**POST-TEST INSTRUCTIONS**: View the recorded Webinar located at [UBO Learning Center Archived Webinars](http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/UBO-Learning-Center/Archived-Webinars) and then complete all of the 10 questions below. Submit your answers via e-mail to UBO.LearningCenter@altarum.org with “Answers, Post Test **“2017 CPT®/HCPCS Updates and Impact on Billing*”***

in the subject line (a read receipt for your records is recommended). If at least 70% of the questions are answered correctly, you will receive a Certificate of Approval with Index Number via email. If you receive a score of 69% or lower, you will be notified via email and may review the archived Webinar and resubmit the post-test. Results may take up to five business days. If you have any questions, please submit those as well to UBO.LearningCenter@altarum.org.

1. Name 2 reasons why a payer may deny an MTF’s claim for reimbursement for care provided to the beneficiary:

bundling/unbundling, deleted code used, code no longer applicable in CY17.

1. Why is it important for billers to build and maintain a relationship with their coders?
	1. Coders also need to know how accurate coding affects the reimbursement process and is required for clean claims
	2. Helps ensure proper payment from the insurance companies
	3. In order for billers to produce clean claims
	4. In order for billers to learn the basics of coding so they can recognize when codes may or may not be correct and know why the coder used that particular code
	5. All the above
2. Where can you find information about whether an insurance company requires pre-certification for a new or revised CPT®/ HCPCS Code procedure?

Directly from the Third Party Insurance policy guidelines.

1. Fill in the Blank: CPT® and HCPCS codes are entered in line item number 24d in the CMS 1500 claim format.
2. Fill in the Blank: The main takeaway for the CY code updates is that the lag in DHA UBO rates. Billers (can/cannot) bill until a rate has been published.
3. When billers and coders work together it allows for great collaboration and revenue to be maximized.

True

False

1. List 3 newly added CPT codes in CY 2017
2. List 3 CPT® or HCPCS codes that were deleted in CY 2017
3. List 2 CPT® or HCPCS codes that were revised in CY 2017

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1. List 3 reason why denials management is important, especially in the beginning of the calendar year.
2. Helps identify which CPT® / HCPCS codes are incorrectly used
3. Defines where breakdowns are in the process to identify opportunities for performance improvement
4. Identifies unreasonable payer practices associated with code revisions
5. Collaborative effort appeals are easier to handle in the future
6. Identifies areas where denials management efforts have been successful
7. Enables the DHA UBO and DHA MCPO to develop goals and opportunities for preventing future denials