

# CRCE Exam Study Manual

## Update for 2021

This document reflects updates made to the instructional content from the *Certified Revenue Cycle Executive (CRCE) Exam Study Manual 2020* to the 2021 version of the manual. This does not include updates to Knowledge Checks and Answers, the Glossary, spelling, punctuation, grammar or capitalization.

### Table of Contents

Edit(s) to page 4-4 and 4-5: Part A Deductibles, Coinsurance, and Copayments .....	2
Edit(s) to page 4-7: Part B Deductibles, Coinsurance, and Copayments .....	3

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**

<b>Medicare Part A</b>		
<b>Service</b>	<b>Beneficiary Obligation</b>	<b>2021 <del>20</del> Amount</b>
<p><b>Inpatient hospital stay</b> – 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"> <li>Part A current year inpatient deductible</li> </ul> <p>*Renewable during the next benefit period</p>	\$ <b>1,484</b> <del>1,408</del> per spell of illness
	<p>Days 61 through 90*:</p> <ul style="list-style-type: none"> <li>Part A coinsurance (1/4 or 25% of current year inpatient deductible)</li> </ul> <p>*Renewable during the next benefit period</p>	\$ <b>371</b> <del>352</del> per day
	<p>Days 91 through 150*:</p> <ul style="list-style-type: none"> <li>Part A lifetime reserve (LTR, 1/2 or 50% of current year inpatient deductible)</li> </ul> <p>*Nonrenewable; hospitals alert patients when they have 5 days of coinsurance left so they can choose whether to use their LTR days</p>	\$ <b>742</b> <del>704</del> per day
<p><b>SNF care</b> – 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"> <li>No deductible or coinsurance</li> </ul>	\$0 per benefit period
	<p>Days 21 through 100:</p> <ul style="list-style-type: none"> <li>1/8 of current year inpatient deductible</li> </ul>	\$ <b>185.50</b> <del>176</del> per day

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

<b>Medicare Part B</b>		
<b>Service</b>	<b>Beneficiary Obligation</b>	<b>2021 <del>20</del> Amount</b>
<b>Medical and other services –</b> 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"> <li>▪ Current year deductible, then coinsurance (20% of Medicare-approved amount, except in the outpatient setting)</li> </ul>	\$ <del>203</del> 198 per year, then 20% of Medicare-approved amount
	Outpatient physical, occupational, and speech-language therapy services: <ul style="list-style-type: none"> <li>▪ Coinsurance</li> </ul>	20% of Medicare-approved amount
	Outpatient mental healthcare: <ul style="list-style-type: none"> <li>▪ Coinsurance</li> </ul>	20% of Medicare-approved amount