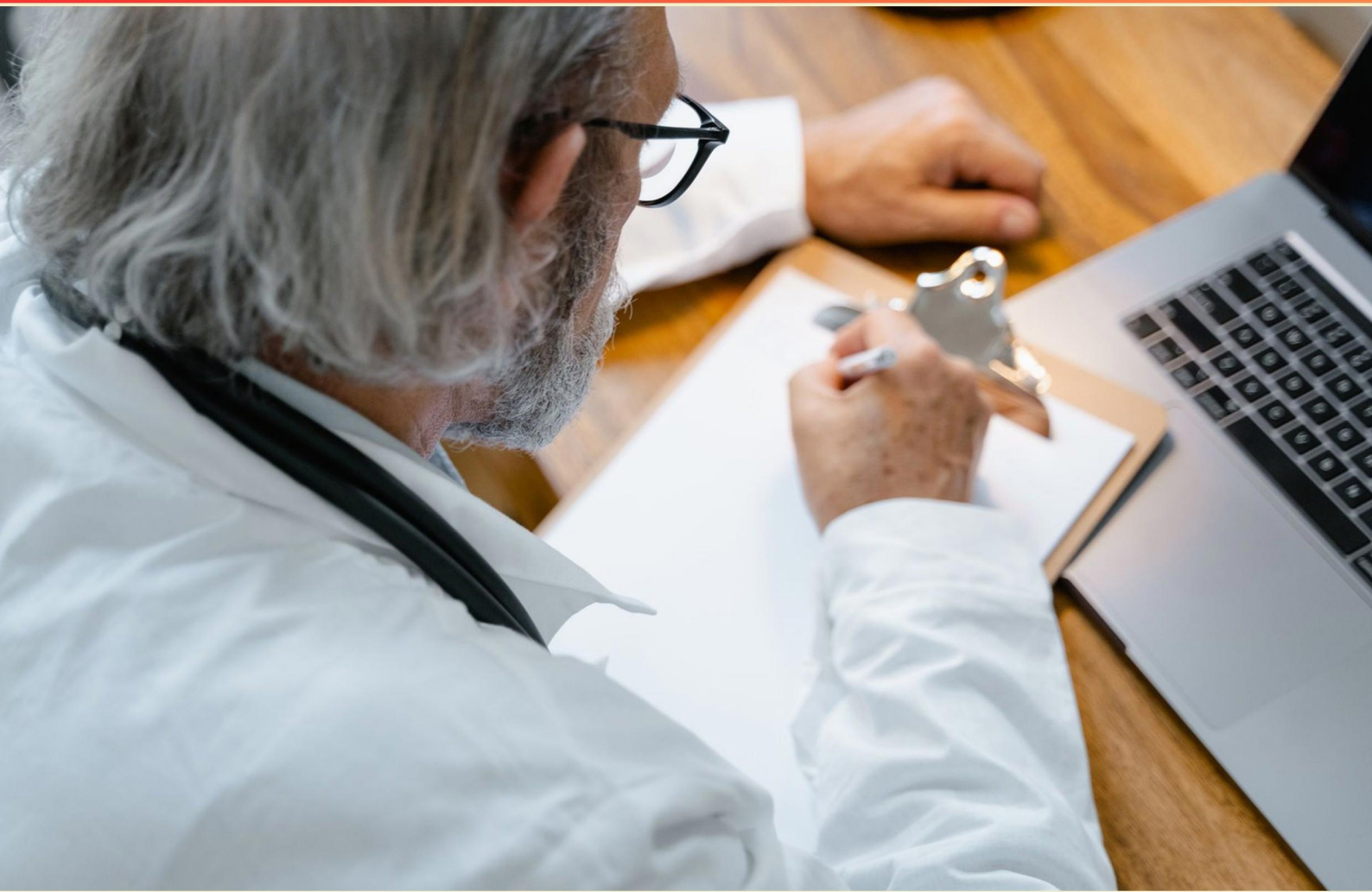


# **RHIA REIMBURSEMENT PRACTICE EXAM (SAMPLE)**

## **STUDY GUIDE**



## **SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR  
THE FULL VERSION STUDY GUIDE**

<https://rhiareimbursement.examzify.com>



**Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.**

**ALL RIGHTS RESERVED.**

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

# Table of Contents

|                             |    |
|-----------------------------|----|
| Copyright .....             | 1  |
| Table of Contents .....     | 2  |
| Introduction .....          | 3  |
| How to Use This Guide ..... | 4  |
| Questions .....             | 5  |
| Answers .....               | 8  |
| Explanations .....          | 10 |
| Next Steps .....            | 16 |

SAMPLE

# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

## 1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

## 2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

## 3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

## 4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

## 5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

## 6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

## Questions

SAMPLE

- 1. Bilateral procedures under ASC PPS are reimbursed at what percentage of the payment rate?**
  - A. 50%
  - B. 100%
  - C. 200%
  - D. 150%
- 2. Which of the following terms is associated with the length of time a patient stays within a bundled payment system?**
  - A. Global budget
  - B. Per diem rate
  - C. Capitated rate
  - D. Durational cost
- 3. What is the prospective payment system used for Medicare hospital outpatients?**
  - A. APGs
  - B. RBRVS
  - C. APCs
  - D. MS-DRGs
- 4. What is the process called that ensures financial viability for health care facilities?**
  - A. Patient orientation
  - B. Revenue cycle management
  - C. Accounts receivable
  - D. Auditing
- 5. When multiple procedures are performed during the same surgical session under ASC PPS, what is the reimbursement rate for the highest level group?**
  - A. 50%
  - B. 100%
  - C. 75%
  - D. 90%

- 6. What is the main effect of aged receivables on a healthcare facility?**
- A. Enhances cash flow
  - B. Negatively impacts cash flow
  - C. Improves financial forecasting
  - D. Increases patient satisfaction
- 7. What is the correct POA indicator for a decubitus ulcer documented on nursing assessment but not on physician documentation until later?**
- A. Present at the time of inpatient admission.
  - B. Not present at the time of inpatient admission.
  - C. Documentation is insufficient to determine if condition was present at the time of admission.
  - D. Provider is unable to clinically determine if condition was present at the time of admission.
- 8. If a nonparticipating physician charges \$125 and the Medicare Fee Schedule is \$100, what does "balance billing" mean for the patient?**
- A. Liable for the Medicare Fee Schedule amount
  - B. Liable for charges exceeding the Medicare Fee Schedule
  - C. Not liable for any amount
  - D. Liable only for the deductible
- 9. Under the CMS system, what determines the reimbursement rates for procedures?**
- A. The average cost of services in the area
  - B. Historical data from physicians
  - C. A predetermined fee schedule
  - D. The complexity of the procedure
- 10. What does the acronym POA stand for in medical documentation?**
- A. Presence on admission.
  - B. Present on admission.
  - C. Physician order assessment.
  - D. Patient outcome assessment.

## **Answers**

SAMPLE

1. D
2. B
3. C
4. B
5. B
6. B
7. C
8. B
9. C
10. B

SAMPLE

## **Explanations**

SAMPLE

**1. Bilateral procedures under ASC PPS are reimbursed at what percentage of the payment rate?**

- A. 50%
- B. 100%
- C. 200%
- D. 150%**

*Under the Ambulatory Surgical Center (ASC) Payment System (PPS), bilateral procedures are reimbursed at 150% of the payment rate. This means that when a patient undergoes a procedure on both sides of the body (bilateral), the ASC receives a higher reimbursement to account for the additional resources and services provided. The rationale behind this increased payment rate is to recognize that performing a procedure bilaterally typically involves more extensive time and resources, which justifies the additional reimbursement. In this context, receiving 150% of the single procedure payment rate ensures that ASCs are fairly compensated while still providing the necessary care to patients undergoing such procedures. Other options do not align with the established reimbursement guidelines under the ASC PPS; therefore, they do not accurately reflect the compensation structure for bilateral procedures.*

**2. Which of the following terms is associated with the length of time a patient stays within a bundled payment system?**

- A. Global budget
- B. Per diem rate**
- C. Capitated rate
- D. Durational cost

*The correct association in this context is with the per diem rate. This term specifically refers to the daily rate for reimbursement, which is instrumental in bundled payment systems where the total payment for care, which can include multiple services and components, is predetermined based on the length of stay. In a bundled payment model, healthcare providers are compensated for a variety of services surrounding a specific treatment or condition over a fixed period, and the per diem rate helps manage the costs associated with patient care for each day they are hospitalized. This system encourages healthcare facilities to provide efficient care while keeping the patient's length of stay in mind, economically incentivizing shorter stays without compromising the quality of care. On the other hand, a global budget refers to an overall budget for a facility or system and is not specific to the length of stay for an individual patient. A capitated rate is a payment model where providers receive a set amount for each enrolled patient regardless of how many services the patient uses, which does not directly relate to the duration of a stay in the same manner. Durational cost, while it may imply a relationship with time, is not a standard term used in healthcare reimbursement systems and does not accurately describe the financial structure involved in bundled payments.*

### 3. What is the prospective payment system used for Medicare hospital outpatients?

- A. APGs
- B. RBRVS
- C. APCs**
- D. MS-DRGs

The correct answer is based on the fact that the Ambulatory Payment Classification (APCs) system is specifically designed for Medicare hospital outpatient services. Under this system, outpatient claims are categorized into groups that reflect the level of services provided to patients, determining payment rates that are more predictable and consistent. This classification allows for the reimbursement of various outpatient procedures and services based on these defined groups, streamlining the billing process and offering a clear framework for hospitals to receive payment for the outpatient care they provide. The other choices are related to different payment systems; for example, RBRVS (Resource-Based Relative Value Scale) pertains primarily to physician services rather than hospital outpatient settings, while MS-DRGs (Medicare Severity Diagnosis Related Groups) are used for inpatient hospital services. APGs (Ambulatory Patient Groups) are a system that focuses more on services in certain non-hospital outpatient settings, but they do not encompass the broader aspect of Medicare hospital outpatient reimbursement, which is what the question specifically inquires about.

### 4. What is the process called that ensures financial viability for health care facilities?

- A. Patient orientation
- B. Revenue cycle management**
- C. Accounts receivable
- D. Auditing

The process that ensures financial viability for health care facilities is known as revenue cycle management. This comprehensive approach encompasses the entire financial process of healthcare services, including patient registration, insurance verification, coding, billing, collections, and managing payer reimbursement. By effectively overseeing these elements, healthcare facilities can maximize their revenue, reduce claim denials, and enhance cash flow. Revenue cycle management plays a critical role in maintaining the operational efficiency of healthcare facilities. It helps in identifying and resolving issues that lead to lost revenue, ensuring that services provided to patients are promptly and accurately billed. Furthermore, through effective tracking and analysis of financial data, facilities can anticipate and plan for their financial needs, which is essential for sustaining operations and funding future improvements in care. In contrast, patient orientation primarily focuses on acclimating patients to the healthcare environment and their care pathway, while accounts receivable pertains to the money owed to the facility by patients and payers, rather than overall financial viability. Auditing involves reviewing financial records for accuracy but does not proactively manage the entire revenue cycle process necessary for ensuring long-term financial health.

**5. When multiple procedures are performed during the same surgical session under ASC PPS, what is the reimbursement rate for the highest level group?**

- A. 50%
- B. 100%**
- C. 75%
- D. 90%

*In the context of Ambulatory Surgical Center (ASC) Payment System (ASC PPS), when multiple procedures are performed during the same surgical session, the reimbursement structure is designed to incentivize the efficiency of providing surgical care. The correct answer indicates that the reimbursement rate for the highest level group of procedures is set at 100%. This means that for the primary procedure, the ASC receives the full payment, reflecting the policy's focus on compensating the center fully for the first and often most resource-intensive procedure conducted. Subsequent procedures performed during the same session may incur reduced rates, as policies generally include reductions or adjustments to the payment for each additional procedure. However, the initial reimbursement for the highest level procedure remains at the full rate, which helps ensure that centers continue to offer a wide range of surgical services without financial disincentives for more complex cases.*

**6. What is the main effect of aged receivables on a healthcare facility?**

- A. Enhances cash flow
- B. Negatively impacts cash flow**
- C. Improves financial forecasting
- D. Increases patient satisfaction

*Aged receivables refer to outstanding payments that have not been collected within a designated timeframe, typically more than 30 or 60 days. The main effect of aged receivables on a healthcare facility is that they negatively impact cash flow. When bills are not collected promptly, the facility lacks essential cash inflow needed for operations, including paying staff, purchasing supplies, and meeting other financial obligations. As the receivables age, it can also indicate underlying issues, such as billing errors or patient disputes, which can further delay payments. This delay can create financial strain on the organization, leading to potential difficulties in maintaining services or investing in new technologies or expansion. In contrast, enhancing cash flow and improving financial forecasting would suggest a state where receivables are efficiently managed and collected in a timely manner, which is not the case with aged receivables. Similarly, increased patient satisfaction typically reflects a positive experience during care and billing, rather than the accumulation of unpaid bills. Therefore, the negative impact on cash flow is the most accurate characterization of the effects of aged receivables on a healthcare facility.*

**7. What is the correct POA indicator for a decubitus ulcer documented on nursing assessment but not on physician documentation until later?**

- A. Present at the time of inpatient admission.
- B. Not present at the time of inpatient admission.
- C. Documentation is insufficient to determine if condition was present at the time of admission.**
- D. Provider is unable to clinically determine if condition was present at the time of admission.

*The correct choice is based on the guidelines for determining present on admission (POA) indicators. When a decubitus ulcer is documented by nursing staff but not mentioned in the physician's documentation until later, it indicates uncertainty regarding when the condition actually developed relative to the patient's admission. The POA indicators are designed to establish whether a condition was present at the time of admission. In this scenario, the absence of physician documentation at the initial assessment means that there is insufficient evidence to definitively classify the ulcer as either present at the time of admission or not. Since the nursing documentation alone does not provide a clear timeline regarding the onset of the ulcer, it leads to the conclusion that documentation is insufficient to determine if the condition was present at the time of admission. This lack of clarity is precisely why this choice is correct, as it reflects the need for conclusive clinical documentation to make an accurate determination regarding the POA status. Understanding this nuanced aspect of clinical documentation can enhance the accuracy of coding and subsequently affect reimbursement outcomes, emphasizing the importance of clear and comprehensive records from all health care providers involved in a patient's care.*

**8. If a nonparticipating physician charges \$125 and the Medicare Fee Schedule is \$100, what does "balance billing" mean for the patient?**

- A. Liable for the Medicare Fee Schedule amount
- B. Liable for charges exceeding the Medicare Fee Schedule**
- C. Not liable for any amount
- D. Liable only for the deductible

*Balance billing refers to the practice where a nonparticipating physician bills a patient for the difference between what they charge and what Medicare pays. In this scenario, since the nonparticipating physician has charged \$125, and the Medicare Fee Schedule allows for \$100, the physician can bill the patient for the remaining \$25. This amount, which is above the Medicare Fee Schedule, is what the patient is liable for, making "balance billing" applicable here. Under Medicare rules, nonparticipating providers can choose to "balance bill" patients because they do not accept the Medicare assignment, which means they are not bound by the fee schedule limits in terms of the total amount charged for their services. This practice can lead to additional out-of-pocket costs for patients who receive care from these providers.*

**9. Under the CMS system, what determines the reimbursement rates for procedures?**

- A. The average cost of services in the area
- B. Historical data from physicians
- C. A predetermined fee schedule**
- D. The complexity of the procedure

*The reimbursement rates for procedures under the CMS (Centers for Medicare & Medicaid Services) system are established through a predetermined fee schedule. This fee schedule is derived from various factors, including the relative value units (RVUs) assigned to different services. These RVUs take into account the work involved, the expenses incurred by the practice, and the malpractice costs associated with specific procedures. By utilizing a fee schedule, CMS can standardize payments across various regions and ensure that the reimbursement for each service reflects the established values determined through data analysis and cost studies. While other factors such as local costs, historical data, and complexity of procedures can influence the overall healthcare landscape and physician billing, the fundamental mechanism CMS uses to set payment rates specifically relies on these predetermined fee schedules. This structured approach allows for consistency and predictability in reimbursement, helping ensure that payments align closely with the expected resources required to deliver those services.*

**10. What does the acronym POA stand for in medical documentation?**

- A. Presence on admission.
- B. Present on admission.**
- C. Physician order assessment.
- D. Patient outcome assessment.

*The acronym POA stands for "Present on admission." This term is crucial in medical documentation as it indicates whether a condition existed at the time the patient was admitted to the healthcare facility. Accurate documentation of conditions that are present upon admission helps in ensuring proper coding and billing processes, as well as in the quality assessment of healthcare services. Identifying whether a condition was present on admission can impact reimbursement rates, especially under pay-for-performance models and various regulatory reporting requirements. This distinction is essential for healthcare providers, as it ensures compliance with coding guidelines and fosters appropriate clinical decision-making. In contrast, the other options do not accurately reflect the meaning of the acronym in the medical context. Understanding the importance of accurately recording POA information can greatly enhance the quality of patient care and the efficiency of the billing process.*

## Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).

Or visit your dedicated course page for more study tools and resources:

<https://rhiareimbursement.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE