

# **Earn \$50,946 More a Year for Treating Your Chronically Ill Patients**

**Post-Test for  
American Academy of Professional Coders  
Continuing Education Units  
from Healthcare Training Leader Webinar**

**(Post-Test Expires on 6/30/2022)**

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Enclosed is your post-test for the E/M Documentation Guidelines: Bust Overpayments With Clean Claims webinar. This program meets AAPC guidelines for 1.0 CEU. On Demand product requires successful completion of a Post-Test for continuing education units. Please provide your contact information, answer the questions, and then submit your post-test to Healthcare Training Leader® by:

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**Questions:**

1. Physicians must be able to share the chronic care management care plan:
  - a. Electronically using certified EHR technology
  - b. In a timely manner
  - c. Physicians do not have to share care plan information
  - d. Only with permission of the patient
2. In order to initiate chronic care management services, the physician must have seen the patient face-to-face:
  - a. Within the past year
  - b. During the first month CCM is billed
  - c. Within the past 3 months
  - d. There is no face-to-face requirement.
3. FQHC and RHC services for chronic care management may be performed by ancillary staff under general supervision.
  - a. True
  - b. False
4. Which of the following services may be billed the same month as Transitional Care Management?
  - a. Chronic Care Management
  - b. Care Plan Oversight
  - c. End Stage Renal Disease Services
  - d. All of the above
5. The patient must provide consent for chronic care management services
  - a. In writing
  - b. Before services are rendered
  - c. To the Medicare contractor
  - d. To the next of kin
6. To qualify for chronic care management services, the patient must have two conditions on the list published by CMS in the Final Rule.
  - a. True
  - b. False

7. The CPT time rule is:
  - a. "A unit of time is attained when the midpoint is passed, unless the specific code states otherwise."
  - b. "A minimum of 30 minutes is required."
  - c. "Time is not required to be documented specifically."
  - d. "For all codes, only time spent by the physician counts."
8. Which payers are required to cover chronic care management?
  - a. Blue Cross Blue Shield
  - b. Commercial insurers
  - c. Medicaid
  - d. Medicare
9. The neurologist assumes care of a patient in the hospital who has experienced a sudden and significant decline in her condition due to her Parkinson's disease. For the next three months, his clinical staff spends 20 minutes each month talking with the patient and her caregivers, reviewing medications and responses, and other issues as necessary and following the care plan that the neurologist developed. What code can be billed each month for this care?
  - a. 99490
  - b. 99211
  - c. G2065
  - d. No services may be billed.
10. The care plan for Chronic Care Management typically contains:
  - a. Problem list
  - b. Measurable treatment goals
  - c. Caregiver assessment
  - d. All of the above.

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