



**BUSINESS
PROFESSIONALS
of AMERICA**
Giving Purpose to Potential

HEALTH INSURANCE AND MEDICAL BILLING

(605)

REGIONAL 2026

CONCEPT KNOWLEDGE:

Multiple Choice (25 @ 3 points each) _____ (75points)

APPLICATION KNOWLEDGE:

Form Audit (25@ 3 point each) _____ (75 points)

TOTAL POINTS: _____ (150 points)

Test Time: 60 minutes

Multiple Choice

1.	A
2.	B
3.	A
4.	A
5.	B
6.	A
7.	A
8.	C
9.	C
10.	C
11.	C
12.	B
13.	A
14.	A
15.	B
16.	A
17.	C
18.	B
19.	B
20.	A
21.	C
22.	D
23.	C
24.	A
25.	A

Application Knowledge

Instructions: Use the medical office documentation below to review the CMS-1500 on page 7 for errors and omissions.

Enter the correct data in the table provided on page 8. Include the CMS-1500 field number and what should be in the field. **NOTE:** *You may not need to use every line.*

Orange Physicians Group
2000 Clemson St, Dillard, GA 30537
NPI: 4924130559

706-633-2471
EIN 720923562

Patient Name: Heather M Jones
Address: 123 Bloom Drive, Dillard, GA 30537
Gender: Female

Date of Birth: 12/29/75
Account Number: 918273

Primary Insurance Provider: Humana
Insurance Provider Address: 101 E. Main St. Louisville, KY 40202
Member ID Number: 23456789011
Primary Group Name: Reindeer Trotter Farm
Relationship to Patient: Self

Primary Group Number: J51467
Policy Holder: Heather M Jones

Referring Physician: Stacy Blake, MD, NPI 9568735210

Date of Service: 9/25/2025

Rendering Physician: Melvina White, MD, NPI 6298805180

Diagnosis: Benign skin lesion, left leg, D23.72
Onset of illness: 9/13/2025

Services Provided

Outpatient visit, established patient, low level MDM, 99213..... \$150
Excision of benign skin lesion on left leg, 1.8 cm 11402.....\$220

Patient was seen at this location.
Patient paid.....\$0

Enter the CMS field number and the correct required information to be entered in the field.

NOTE: *You may not need to use every line.*

EXAMPLE:

CMS field number	Required information
6	Select Self
2	HEATHER

Enter the CMS field number and the correct required information to be entered in the field.

Since you can't edit the CMS 1500 directly – this is how you will enter the data directly. Use the above patient registration information to verify what is missing or wrong in the form and fill out the required information in the table according to the example above.

CMS field number	Required information
1	Select "Group Health Plan" (Note to grader: Do not penalize if they do not include the quotes. Example: Put an X in Group Health Plan)
1a	23456789011
4	JONES, HEATHER M
7	123 BLOOM DRIVE
11	J51467
11a	12
11c	REINDEER TROTTER FARM
11d	Click "No" (Note to grader: Do not penalize if they do not include the quotes. Example: Put an X in No)
12	SIGNATURE ON FILE. Also accept the abbreviation SOF
14	09-13-2025
17	STACY BLAKE
17b	9568735210
21A	D23.72
24D Row 1	99213
24F Row 1	150.00
24J Row 1	6298805180
24D Row 2	11402
24F Row 2	220.00
24J Row 2	6298805180
25	790923562
25	Check "EIN" (Note to grader: Also accept "Put an X in EIN")
26	918273
29	Delete (Note to grader: Also accept clear box, remove number)
33	7066332471
33a	4924130559