NHA Certified Billing & Coding Specialist (CBCS)
Exam Guide

Updated August 2020

Overview

The National Healthcareer Association (NHA) provides an industry certification medical billing and coding. NHA's certification is called the **Certified Billing & Coding Specialist (CBCS).**

This document is designed to give instructors guidance on preparing students for the NHA CBCS exam.

Outline

In this guide, you will find:

1. NHA CBCS exam eligibility requirements
2. Certification exam topic outline
3. HealthCenter21 modules recommended for CBCS exam prep
4. An in-depth crosswalk of HealthCenter21 to the NHA Test Plan
5. Additional resources for your classroom

1. Eligibility Requirements for the NHA CBCS Exam

In order to sit for the NHA CBCS exam, students must have a high school diploma or GED equivalency and one of the following:
1. Successful completion of a training program in the medical coding and billing field in the past 5 years
2. Have at least 1 year of supervised work in coding and billing in the past 3 years

High school students may earn provisional certificates prior to graduation. Key information to note includes:
1. High school students who meet eligibility requirements must register for the exam within 12 months before graduation
2. A provisional certificate expires 12 months from the exam date
3. After graduation, graduates may apply to convert the active provisional certificate to a full certificate

Detailed eligibility requirements, including exceptions, may be found here: https://www.nhanow.com/docs/default-source/pdfs/handbooks/candidate_handbook.pdf.

2. NHA CBCS Exam Topic Outline

The NHA CBCS exam measures student knowledge by asking 100 questions across five domains:

1. Regulatory Compliance – 19 questions
2. Claims Processing – 28 questions
3. Front-end Duties – 10 questions
4. Payment Adjudication – 23 questions
5. Apply Knowledge of Coding – 20 questions

In addition to the 100 scored questions, students must answer 20 pretest items the NHA uses to gather data.

On test day, students have 2 hours to complete the exam.

For more details on the NHA CBCS exam content, see www.nhanow.com

3. HealthCenter21 Modules Recommended for CBCS Exam Prep

HealthCenter21 has five modules that will help your students pass the CBCS exam.

Each of the following modules aligns with one or more items listed on the NHA CBCS Test Plan:

1. Accounting
2. Health Information Technology
3. EHR Simulation
4. Insurance and Coding
5. Medical Records

See the next page for an in-depth crosswalk between HealthCenter21 and the NHA CBCS Test Plan (Detailed)*.

The coverage of each topic within HealthCenter21 is broken down as being High, Medium, Low, or Not Covered.

4. Crosswalk Between NHA CBCS Test Plan (Detailed)* & HealthCenter21

*The bulleted tasks under each domain are examples that are representative of the content. Items reflective of these stated tasks may or may not appear on the examination. Additionally, items that are reflective of tasks other than those included in the above outline may appear on the exam, as long as they represent information that is considered part of the major content domain by experts in the billing and coding profession.

Domain 1: Regulatory Compliance (19 Scored Items)	HealthCenter21 Location	HealthCenter21 Coverage
A. Identify appropriate documentation required for release of patient information. (6 scored items)		
• Verify consent forms are signed and contain all relevant information before the services are rendered.	**Module:** Medical Records Unit 4, Lesson 1	Medium
• Verify pertinent patient information is released only to authorized individuals.	**Module:** Health Information Technology Unit 3, Lesson 2	Medium
• Compare and contrast informed and implied consent.	**Not covered**	Not covered
• Compare and contrast use and disclosure.	**Not covered**	Not covered
B. Audit billing against medical documentation to prevent fraud and abuse. (7 scored items)		
• Verify medical documentation with the codes.	**Not Covered**	Not Covered
• Compare and contrast fraud and abuse.	**Module:** Insurance and Coding Unit 4, Lesson 6	High
C. Identify major laws, regulations, and administrative agencies relevant to medical billing. (6 scored items)		
• Adhere to HIPAA, the Stark Law, the Fair Debt Collection Act, and the False Claims Act.	**Module:** Health Information Technology Unit 3, Lesson 1 **Module:** Accounting Unit 2, Lesson 4	Medium Not Covered: Stark Law
• Describe the role of the Office of the Inspector General.	**Not Covered**	Not Covered

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Domain 2: Claims Processing (28 Scored Items)	HealthCenter21 Location	HealthCenter21 Coverage
A. Apply procedures for transmitting claims to third-party payers. (14 scored items)		
• Identify causes of claim transmission errors.	**Module:** Insurance and Coding Unit 4, Lesson 3	Medium
• Determine the appropriate resubmission method.	**Module:** Insurance and Coding Unit 4, Lesson 3	Medium
• Differentiate between primary and secondary insurance plans to initially process crossover claims.	**Module:** Insurance and Coding Unit 4, Lesson 3	Medium
• Compare and contrast "clean" and "dirty" claims.	**Module:** Insurance and Coding Unit 4, Lesson 2	Medium
• Determine the timely filing limits for claim submission.	**Module:** Insurance and Coding Unit 4, Lesson 3	High
• Apply knowledge of coordination of benefits.	**Module:** Insurance and Coding Unit 1, Lesson 3	High
B. Apply knowledge of the CMS-1500 form to accurately complete the appropriate fields. (14 scored items)		
• Identify appropriate placement of NPI numbers.	**Module:** Insurance and Coding Unit 4, Lesson 2	High
• Identify appropriate placement of service codes, DX codes, modifiers, and procedures.	**Module:** Insurance and Coding Unit 4, Lesson 2	High
• Identify appropriate placement of authorization codes.	**Module:** Insurance and Coding Unit 4, Lesson 2	High
• Identify appropriate placement of primary and secondary insurance.	**Module:** Insurance and Coding Unit 4, Lesson 2	High

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Domain 3: Front-end Duties (10 Scored Items)	HealthCenter21 Location	HealthCenter21 Coverage
A. Ensure accurate collection of appropriate patient demographic and insurance information. (2 scored items)		
• Verify changes to demographic and insurance information.	**Module:** Health Information Technology Unit 2, Lesson 4 **Module:** EHR Simulation All units	High
• Determine pertinent documents (e.g., insurance cards, identifications, authorizations, referrals) to collect and update.	**Module:** Health Information Technology Unit 2, Lesson 4	Medium Not Covered: Collection of referrals and authorizations
B. Verify insurance eligibility to determine benefits. (2 scored items)		
• Identify how and where to access insurance verification information.	**Module:** Insurance and Coding Unit 1, Lesson 3	High
• Apply appropriate patient insurance rules (e.g., birthday rules, coordination of benefits).	**Module:** Insurance and Coding Unit 1, Lesson 3	High
C. Compare and contrast government and private insurance. (2 scored items)		
• Identify major types of commercial insurance.	**Module:** Insurance and Coding Unit 1, Lesson 2	Low Explains difference between fee for service and managed care plans.
• Identify the three government insurance plans.	**Module:** Insurance and Coding Unit 2, all lessons	High
• Compare and contrast HMO and PPO plans.	**Module:** Insurance and Coding Unit 1, Lesson 4	High

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D. Process appropriate patient authorization and referral forms. (2 scored items)

• Determine when a referral is needed.	**Module:** Insurance and Coding Unit 1, Lesson 5	High
• Compare and contrast preauthorization, precertification, and predetermination.	**Module:** Insurance and Coding Unit 1, Lesson 5	Low Prior authorization covered. No discussion of precertification or predetermination.

E. Prior to the visit, determine appropriate balances due. (2 scored items)

• Calculate the patient's balance due.	**Not covered**	Not covered
• Verify the copayment, deductible, and co-insurance percentage.	**Not covered**	Not covered

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Domain 4: Payment Adjudication (23 Scored Items)	HealthCenter21 Location	HealthCenter21 Coverage
A. Analyze aging report. (5 scored items)		
• Identify which accounts need to be worked first according to office protocol.	**Module:** Accounting Unit 2, Lesson 3	High
• Identify reasons for an outstanding balance and appropriate follow-up actions.	**Module:** Accounting Unit 2, Lesson 4	High
B. Post payment accurately. (6 scored items)		
• Verify patient name, account number, and date of birth prior to posting.	**Not covered**	Not covered
• Calculate write-off and adjustment amounts.	**Module**: Insurance and Coding Unit 4, Lesson 5 **Module:** Accounting Unit 2, Lesson 3	Low Explains what write-offs and adjustments are; does not discuss how to calculate them.
C. Interpret remittance advice to determine financial responsibility of patient and insurance company. (6 scored items)		
• Determine patient financial responsibility based on remittance advice.	**Not covered**	Not covered
• Analyze the remittance advice to determine accurate assignment of benefits.	**Not covered**	Not covered
D. Determine reason for insurance company denial. (6 scored items)		
• Interpret denial codes and denial key codes.	**Not covered**	Not covered
• Apply definitions of denial codes and denial key codes to determine appropriate resolution.	**Not covered**	Not covered

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5. Additional Resources for NHA CBCS Exam Prep

Because HealthCenter21 does not cover 100% of the information students need to pass the NHA CBCS exam, instructors will need to incorporate multiple resources in their courses.

Here's a few places to get started:

- 6 Medical Coding & Billing Lesson Ideas: www.aeseducation.com/coding-billing-lesson-ideas
- NHA CBCS Test Prep Materials: https://certportal-store.nhanow.com/category/cbcs/