3	4	5
• How to document all services as provided.	1	2	3	4	5
• How to take the steps that should occur throughout the process to make sure everything is reported accurately.	1	2	3	4	5
 The monograph was understandable & easy to read.	 1	 2	 3	 4	 5
It presented information appropriate to the topic.	1	2	3	4	5
It used examples and patient cases that were informative and appropriate.	1	2	3	4	5
It presented useful information.	1	2	3	4	5
It was well organized.	1	2	3	4	5
It was engaging and interesting.	1	2	3	4	5
It will help my practice's bottom line.	1	2	3	4	5

Suggestions for improvement: \_\_\_\_\_

\_\_\_\_\_

Other topics of interest: \_\_\_\_\_

\_\_\_\_\_