Test for Billing

You must receive an 80% or greater to pass. All answers can be found in the training manual or videos. Good luck!

1. Which of the options below are the Thrive Standards we live by? (Circle all that apply)
    a. Servant Leadership
    b. Smile
    c. Positivity
    d. Sadness
2. What is the first thing you do after clocking in in the morning?
    a. Go the bathroom
    b. Fix your hair
    c. Check emails and respond accordingly
    d. Post payments and scan EOB's
3. How often do we send claims?
    a. Once a week
    b. Once a month
    c. As soon as the appointment is completed
    d. Daily
4. How do we send claims in our office?
    a. Fax
    b. Call them in
    c. Mail
    d. Electronically
5. Which report is used to **CREATE** a claim?
    a. Outstanding Insurance Claims
    b. Procedures not billed to insurance
    c. Claims not sent
    d. Insurance Aging Report
6. Which report is used to **SEND** claims?
    a. Outstanding Insurance Claims
    b. Procedures not billed to insurance
    c. Claims not sent
    d. Insurance Aging Report
7. What is EDS?
    a. An Electronic clearinghouse we use for submitting our electronic claims
    b. What we use to attach our attachments to the claims
    c. I don't know
    d. A report we pull from OpenDental
8. What is NEA Fastattach?
    a. An Electronic clearinghouse we use for submitting
    b. What we use to attach our attachments to the claims
    c. I don't know
    d. A report we pull from OpenDental
9. What are some procedures that require attachments? (Circle all that apply)
    a. Crowns

    b. RCT's
    c. SRP's
    d. Fillings
10. What are some attachments that are required? (Circle all that apply)
    a. Xrays
    b. Perio Charting
    c. Narratives
    d. Patient's Driver License
11. When posting payments, you see that insurance denied the claim for the initial exam due to a frequency limitation. Do you:
    a. Enter $0, close out the claim and call the patient to collect the balance
    b. Enter $0, close out the claim and adjust off the balance for the exam and move onto the next patient
    c. Enter $0, close out the claim and bill out a periodic exam to try to get reimbursed
12. Insurance denies a FMX due to a frequency limitation:
    a. Enter $0, close out the claim and call the patient to collect the balance
    b. Enter $0, close out the claim and bill out 4 BW's and 2 PA's for reimbursement
    c. Enter $0, close out claim and adjust off the balance as a courtesy to the patient
13. When should you close out a claim? (Circle all that apply)
    a. Once payment has been made
    b. If insurance denies the claim for any reason
    c. When we send an appeal
14. We use Write-offs inside the claim:
    a. True
    b. False
15. How do we know the reasoning for a denied procedure?
    a. The EOB will show a denial code with a reason for the denial
    b. Call the insurance company and ask why the procedure denied
    c. Guess
    d. The IVF
16. If we receive an EOB from the insurance company and the "Amount Allowed" does not match the patient's account in opendental, do we:
    a. Calculate a write off inside the claim
    b. Do a manual adjustment on each individual procedure
    c. Do nothing because the fees should be correct
17. How do we enter adjustments?
    a. Adjust a lump sum after insurance pays
    b. As write offs inside the claim
    c. Adjust each individual procedure
18. If the insurance coordinator puts in the wrong fee schedule, leading you to make adjustments to correct the patient's account, what would the adjustments be labeled?
    a. Professional Discount
    b. Uncollected Balance
    c. Insurance Error
    d. Write off
19. What payment details need to be entered when submitting a payment on a claim? (Circle all that apply)
    a. Check #

b. Bank/Branch as patient's last , first name
c. Payment type
d. Your initials

20. When posting a virtual credit card, what is the most important step?
    a. Changing the payment type to "VCC"
    b. Charging the credit card to xcharge
    c. Entering the VCC transaction number
21. Orthodontic claims pay in a lump sum every time like general payments do:
    a. True
    b. False
22. When a single procedure is denied on a claim containing several procedures, do we:
    a. Close out the entire claim
    b. Don't post the payment, try to get the entire claim paid
    c. Split the claim, post the payment to the procedures paid on, do what we can to get the denied procedure paid
    d. Split the claim and just resubmit the denied procedure
23. For what reasons do we enter a commlog note? (Circle all that apply)
    a. To describe why the patient has a credit or a balance
    b. When we speak to the patient
    c. To let someone else know what needs to be done for the claim
    d. To describe why a discount was applied
24. For what reasons would we appeal a claim?
    a. If a procedure is denied due to the insurance company needing more information from us
    b. If a procedure is denied for frequency and on the IVF it shows "no HX"
    c. If a procedure is denied for WP
25. What are some examples of workarounds that we can use to get insurance to pay on claims? (Circle all that apply)
    a. Comp exam to periodic exam
    b. FMX to Bw's and Pa's
    c. SRP to D4346
26. Which reports need to be pulled and worked on **DAILY?** (Circle all that apply)
    a. Outstanding Insurance Claims
    b. Insurance Aging Report
    c. EDS Reports
    d. NEA Reports
27. For medicaid, can fluoride be billed with a baby exam (D0145)?
    a. Yes
    b. No
28. For medicaid, what HAS to be submitted with ALL exams?
    a. Fluoride
    b. Caries Risk Assessment
    c. Prophy
    d. A narrative
29. How do we resubmit a claim if it has already denied one time?
    a. Online
    b. Fax
    c. Electronically

d. Mail
e. All of the above

30. At the end of day, I cannot leave the office until:
    a. All discrepancies with payments posted are corrected
    b. All EOB's are scanned into the patient's chart
    c. Any collections, aging or insurance payments issued have been reported to my Office Manager/Regional Manager
    d. All of the above