

TEST BOOKLET

PREVENTING FRAUD, ABUSE, AND WASTE:

A Primer for
Physical Therapists



TEST QUESTIONS

Please choose the **ONE** best answer for each question.

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.
- c. 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



