

## ***CERT Audits & Medicare Claims***

### ***- CEU Program Quiz -***

*(Complete the quiz. Fill in the form at end of quiz with Payment Information.)*

Name: \_\_\_\_\_

Credential #: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**1) 1. The “E” in CERT stands for:**

- a) Erroneous
- b) Erotic
- c) Error
- d) Enormous

**2) All but the following are taken into consideration is determining medical necessity:**

- a) Is the item/equipment statutorily included?
- b) Is the item/equipment medically reasonable and necessary?
- c) Is there documentation to support that the item/equipment was provided?
- d) Was the item/equipment coded and billed correctly?

**3) The claim in question is randomly assigned for a CERT audit?**

- a) True
- b) False

**4) 4. A first level appeal is called a:**

- a) Redistribution
- b) Redetermination
- c) Redirection
- d) Retrograde claim

**5) Requests for additional documentation must be made in the following time-period.**

- a) 7 Days
- b) 14 Days
- c) 30 Days
- d) 60 Days

- 6) The CERT coordinator \_\_\_\_\_ assist you in correcting the claim through the appeal process.
- a) May
  - b) May not
- 7) Submission of current patient records that support medical necessity and the \_\_\_\_\_ is important to the documentation requirements.
- a) LCD
  - b) LCD and Policy Article
  - c) The Policy article
  - d) The ADR
- 8) Orders must contain all but the following:
- a) Be legible
  - b) Contain appropriate signatures
  - c) Contain the required data elements
  - d) Change orders do not require substantiation in the record
- 9) Claims that were billed in error and audited by the CERT contractor cannot be corrected by the CERT contractor.
- a) True
  - b) False
- 10) Claims that have gone through the prior authorization process are safe and excluded from CERT audits.
- a) True
  - b) False

*-end of "CERT Audits & Medicare Claims" Quiz  
(Fill out Payment Information on last page.)*

**Payment Form:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/  
Prov: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Method of Payment:**

I authorize the **PFA** to charge: \_\_\_\_\_ to my:  
\_\_\_\_\_  
Visa:      Master Card:      American Express:      Discover:  
  
Check or money order, made payable to **PFA**, is  
enclosed in the amount of: \_\_\_\_\_  
  
Credit  
Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on  
card: \_\_\_\_\_  
  
Signature: \_\_\_\_\_

**Email** to PFA at [ceu@pedorthics.org](mailto:ceu@pedorthics.org) (Preferred method. Fill out this electronic form and email back to PFA.)

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