TEST BOOKLET

PREVENTING FRAUD, ABUSE, AND WASTE:
A Primer for Physical Therapists
1. What is the major distinction between fraud and abuse?
   a. Fraud involves billing for services that are not medically necessary while abuse does not.
   b. Fraud involves submitting bills with inaccurate codes while abuse does not.
   c. Fraud involves intentional deception or misrepresentation while abuse does not.
   d. Fraud can result in the government recouping significant dollar amounts from a provider while abuse does not result in big government recoupments.

2. Penalties under the False Claims Act are:
   a. Monetary penalties of between $5,500 and $11,000 per claim, plus 3 times the damages sustained by the government.
   b. Maximum penalty of $2 million.
   c. Penalties of $50,000 per violation.
   d. Penalties of $100,000 per violation.

3. Documentation is important for which of the following reasons?
   a. It serves as a record of patient care.
   b. It supports the medical necessity of claims submitted.
   c. It serves as a communication vehicle among providers.
   D. All of the above

4. Which of the following could be considered fraud?
   a. Billing for services not rendered.
   b. Upcoding services.
   c. Using unqualified individuals to provide services.
   d. All of the above

5. True or False: Changing the contents of medical records can escalate the matter from an audit to a criminal act.
   a. True
   b. False

6. All of the following are true about acceptable billing practices except:
   a. Medicare does not pay for services provided by physical therapy aides, students, and athletic trainers.
   b. Some CPT codes specify that there must be 1-on-1 contact between the physical therapist and the patient.
   c. Aquatic therapy (CPT code 97113) does not require 1-on-1 contact between the physical therapist or physical therapist assistant and the patient in order to be billed as individual therapy.
   d. Therapy services are payable only when they are thoroughly and accurately documented in the patient’s chart.

7. A violation of the Anti-Kickback Statute could include:
   a. Billing for a service provided by an aide.
   b. Either offering or receiving any form of payment in exchange for referrals of Medicare and Medicaid patients.
   c. Providing a discount to an uninsured patient.
   d. Refusing to treat Medicare patients in your practice.

8. Which law prohibits physicians with a financial interest in an entity from referring their patients to that entity for physical therapy services (unless an exception applies)?
   a. False Claims Act
   b. Civil Monetary Penalties Law
   c. Stark Law
   d. Criminal Claims Act
9. True or False: Physical therapists in private practice who want to bill Medicare should individually enroll in the Medicare program.
   a. True
   b. False

10. If you rent office space from a physician, you should:
    a. Sign a lease agreement that is for a minimum of 3 years.
    b. Have an agreement that could be adjusted based on the volume of referrals.
    c. Pay fair market value for the office space leased.
    d. Not accept any referrals from that physician.

11. Under which circumstance is it acceptable to provide a gift to a Medicare beneficiary?
    a. Providing the patient a gift that is not cash and has a value of no more than $10 individually or $50 in the aggregate annually per patient.
    b. Providing a cash gift to the patient that is no more than $10 individually or $50 in aggregate per patient.
    c. Providing a gift card to the patient as long as it does not exceed $100.
    d. Providing a cash gift to a patient to express appreciation because he has sent you numerous referrals.

12. Waiving a Medicare patient’s copayment is acceptable under which circumstances?
    a. You have agreed prior to treatment that all copayments would be waived.
    b. You did not advertise to the patient that you would be waiving copayments before he or she came to your office.
    c. You consistently waive copayments for all patients that come to your practice.
    d. You do not advertise the waiver of copayments, do not routinely waive copayments, and the patient meets federal or facility-specific poverty guidelines.

13. Elements of a compliance program include:
    a. Developing and distributing written policies, procedures, and standards of conduct.
    b. Designating a compliance officer.
    c. Having a hotline to receive complaints.
    d. All of the above.

14. A physical therapist may collect out-of-pocket payment from a Medicare beneficiary if:
    a. The physical therapist chooses not to enroll in the Medicare program.
    b. The physical therapist has a “cash only” practice.
    c. The services provided are for something other than a Medicare-covered service (eg, wellness).
    d. A and b.

15. True or False: A whistleblower can receive up to 30% of the amount recovered in a False Claims Act case.
    a. True
    b. False