



RuralHealthClinic.com
Experienced Knowledge

2020 RHC Webinar Billing Test

1. Rural Health Clinic Status directly impacts payments from the following:
 - a. Medicare
 - b. Medicaid
 - c. All Payers
 - d. Medicare and Medicaid
2. RHCs should charge:
 - a. Only the RHC reimbursement rate to Medicare and Medicaid
 - b. All payors using the same charge
 - c. All payors using the same chargemaster except indigent patients
 - d. As much as possible
3. RHCs must always have a Face-to-Face encounter to bill Medicare.
 - a. True
 - b. False
4. RHCs bill Medicare RHC claims for RHC covered services using the following Claim Form?
 - a. 1500
 - b. UB-04
5. An RHC must include a CG modifier on all claims for RHC covered services.
 - a. True
 - b. False
6. The MSP payer questionnaire questions must be asked
 - a. Every visit
 - b. Annually
 - c. Every 90 days



RuralHealthClinic.com
Experienced Knowledge

7. The following are not RHC covered services
 - a. Lab tests (except venipuncture)
 - b. Technical components
 - c. Hospital services
 - d. All of the above
8. CPT Category II Codes cannot be included on the UB-04.
 - a. True
 - b. False
9. In most cases Medicare allows an RHC to collect:
 - a. The Medicare allowable co-payment from the fee-schedule
 - b. The CO45 Reason Code Amount or Contractual Adjustment
 - c. 20% of Reasonable Charges from the patient.
10. Negative Reimbursement refers to the following:
 - a. Receiving more than the RHC charges from Medicare
 - b. Medicare recouping money from the RHC due to the deductible at the beginning of the year.
 - c. The difference between what Medicare Fee for Service would have paid versus what Medicare RHC pays
11. Influenza and Pneumococcal shots in a Rural Health Clinic are:
 - a. Paid using a log on the RHC Cost Report
 - b. Billing on the 1500 Form
 - c. Billed on the UB-04 incident to an encounter
 - d. Billed to Medicare Part D
12. RHC services that may be billed incident to are:
 - a. Venipuncture (CPT 36415)
 - b. Shot Administration
 - c. Drugs that cannot be self-administered
 - d. All of the above



RuralHealthClinic.com
Experienced Knowledge

13. Charges may be established based upon:
 - a. As a percentage of the Medicare Fee Schedule (150% to 200%)
 - b. Based upon knowledge of the local community
 - c. Purchasing a Fee Analyzer for your local area
 - d. All of the above
14. The patient has an E & M service and also receives a trigger point injection during the same visit:
 - a. The Trigger Point injection and administration is billed to Part B, fee for service.
 - b. The Trigger Point injection and administration is billed incident to the E & M service
15. Dietitian and Nutritionist time counts toward the 20 minutes of Chronic Care Management time each month?
 - a. True
 - b. False
16. What Place of Service Code should an RHC use when billing services on a UB-04?
 - a. 72
 - b. 11
 - c. The Revenue Code serves as the place of Service Code on the UB-04
17. When posting a negative reimbursement claim an RHC should always:
 - a. Ensure that the Patient Balance remains correct after posting
 - b. To Post the withhold to the patient balance.
 - c. Include the negative reimbursement on the Credit Balance Report.
18. In order for an E and M code to qualify to be paid at the AIR the HCPCS code must be found on the QVL?
 - a. True
 - b. False



RuralHealthClinic.com
Experienced Knowledge

19. A patient has an E & M, IPPE, and a mental health visit on the same day. How many visits qualify to be paid at the AIR?
 - a. 1
 - b. 2
 - c. 3
20. The six required lab tests to be certified as a rural health clinic are included in the AIR and can not be billed separately to Medicare Part B.
 - a. True
 - b. False
21. A patient presents to the RHC and is admitted to the hospital the same day. Can you bill for both the RHC and hospital admission on the same day?
 - a. Yes
 - b. No
22. Incident to services must be provided with at least this type of supervision
 - a. General
 - b. Direct
 - c. Personal
23. In RHCs NPs, PAs, and CNMs can always be the person providing direct supervision for incident to services.
 - a. True
 - b. False
24. An RHC can set aside a separate treatment room to perform procedure and bill Medicare Part B Fee for service during RHC hours.
 - a. True
 - b. False



RuralHealthClinic.com
Experienced Knowledge

Test Answers

1. D. Medicare and Medicaid
2. B. All payors the same using the same
3. B. False – CCM services do not require a Face to Face Visit
4. B. UB-04
5. B. False – an IPPE and CCM services do not require the CG modifier
6. A. Every Visit
7. D. All the above
8. A. True – RHCs can report Quality measures to a Registry
9. C. 20% of Reasonable Charges from the patient.
10. B. Medicare recouping money from the RHC due to the deductible
11. A. Paid using a log on the RHC Cost Report
12. D. All of the above may be billed incident to
13. D. All of the above
14. B. The Trigger Point injection and administration is billed incident to the E & M service
15. A. True
16. C. The Revenue Code serves as the place of Service Code on the UB-04
17. A. Ensure that the Patient Balance remains correct after posting
18. B. False, the QVL is not longer updated and is a good reference document but is not binding.
19. C. 3
20. B. False, all labs may be billed to Part B included the six required tests with the exception of the venipuncture which is included in the All Inclusive Rate.
21. A. Yes
22. B. Direct
23. B. False – Chapter 13 of the RHC Manual requires RHCs to have a policy allowing NPs, PAs, and CNMs to be the provider providing direct supervision for incident to services.
24. B. False, RHCs may not have a separate treatment room and bill services provided in the room to Medicare Part B, Fee for Service. RHCs should review the Commingling rules in Chapter 13 of the RHC manual.