CRIP Study Module

Section 4

Recurring Outpatient and Clinical Services

Outpatient rehabilitation is considered a repetitive service and should not be billed on a per visit basis.

a. True
b. False

Outpatient rehabilitation is considered a repetitive service and should not be billed on a per visit basis.

a. **True**
b. False

How often should repetitive services be billed?

a. Yearly
b. Monthly
c. Bi-monthly
d. Weekly

How often should repetitive services be billed?

a. Yearly
b. Monthly
c. Bi-monthly
d. Weekly

Repetitive services can be billed along with any non-repetitive services provided the beneficiary during the same dates of service.

a. True
b. False

Repetitive services can be billed along with any non-repetitive services provided the beneficiary during the same dates of service.

a. True
b. False

Billing guidelines state that repetitive services must not be billed with other, non-repetitive services.

A outpatient rehabilitation therapy service must have a written plan of care. The plan of care should contain which of the following except:

a. Patient's diagnosis
b. Long-term treatment goals
c. Insurance authorization
d. Type of rehabilitation therapy
e. Amount of therapy treatment sessions in a day and frequency per week
f. Number of weeks or number of sessions

A outpatient rehabilitation therapy service must have a written plan of care. The plan of care should contain which of the following except:

a. Patient's diagnosis
b. Long-term treatment goals
c. **Insurance authorization**
d. Type of rehabilitation therapy
e. Amount of therapy treatment sessions in a day and frequency per week
f. Number of weeks or number of sessions

The initial certification or plan of care for rehabilitation services will satisfy all of the requirements for the duration of the plan of care of 90 calendar days from the date of the patient's initial treatment.

a. True
b. False

The initial certification or plan of care for rehabilitation services will satisfy all of the requirements for the duration of the plan of care of 90 calendar days from the date of the patient's initial treatment.

a. **True**
b. False

If continued therapy is needed, a recertification should be signed whenever the plan of care is modified or every 30 days after initiation of treatment under the plan of care.

a. True
b. False

If continued therapy is needed, a recertification should be signed whenever the plan of care is modified or every 30 days after initiation of treatment under the plan of care.

a. True
b. False

Recertification is required every 90 days or if the plan of care is modified.

Revenue code 042X (physical therapy) lines may only contain which of the following modifiers:

a. GO
b. GP
c. GN

Revenue code 042X (physical therapy) lines may only contain which of the following modifiers:

a. GO
b. GP
c. GN

Revenue code 044X (speech-language therapy) lines may only contain which of the following modifiers:

a. GN
b. GP
c. GO

Revenue code 044X (speech-language therapy) lines may only contain which of the following modifiers:

a. **GN**
b. GP
c. GO

Revenue code 043X (occupational therapy) lines may only contain which of the following modifiers:

a. GN
b. GP
c. GO

Revenue code 043X (occupational therapy) lines may only contain which of the following modifiers:

a. GN
b. GP
c. **GO**

Physical therapy services requires the use of which of the following 3 occurrence codes:

a. 11 – 17 – 44
b. 11 – 30 – 45
c. 11 – 29 – 35

Physical therapy services requires the use of which of the following 3 occurrence codes:

a. 11 – 17 – 44
b. 11 – 30 – 45
c. 11 – 29 – 35

Onset of Symptoms	Date plan of care established or last reviewed	Date treatment started
11	29	35

Occupational therapy services requires the use of which of the following 3 occurrence codes:

a. 11 – 17 – 44
b. 11 – 30 – 45
c. 11 – 29 – 35

Occupational therapy services requires the use of which of the following 3 occurrence codes:

a. **11 – 17 – 44**
b. 11 – 30 – 45
c. 11 – 29 – 35

Onset of Symptoms	Date plan of care established or last reviewed	Date treatment started
11	17	44

Speech therapy services requires the use of which of the following 3 occurrence codes:

a. 11 – 17 – 44
b. 11 – 30 – 45
c. 11 – 29 – 35

Speech therapy services requires the use of which of the following 3 occurrence codes:

a. 11 – 17 – 44
b. 11 – 30 – 45
c. 11 – 29 – 35

Onset of Symptoms	Date plan of care established or last reviewed	Date treatment started
11	30	45

The type of wound care that includes photographs of the work, assessment and cleaning of the wound, anesthesia, collection of specimens, measurement of the wound(s), topical ointments, dressings, and discharge instructions.

a. Selective Debridement
b. Active Wound Care Management
c. Surgical Debridement
d. Non-selective Debridement

The type of wound care that includes photographs of the work, assessment and cleaning of the wound, anesthesia, collection of specimens, measurement of the wound(s), topical ointments, dressings, and discharge instructions.

a. Selective Debridement
b. Active Wound Care Management
c. **Surgical Debridement**
d. Non-selective Debridement

The type of wound care that is used to remove necrotic or devitalized tissue and to promote healing of the wound.

a. Selective Debridement
b. Active Wound Care Management
c. Surgical Debridement
d. Non-selective Debridement

The type of wound care that is used to remove necrotic or devitalized tissue and to promote healing of the wound.

a. Selective Debridement
b. **Active Wound Care Management**
c. Surgical Debridement
d. Non-selective Debridement

The type of wound care that describes the type of treatment (such as high pressure water jet) the type of open wound, wound assessment, whirlpool, and instructions for continued care per session.

a. Selective Debridement
b. Active Wound Care Management
c. Surgical Debridement
d. Non-selective Debridement

The type of wound care that describes the type of treatment (such as high pressure water jet) the type of open wound, wound assessment, whirlpool, and instructions for continued care per session.

a. **Selective Debridement**
b. Active Wound Care Management
c. Surgical Debridement
d. Non-selective Debridement

The type of wound care that is used to remove tissue that is devitalized and to promote healing of the wound, used when both healthy tissue and necrotic tissue are removed; includes wet to moist dressings, wet to dry dressings, abrasions, occlusive dressings, and enzymatic chemicals.

a. Selective Debridement
b. Active Wound Care Management
c. Surgical Debridement
d. Non-selective Debridement

The type of wound care that is used to remove tissue that is devitalized and to promote healing of the wound, used when both healthy tissue and necrotic tissue are removed; includes wet to moist dressings, wet to dry dressings, abrasions, occlusive dressings, and enzymatic chemicals.

a. Selective Debridement
b. Active Wound Care Management
c. Surgical Debridement
d. **Non-selective Debridement**

The type of wound care that is used when the entire body is exposed to oxygen under atmospheric pressure.

a. Selective Debridement
b. Active Wound Care Management
c. Hyperbaric Oxygen Therapy
d. Non-selective Debridement

The type of wound care that is used when the entire body is exposed to oxygen under atmospheric pressure.

a. Selective Debridement
b. Active Wound Care Management
c. **Hyperbaric Oxygen Therapy**
d. Non-selective Debridement

E & M services for wound care can be charged if:

a. The physician treats a new patient for an initial visit
b. The patient was seen for a follow-up visit and no services were provided
c. The patient was seen for a follow-up visit, a new sign or symptom was identified, and the physician made a medical decision on how to treat the new condition
d. All of the above

E & M services for wound care can be charged if:

a. The physician treats a new patient for an initial visit
b. The patient was seen for a follow-up visit and no services were provided
c. The patient was seen for a follow-up visit, a new sign or symptom was identified, and the physician made a medical decision on how to treat the new condition
d. All of the above

Observation services are furnished in a hospital setting for the purpose of holding a patient for bed availability.

a. True
b. False

Observation services are furnished in a hospital setting for the purpose of holding a patient for bed availability.

a. True
b. False

Observation services are furnished in a hospital setting for the purpose of evaluating an outpatient condition to determine the need for a hospital admission.

Observation services should not exceed 48 hours according to CMS.

a. True
b. False

Observation services should not exceed 48 hours according to CMS.

a. **True**
b. False

Observation services should not exceed 48-hours but if medically necessary, Medicare will cover up to 72 hours.

Observation services are appropriate for which of the following:

a. Services exceeding 48 hours
b. Brief stays following outpatient surgery, if needed to manage a complication
c. Pre-operative and routine recovery
d. Services without a written physician order

Observation services are appropriate for which of the following:

a. Services exceeding 48 hours
b. **Brief stays following outpatient surgery, if needed to manage a complication**
c. Pre-operative and routine recovery
d. Services without a written physician order

There are 2 types of observation services. What is the HCPCS when the service is Direct Admit Patient to Observation.

a. G0379
b. G0378
c. G0079
d. G0078

There are 2 types of observation services. What is the HCPCS when the service is Direct Admit Patient to Observation.

a. **G0379**
b. G0378
c. G0079
d. G0078

There are 2 types of observation services. What is the HCPCS when the service is Hospital Observation per hour.

a. G0379
b. G0378
c. G0079
d. G0078

There are 2 types of observation services. What is the HCPCS when the service is Hospital Observation per hour.

a. G0379
b. G0378
c. G0079
d. G0078

Charging for observation hours begins at the clock time that corresponds with the time of the physician order.

a. True
b. False

Charging for observation hours begins at the clock time that corresponds with the time of the physician order.

a. True
b. False

Observation hours begins at the clock time that corresponds with the time that the observation services are first rendered like the initial nursing assessment time, after the physician ordered observation.

For observation services, testing performed which includes active monitoring as part of the procedure is not considered to be part of the observation services and should be carved out of the observation hours.

a. True
b. False

For observation services, testing performed which includes active monitoring as part of the procedure is not considered to be part of the observation services and should be carved out of the observation hours.

a. **True**
b. False

Examples of services that should be “carved out” of observation time include:

- Endoscopy services
- Cardiac catheterizations
- Stress tests
- Chemotherapy
- At the end of the active monitoring services the physician must write new orders to admit, discharge, or continue outpatient or observation services.

Which of the following condition codes can only be used on an outpatient claim when the physician initially ordered inpatient services, but upon further review of the patient before the claim was submitted, it was determined that the services did not meet inpatient criteria.

a. Condition code 28
b. Condition code 36
c. Condition code 44
d. Condition code 11

Which of the following condition codes can only be used on an outpatient claim when the physician initially ordered inpatient services, but upon further review of the patient before the claim was submitted, it was determined that the services did not meet inpatient criteria.

a. Condition code 28
b. Condition code 36
c. **Condition code 44**
d. Condition code 11

In radiation oncology - a restraining device usually used in the oral cavity and often attached to an outside source for patient stability.

a. Bolus
b. Block
c. Collimator
d. Bite Block

In radiation oncology - a restraining device usually used in the oral cavity and often attached to an outside source for patient stability.

a. Bolus
b. Block
c. Collimator
d. **Bite Block**

In radiation oncology – a tissue-equivalent material used to change the surface deposition of a radiation beam.

a. Bolus
b. Block
c. Collimator
d. Bite Block

In radiation oncology – a tissue-equivalent material used to change the surface deposition of a radiation beam.

a. **Bolus**
b. Block
c. Collimator
d. Bite Block

In radiation oncology – the calculation of the radiation dose that is distributed within a treatment beam.

a. Bolus
b. Compensator
c. Collimator
d. Dosimetry

In radiation oncology – the calculation of the radiation dose that is distributed within a treatment beam.

a. Bolus
b. Compensator
c. Collimator
d. **Dosimetry**

In radiation oncology – the plotting of lines or a series of lines following the paths of the same dose distribution within a treatment beam.

a. Wedge
b. Isodose
c. Collimator
d. Sterotatic

In radiation oncology – the plotting of lines or a series of lines following the paths of the same dose distribution within a treatment beam.

a. Wedge
b. Isodose
c. Collimator
d. Sterotatic

In radiation oncology – a treatment beam-modifying device that acts to change the intensity of the treatment beam.

a. Wedge
b. Isodose
c. Collimator
d. Sterotatic

In radiation oncology – a treatment beam-modifying device that acts to change the intensity of the treatment beam.

a. **Wedge**
b. Isodose
c. Collimator
d. Sterotatic

In radiation oncology – a device fabricated of an energy-absorbing material that is used to shape or delineates the treatment portal to match the configuration of the desired area; also used to shield or protect normal structures.

a. Wedge
b. Isodose
c. Block
d. Sterotatic

In radiation oncology – a device fabricated of an energy-absorbing material that is used to shape or delineates the treatment portal to match the configuration of the desired area; also used to shield or protect normal structures.

a. Wedge
b. Isodose
c. **Block**
d. Sterotatic

In radiation oncology – an irregular shaped beam-modifying device that is used to reconfigure the beam intensity to match any irregular tissue contours.

a. Wedge
b. Compensator
c. Block
d. Collimator

In radiation oncology – an irregular shaped beam-modifying device that is used to reconfigure the beam intensity to match any irregular tissue contours.

a. Wedge
b. **Compensator**
c. Block
d. Collimator

In radiation oncology – a beam-shaping device attached to the head of the treatment machine to define the initial configuration of the treatment portal.

a. Wedge
b. Compensator
c. Block
d. Collimator

In radiation oncology – a beam-shaping device attached to the head of the treatment machine to define the initial configuration of the treatment portal.

a. Wedge
b. Compensator
c. Block
d. Collimator

In radiation oncology – referring to the site on the skin where the radiation beam enters the body.

a. Bolus
b. Compensator
c. Port/Portal
d. Dosimetry

In radiation oncology – referring to the site on the skin where the radiation beam enters the body.

a. Bolus
b. Compensator
c. **Port/Portal**
d. Dosimetry

In radiation oncology – the means of verifying the placement and configuration of the treatment plan.

a. Bolus
b. Compensator
c. Portal verification
d. Wedge

In radiation oncology – the means of verifying the placement and configuration of the treatment plan.

a. Bolus
b. Compensator
c. **Portal verification**
d. Wedge

In radiation oncology – a three-dimensional technique that has intersecting multiple portals which create a complex interaction of the treatment beams and isodose plans.

a. Bolus
b. Compensator
c. Portal verification
d. Stereotactic

In radiation oncology – a three-dimensional technique that has intersecting multiple portals which create a complex interaction of the treatment beams and isodose plans.

a. Bolus
b. Compensator
c. Portal verification
d. **Stereotactic**

In radiation oncology – when the patient has a combination of a wedge, a compensator, a bolus, or a port block covering the same treatment port, this should be billed as multiple treatment devices rather than a single item.

a. True
b. False

In radiation oncology – when the patient has a combination of a wedge, a compensator, a bolus, or a port block covering the same treatment port, this should be billed as multiple treatment devices rather than a single item.

a. True
b. **False**

This should be billed as a single complex treatment device.

Per CMS guidelines, in order for a hospital to bill for all brachytherapy seeds all of the following must occur except:

a. The seeds that were not implanted in the patient were not given and implanted into another patient
b. The seeds that were not implanted were disposed of in accordance with their handling requirements
c. The seeds that were not implanted were stored for future use
d. The number of seeds used in the care of the patient, but not implanted, were not constitute more than a small fraction foothe seeds actually implanted

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b. The seeds that were not implanted were disposed of in accordance with their handling requirements
c. **The seeds that were not implanted were stored for future use**
d. The number of seeds used in the care of the patient, but not implanted, were not constitute more than a small fraction foothe seeds actually implanted

E & M levels are separated into how many classifications?

a. Two
b. Four
c. Six
d. Three

E & M levels are separated into how many classifications?

a. **Two – new patients and established patients**
b. Four
c. Six
d. Three

Medicare defines a new patient as: An individual who has not received any professional services from the physician or another physician in the same specialty and same practice within the previous _____ years

a. Three
b. Two
c. Four
d. Ten

Medicare defines a new patient as: An individual who has not received any professional services from the physician or another physician in the same specialty and same practice within the previous _____ years

a. **Three**
b. Two
c. Four
d. Ten

If a patient leaves prior to the medical screening exam, and E&M code should be reported or charged.

a. True
b. False

If a patient leaves prior to the medical screening exam, and E&M code should be reported or charged.

a. True
b. False

There are how many types of Emergency departments as described by CMS?

a. Three
b. Two
c. One
d. Six

There are how many types of Emergency departments as described by CMS?

a. Three
b. Two
c. One
d. Six

A hospital-based emergency department which must be open 24 hours a day, 7 days a week, and it held out to the public as a place that provides care for emergency medical conditions on an urgent basis but without a scheduled appointment.

a. Type A
b. Type B

A hospital-based emergency department which must be open 24 hours a day, 7 days a week, and it held out to the public as a place that provides care for emergency medical conditions on an urgent basis but without a scheduled appointment.

a. **Type A**
b. Type B

A hospital-based emergency department which is not open 24 hours a day, 7 days a week, and it held out to the public as a place that provides care for emergency medical conditions on an urgent basis for at least 1/3 of its outpatient visits without a scheduled appointment.

a. Type A
b. Type B

A hospital-based emergency department which is not open 24 hours a day, 7 days a week, and it held out to the public as a place that provides care for emergency medical conditions on an urgent basis for at least 1/3 of its outpatient visits without a scheduled appointment.

a. Type A
b. **Type B**

There are 7 components of E&M services. Which of the following are the three **key** components?

a. History, medical decision-making, counseling
b. Medical decision-making, counseling, coordination of care
c. History, examination, medical-decision making
d. Examination, counseling, time spent

There are 7 components of E&M services. Which of the following are the three **key** components?

a. History, medical decision-making, counseling
b. Medical decision-making, counseling, coordination of care
c. **History, examination, medical-decision making**
d. Examination, counseling, time spent

Trauma activation is usually designated by revenue code _____.

a. 045X
b. 068X
c. 036X
d. 051X

Trauma activation is usually designated by revenue code _____.

a. 045X
b. 068X
c. 036X
d. 051X

A trauma activation charge can be billed only for patients with a pre-hospital notification.

a. True
b. False

A trauma activation charge can be billed only for patients with a pre-hospital notification.

a. **True**
b. False

A trauma activation with critical care services should be appended with HCPCS code _____ and revenue code _____:

a. G0390 / 045X
b. G0450 / 036X
c. G0390 / 068X
d. G0382 / 068X

A trauma activation with critical care services should be appended with HCPCS code _____ and revenue code _____:

a. G0390 / 045X
b. G0450 / 036X
c. **G0390 / 068X**
d. G0382 / 068X

CMS requires OPPS hospitals to report on the same claim all non-repetitive OPPS services that are provided on the same day. The condition code _____ would be appended if two ED visits are separate and distinct regardless of the diagnosis or condition treated.

a. G0
b. G1
c. E5
d. E1

CMS requires OPPS hospitals to report on the same claim all non-repetitive OPPS services that are provided on the same day. The condition code ____ would be appended if two ED visits are separate and distinct regardless of the diagnosis or condition treated.

a. **G0**
b. G1
c. E5
d. E1

The Medicare contractor will return the outpatient claim submitted without condition code G0 to the provider if:

- The claim has two or more E&M codes
- The claim has an E&M code with units of service greater than one
- Two claims are submitted for the patient with the same DOS and each claim has an E&M code reported with the same revenue code

Use of hard material such as fiberglass or plaster to wrap the limb or joint entirely to provide total immobilization or restriction of movement.

a. Casting
b. Strapping
c. Splinting
d. None of the above

Use of hard material such as fiberglass or plaster to wrap the limb or joint entirely to provide total immobilization or restriction of movement.

a. **Casting**
b. Strapping
c. Splinting
d. None of the above

Use of a device which has a hard surface (such as plaster, fiberglass, hexalite, aluminum rod or plastic) on one side of the limb and soft material (such as cotton or elastic knit) around the entire limb or joint to support a weak or ineffective joint or muscle.

a. Casting
b. Strapping
c. Splinting
d. None of the above

Use of a device which has a hard surface (such as plaster, fiberglass, hexalite, aluminum rod or plastic) on one side of the limb and soft material (such as cotton or elastic knit) around the entire limb or joint to support a weak or ineffective joint or muscle.

a. Casting
b. Strapping
c. **Splinting**
d. None of the above

Application of overlapping strips of adhesive plaster, tape, or multi-layered compression dressings to exert pressure, immobilize, support, and protect

a. Casting
b. Strapping
c. Splinting
d. None of the above

Application of overlapping strips of adhesive plaster, tape, or multi-layered compression dressings to exert pressure, immobilize, support, and protect

a. Casting
b. Strapping
c. Splinting
d. None of the above

Note: See page 5-45/2020 for a list of fabricated and prefabricated splints.