

CRCS Exam Study Manual Update for 2021

This document reflects updates made to the instructional content from the *AAHAM Certified Revenue Cycle Specialist (CRCS) Exam Study Manual 2020* to the 2021 version of the manual. This does not include updates to spelling, punctuation, the Introduction, dates in examples, Knowledge Checks and Answers, or the Glossary.

Table of Contents

Edit(s) to page 3-17: Completing the ABN	2
Edit(s) to page 4-5: Part A Deductibles, Coinsurance, and Copayments	3
Edit(s) to page 4-7: Part B Deductibles, Coinsurance, and Copayments	4

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

Edit(s) to page 3-17: Completing the ABN

Note: The image of the ABN form has been updated.

A. Notifier:		C. Identification Number:
B. Patient Name:		

**Advance Beneficiary Notice of Non-coverage
(ABN)**

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you. <input type="checkbox"/> OPTION 1. I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles. <input type="checkbox"/> OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed. <input type="checkbox"/> OPTION 3. I don't want the D. _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 06/30/2023) Form Approved OMB No. 0938-0566

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

Medicare Part A		
Service	Beneficiary Obligation	2021 20 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>	\$ 1,408 1,484 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>	\$ 352 371 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>	\$ 704 742 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 	\$ 176 185.50 per day

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

Medicare Part B		
Service	Beneficiary Obligation	2021 20 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) 	\$ 203 198 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