



## **“Coding & Compliance for Active Care Certification”**

### **Course Exam**

### **Active Care Certification – Program 3**

After viewing the “Coding & Compliance for Active Care Certification” presentation, complete the following exam and fax it to ChiroCare at (651) 389-2009. A confirmation letter will be sent to you with your program status. *Please note that the online portion of the program is for certification through ChiroCare only and does not offer any Continuing Education credits.*

**Provider Name** (*Please Print*): \_\_\_\_\_

**License #:** \_\_\_\_\_ **License State:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

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Circle the correct answer for each question below.

1. Which of the following items must be billed with CPT 97110 in order for it to be covered by ChiroCare?
  - a. Modifier “59”
  - b. Modifier “AT” to designate “Active Care”
  - c. A CMT (Chiropractic Manipulative Treatment)
  - d. Nothing, CPT 97110 can be billed alone
  
2. Which of the following components is **NOT** a requirement for accurately billing CPT 97110?
  - a. Direct, one-on-one patient contact
  - b. Exercise handouts for the patient to take home
  - c. Meet specified time requirements
  - d. Be medically necessary
  
3. CPT 97110 can be appropriately billed if the Chiropractic Assistant demonstrates the exercises and assesses the patient’s technique.
  - a. True
  - b. False
  
4. ChiroCare will allow **one** (1) unit of CPT 97110 if the procedure was performed for how many minutes:
  - a. 20 minutes
  - b. 8 minutes
  - c. 5 minutes
  - d. A and B only
  - e. A, B and C

5. CPT 97110 is a covered benefit for **all** ChiroCare patients.
  - a. True
  - b. False
  
6. Active Care is a covered service in which of the following situations?
  - a. The patient is in training to run a marathon
  - b. General physical conditioning
  - c. Non-neuromusculoskeletal conditions
  - d. Rehabilitation of an injury / illness
  
7. Which of the following is **NOT** an example of a therapeutic exercise?
  - a. Electrical muscle stimulation
  - b. Isokinetic exercise
  - c. Gymnastic ball
  - d. Treadmill
  
8. In addition to standard S.O.A.P documentation, long and short term goals for an active care program must be documented in the patient record.
  - a. True
  - b. False
  
9. Checking in with a patient during an office visit to see if they are doing their exercises at home satisfies the requirements for billing CPT 97110.
  - a. True
  - b. False
  
10. The intent of ChiroCare's Active Care program is to encourage patient participation in their own health and perform prescribed exercises at home.
  - a. True
  - b. False

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I attest that I viewed the online presentation, completed the questions above and that no one assisted me in the completion of this course.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_