

2023 RHC Webinar Billing Test December 13, 2023

- 1. Billing and Coding are the same thing.
 - a. True
 - b. False
- 2. Rural Health Clinic Status directly impacts payments from the following:
 - a. Medicare
 - b. Medicaid
 - c. All Payers
 - d. Medicare and Medicaid
- 3. RHCs bill Medicare RHC claims for RHC covered services using the following Claim form?
 - a. 1500
 - b. UB-04
- 4. RHCs should charge?
 - a. Only the RHC reimbursement rate to Medicare and Medicaid
 - b. All payors using the same chargemaster
 - c. All payors using the same chargemaster except indigent patients
 - d. Using a sliding fee schedule
- 5. RHCS are paid an All-Inclusive Rate which pays for all Medicare services provided to the patient while at the RHC
 - a. True
 - b. False
- 6. How much will Medicare pay the RHC for a 99214 with a charge of \$200 if the clinic has an AIR of \$126 (the National Statutory Limit)
 - a. \$200
 - b. \$126
 - c. \$99
 - d. \$139



- 7. To bill Medicare RHCs must always have a Face-to-Face encounter.
 - a. True
 - b. False
- 8. For an RHC to bill an encounter to Medicare and receive the All-Inclusive Rate, the encounter must be located on the published Qualifying Visit List (QVL)?
 - a. True
 - b. False
- 9. An RHC must include CG modifier on all claims for RHC covered services.
 - a. True
 - b. False
- 10. The MSP payer questionnaire questions must be asked:
 - a. Every visit
 - b. Annually
 - c. Every 90 days
- 11. CPT Category II Codes cannot be included on the UB-04.
 - a. True
 - b. False
- 12. What Place of Service Code should an RHC use when billing Medicare?
 - a. 72
 - b. 11
 - c. The Revenue Code serves as the Place of Service Code on the UB-04.
- 13. An RHC treats a patient on January 1, 2023 and charges \$226. The RHCs AIR is \$126. When the bill is submitted to Medicare, how much does Medicare Pay?
 - a. \$0
 - b. \$100
 - c. (\$100)
 - d. \$25.20
- 14. When posting a negative reimbursement claim, an RHC should always:
 - a. Ensure the patient balance remains correct after posting
 - b. Post the withhold to the patient balance.
 - c. Include the negative reimbursement on the Credit Balance Report.



- 15. An RHC patient receives an EKG. How is it billed?
 - a. CPT Code 93000 to Part B on the 1500 fee for service
 - b. CPT Code 93000 on the UB-04 as an RHC service.
 - c. CPT 93005 to Part B fee for service and CPT 93010 on the UB-04 for the professional read.
 - d. Recorded in a log and placed on the cost report at the end of the year.
- 16. How many CPT Code G0447s can potentially be billed annually per patient?
 - a. 12
 - b. 22
 - c. 24
 - d. 30
- 17. A patient receives an Annual Wellness Exam (AWE) and an Evaluation and Management (E&M) on the same day. How is this paid?
 - a. The AWE is billed fee for service on a 1500 and the E&M is billed on the UB-04.
 - b. The AWE and E&M is billed on the UB-04 and only one AIR is paid.
 - c. The AWE and E&M are billed on the UB-04 and two AIRS are paid by Medicare.
 - d. Both are billed to Medicare part B and both services are paid as long as modifier 25 is used.
- 18. The physician treats an E&M telehealth patient from his home after RHC hours. How is this billed and paid by Medicare?
 - a. Bill on the UB-04 to Medicare Part A with the G2025 CPT code which pays \$95.37 in 2024.
 - b. Bill on the 1500 to Part B with a 95 modifier and be paid fee for service for the service.
 - c. After-hours telehealth can not be billed at all.
 - d. After-hours telehealth can not be billed but can be included as an allowable expense on the cost report.



- 19. The physician treats a medical health patient from the RHC during RHC hours (audiovisual). How is this billed and paid by Medicare?
 - a. Bill on the UB-04 to Medicare Part A with the 9XXXX CPT Code, and CG and 95 modifier which pays the AIR and is an allowable cost on the cost report.
 - b. Bill on the 1500 to Part B with a 95 modifier and be paid fee for service for the service and the cost is excluded from the cost report.
 - c. Bill on the UB-04 to Medicare Part A with G2025 CPT code which pays \$95.37 in 2024.
 - d. Bill on the UB-04 to Medicare Part A with the 9XXXX CPT code and CG and 95 modifier which pays the AIR and is not an allowable expense on the cost report.

20. How often does an RHC have to complete a Form 838 Credit Balance Report?

- a. Weekly
- b. Monthly
- c. Quarterly
- d. Annually