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38	☐ A	☒ B	☐ C	☐ D	☐ E
39	☐ A	☐ B	☐ C	☒ D	☐ E

PRACTICE QUESTIONS

American Board for Transplant Certification (ABTC)

YTLQVG6Q

Certified Transplant Financial Coordinator Examination

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Board for Transplant Certification (ABTC) YTLQVG6Q , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, YTLQVG6Q
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A candidate is approved for a kidney transplant and is currently covered by Medicare solely due to End-Stage Renal Disease (ESRD). How long does Medicare coverage continue after the date of a successful kidney transplant, in the absence of other qualifying disability?

- ☐ A 12 months from the month of transplant
- ☐ B 24 months from the month of transplant
- ☒ C 36 months from the month of transplant
- ☐ D Lifetime coverage as long as the graft remains functioning

ANSWER C

WHY Medicare ESRD entitlement for a kidney transplant recipient who does not otherwise qualify for Medicare (e.g., by age or disability) extends only 36 months (three years) from the month of the transplant. After that period, coverage ends unless the patient qualifies for Medicare under another eligibility category.

QUESTION 2

SINGLE CHOICE

In UNOS kidney allocation policy, which of the following recipient factors is used in determining allocation priority?

- ☐ A Recipient household income
- ☒ B Recipient blood type and waiting time
- ☐ C Recipient's private insurance status
- ☐ D Recipient's state of residence only

ANSWER B

WHY Kidney allocation is based on biological compatibility (including blood type) and objective medical criteria such as waiting time, dialysis time, sensitization status, and other clinical factors. Income, insurance status, and state of residence alone are not used to assign allocation priority.

QUESTION 3

MULTIPLE CHOICE

When a transplant financial coordinator is performing pre-transplant benefits investigation for a candidate, which of the following items are typically verified? (Choose two.)

- ☒ **A** Coverage for organ acquisition and donor recovery charges
- ☐ **B** Coverage of the candidate's home mortgage payments
- ☒ **C** Coverage for immunosuppressant medications post-discharge
- ☐ **D** Coverage for the candidate's elective cosmetic surgery

ANSWER A • C

WHY A thorough pre-transplant benefits investigation verifies whether the payer covers organ acquisition / donor recovery charges and whether immunosuppressant medications will be covered after discharge, as these are major drivers of transplant cost. Home mortgage payments and elective cosmetic surgery are not transplant-related benefits and are not typically verified in this process.

QUESTION 4

SINGLE CHOICE

Under CMS Conditions of Participation for transplant centers, what is the primary purpose of the interdisciplinary patient selection committee?

- ☐ **A** To bill insurers for transplantation services
- ☒ **B** To accept or decline candidates onto the waiting list based on established selection criteria
- ☐ **C** To assign the surgical team for each transplant
- ☐ **D** To negotiate organ acquisition charges with OPOs

ANSWER B

WHY The CMS Conditions of Participation require an interdisciplinary selection committee at each transplant center to apply documented selection criteria when evaluating and accepting/declining candidates for placement on the waiting list. The committee is not a billing, surgical-assignment, or contracting body.

QUESTION 5 SINGLE CHOICE

A financial coordinator is preparing documentation for a transplant candidate's chart regarding insurance authorization. Which of the following documentation practices best supports compliance and continuity of care?

- ☐ A Verbal confirmation from the payer with no written follow-up
- ☐ B Recording only the authorization number without dates or representative name
- ☒ C Documenting the payer contact name, date, call reference number, and the specific services authorized
- ☐ D Storing authorization details solely in the coordinator's personal email account

ANSWER C

WHY Strong, compliant documentation includes the payer representative's name, the date of the call, the reference/call number, and a clear description of the authorized services, including effective dates and any limitations. Verbal-only records, incomplete entries, or personal storage locations do not meet documentation standards required for auditability.

QUESTION 6 SINGLE CHOICE

Standard hospital charges for organ acquisition (as billed under Medicare) are reimbursed to transplant centers on what basis?

- ☐ A A fixed national schedule payment per organ type
- ☒ B Reasonable costs actually incurred by the transplant center, as reported on the Medicare cost report
- ☐ C Charges billed to and collected from the recipient's commercial insurer only
- ☐ D A discounted percentage of the recipient's MS-DRG payment

ANSWER B

WHY Under Medicare, organ acquisition costs (both kidney and non-kidney) are reimbursed at the transplant center's reasonable cost of acquisition, as reported on the Medicare cost report, rather than through the IPPS DRG payment. This cost-reimbursement methodology is specific to organ acquisition costs incurred for Medicare beneficiaries.

QUESTION 7

SINGLE CHOICE

A transplant candidate expresses concern about the high copay for an extended-action formulation of an immunosuppressive medication that is on formulary. The most appropriate first step by the financial coordinator is to:

- ☐ A Advise the candidate to stop the medication until insurance resolves the issue
- ☐ B Independently switch the candidate to an alternative immunosuppressive agent
- ☒ C Assess the candidate's eligibility for pharmaceutical manufacturer assistance programs, copay foundations, or hospital charity programs
- ☐ D Instruct the candidate to pay out of pocket without further intervention

ANSWER C

WHY Coordination of pharmaceutical assistance programs, copay foundations, and hospital charity resources is a core transplant financial coordinator function to prevent non-adherence due to cost. The coordinator should never advise discontinuation of, or independently substitute, an immunosuppressive that the transplant team has prescribed.

QUESTION 8

MULTIPLE CHOICE

Which of the following are recognized limitations or lifetime maximums that a financial coordinator should look for in a candidate's commercial insurance benefit plan related to transplantation? (Choose two.)

- ☒ A Lifetime or annual maximum benefits
- ☐ B Policy's preferred pharmacy network locations
- ☒ C Transplant-specific dollar limits or transplant carve-outs
- ☐ D The plan's policy renewal date with the employer

ANSWER A - C

WHY Commercial plans may impose overall lifetime/annual maximums or specific transplant dollar limits/carve-outs that can dramatically affect coverage for a transplant admission and aftercare. Preferred pharmacy network locations and routine employer renewal dates are not transplant-specific coverage limits the financial coordinator would flag as barriers.

QUESTION 9

SINGLE CHOICE

When evaluating a candidate for placement on the deceased donor kidney waiting list, which test is essential to determine compatibility with a potential donor and to screen for preformed antibodies that could cause immediate graft loss?

- ☐ A Serum creatinine only
- ☒ B ABO blood typing and panel reactive antibody (PRA) screening
- ☐ C Fasting blood glucose only
- ☐ D Urinalysis only

ANSWER B

WHY ABO typing is fundamental to donor-recipient compatibility, and PRA screening identifies preformed antibodies that put a candidate at higher risk for positive crossmatch and early graft failure. Blood glucose, serum creatinine alone, and urinalysis alone do not establish immunologic compatibility.