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| **Number** | **True or False** | **Question** |
| 1 |  | The patient is the best source of WC billing/insurance information? |
| 2 |  | A patient hurt on the job has the right to refuse to make a WC claim? |
| 3 |  | Certain treatments such as acupuncture and massage therapy require pre-authorization? |
| 4 |  | Physical therapists may not complete the diagnostic medical report? |
| 5 |  | Providers may be subject to fines up to $10,000 if they are not utilizing the prescribed M-1 Form? |
| 6 |  | There is a 120 day timely filing limit for workers’ compensation claims? |
| 7 |  | Professional fees must be billed on CMS Form-1500? |
| 8 |  | Providers must supply invoices for implantables that exceed the amount of the applicable threshold? |
| 9 |  | Critical access hospitals are paid by DRG for inpatient facility charges? |
| 10 |  | Insured employers are permitted to pay medical bills up to the amount of their deductible? |
| 11 |  | The Board’s website provides the mailing address for each of the claim administrators? |
| 12 |  | Payment of medical bills is due within 30 days if bills are sent via certified mail? |
| 13 |  | Claim jurisdiction is determined in part by the provider’s location? |
| 14 |  | The Explanation of Benefits/Review must clearly identify which charges are not being paid and why? |
| 15 |  | Overpayments must be returned to the payor within 90 days? |