

CRCE Exam Study Manual

Update for 2022

This document reflects updates made to the instructional content from the *Certified Revenue Cycle Executive (CRCE) Exam Study Manual 2021* to the 2022 version of the manual. This does not include updates to Knowledge Checks and Answers, the Glossary, spelling, punctuation, grammar or capitalization.

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Note: Unless otherwise stated, information in yellow below has been inserted and information struck through has been deleted.

Edit(s) to page 4-4 and 4-5: Part A Deductibles, Coinsurance, and Copayments

Medicare Part A		
Service	Beneficiary Obligation	2022 21 Amount
<p>Inpatient hospital stay – Semi-private room, meals, general nursing, other hospital services, and supplies. This includes care in critical access hospitals, but does not include private duty nursing, television, or telephone service in the room if billed separately. It also does not include a private room, unless medically necessary.</p> <p>Inpatient mental healthcare in an independent psychiatric facility is limited to 190 days in a lifetime.</p>	<p>Days 1 through 60*:</p> <ul style="list-style-type: none"> Part A current year inpatient deductible <p>*Renewable during the next benefit period</p>	\$ 1,484 1,556 per spell of illness
	<p>Days 61 through 90*:</p> <ul style="list-style-type: none"> Part A coinsurance (1/4 or 25% of current year inpatient deductible) <p>*Renewable during the next benefit period</p>	\$ 371 389 per day
	<p>Days 91 through 150*:</p> <ul style="list-style-type: none"> Part A lifetime reserve (LTR, 1/2 or 50% of current year inpatient deductible) <p>*Nonrenewable; hospitals alert patients when they have 5 days of coinsurance left so they can choose whether to use their LTR days</p>	\$ 742 778 per day
<p>SNF care – Semi-private room, meals, skilled nursing and rehabilitative services, and other services and supplies. (Patients need three midnights as an inpatient to qualify for Medicare coverage in a SNF.)</p>	<p>Days 1 through 20:</p> <ul style="list-style-type: none"> No deductible or coinsurance 	\$0 per benefit period
	<p>Days 21 through 100:</p> <ul style="list-style-type: none"> 1/8 of current year inpatient deductible 	\$ 185.50 194.50 per day

Edit(s) to page 4-7: Part B Deductibles, Coinsurance, and Copayments

Medicare Part B		
Service	Beneficiary Obligation	2022 21 Amount
Medical and other services – Doctors services (except for routine physical exams); outpatient medical and surgical services; supplies; diagnostic tests; ambulatory surgery center facility fees for approved procedures; and DME. Also covers second surgical opinions; outpatient physical, occupational, and speech therapy; and outpatient mental healthcare.	Medical and other services: <ul style="list-style-type: none"> Current year deductible, then coinsurance (20% of Medicare-approved amount, except in the outpatient setting) 	\$ 203 233 per year, then 20% of Medicare-approved amount
	Outpatient physical, occupational, and speech-language therapy services: <ul style="list-style-type: none"> Coinsurance 	20% of Medicare-approved amount
	Outpatient mental healthcare: <ul style="list-style-type: none"> Coinsurance 	20% of Medicare-approved amount

Edit(s) to page 4-42: HIPAA-Required Standard Transactions

Code	Transaction
148	First report of injury
270	Healthcare eligibility inquiry
271	Healthcare eligibility response
275	Attachment
276	Healthcare claim status inquiry
277	Healthcare claim status response
278	Referral certification and authorization
354	Claim status response
820	Health plan premium payments
834	Enrollment and disenrollment in a health plan
835	Healthcare payment and remittance advice
837D	Dental claim
837I	Institutional claim
837P	Professional claim

Other Audits

Medicare and Medicaid payments are subject to other types of audits as well:

- ~~Zone Program Integrity Contractors (ZPICs) – CMS overhauled its audit contractor program and replaced ZPICs with Unified Program Integrity Contractors (UPICs). CMS's Benefit Integrity (BI) program has various types of contractors review different aspects of Medicare billing and payment. The ZPICs are organized into seven different regions. The CMS Program Integrity Manual states, "The primary goal of the ... ZPIC BI unit is to identify cases of suspected fraud, develop them thoroughly and in a timely manner, and take immediate action to ensure that Medicare Trust Fund monies are not inappropriately paid out and that any mistaken payments are recouped."~~
- Medicaid Integrity Contractors (MICs) – Section 1936 of the Social Security Act requires the CMS to contract with eligible entities to review and audit Medicaid claims and to identify overpayments. States use MICs to assess payment accuracy in a way similar to RACs. MICs, however, can look back five years, and there is no limit on how many records they may request.