EVERY EXAM PREP · CHEAT SHEET

CBCS (NHA) Cheat Sheet 2026

The night-before summary, built like the exam.

125 Questions	**3h** Time limit	**390 (scaled, 200-500)** Passing score
$129 Exam fee	**NHA** Governing body	

CBCS (NHA) — Exam Snapshot

- Questions: 100 scored
- Time limit: 180 minutes (3 hours)
- Passing score: 390 scaled or higher
- Cost: $129
- Pace target: ~1.8 min/question — leave time to flag & revisit

Must-Know Code Sets

- ICD-10-CM — diagnoses (why the visit happened). 3–7 characters; 1st char is a letter; laterality & encounter (7th char A/D/S).
- CPT — physician/outpatient procedures & services. 5-digit numeric (Category I), plus Category II (tracking, ends in F) and III (emerging tech, ends in T).
- HCPCS Level II — supplies, drugs, DME, ambulance (alphanumeric, letter + 4 digits).
- Modifiers — 2 characters appended to CPT/HCPCS to add detail (e.g., -25 significant separate E/M, -59 distinct procedure, -50 bilateral, -RT/-LT side).

Claim Forms — Memorize the Pairing

- CMS-1500 — physician / non-institutional (professional) claims. Electronic equivalent: 837P.
- UB-04 (CMS-1450) — hospital / institutional claims. Electronic equivalent: 837I.
- NPI — 10-digit provider identifier required on claims.

HIPAA Transactions (X12)

- 270/271 — eligibility inquiry / response
- 276/277 — claim status inquiry / response
- 837 — claim submission · 835 — remittance advice / ERA (payment)
- Clean claim = no defects, no extra info needed -> fastest payment.

Payer & Reimbursement Rules

- Medicare Part A hospital/inpatient · Part B outpatient/physician · Part C Advantage · Part D drugs.
- Medigap supplements Medicare; Medicaid is state/federal, always payer of last resort.
- Coordination of Benefits (COB): primary pays first; Birthday Rule for a child's dual coverage — parent whose birthday (month/day) is earlier in the year is primary.
- ABN (Advance Beneficiary Notice) — notify Medicare patient of likely non-coverage before service.

Money Formulas

- Allowed amount - Paid amount = Patient responsibility (deductible + copay + coinsurance).

- Coinsurance: patient% of allowed amount (e.g., 80/20 -> patient owes 20%).
- Copay = fixed $ per visit; Deductible = paid before insurer contributes.
- Write-off / adjustment = billed - allowed (contractual, not billed to patient for par providers).
- Aging buckets: 0–30, 31–60, 61–90, 90+ days for A/R follow-up.

Compliance Landmines

- Upcoding (higher-paying code than performed) and unbundling (separate codes instead of a bundle) = fraud.
- Fraud = intentional; abuse = practices inconsistent with sound billing. NCCI edits catch improper code pairs.
- HIPAA: minimum necessary; PHI protected; TPO (Treatment, Payment, Operations) allowed without extra authorization.

Fastest Wins on Exam Day

- Diagnosis code first justifies the procedure — check medical necessity.
- Match form to setting: professional -> CMS-1500/837P, institutional -> UB-04/837I.
- Read the 835/ERA to reconcile, appeal denials, and post payments.

Official sources

- NHA (National Healthcareer Association) — NHA Candidate Handbook: https://www.nhanow.com/docs/default-source/test-plans/candidate_handbook.pdf
- NHA — NHA CBCS Certification: https://www.nhanow.com/certification/nha-certifications/medical-billing-and-coding-specialist-(cbcs)
- NHA (National Healthcareer Association) — NHA Renew / Reinstate Certification: https://www.nhanow.com/certification/Before-After-Certification/renew-reinstate-certification

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