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| **Number** | **True or False** | **Question** |
| 1 | T | Only institutional providers may bill on a CMS-1450/UB-04? Only institutional providers can bill on a CMS-1450/UB-04.  Institutional providers may include professional fees on the CMS-1450 or bill for them separately on a CMS-1500. The same set of health care records supports both the facility and professional fees billed by the same institutional provider. Professional fees are reimbursed in accordance with Section 2/Appendix II regardless of what form they are billed on. |
| 2 | T | An ER/IR may receive notice of a claim from a healthcare provider?  Per Board decision: Lewis Wilson v. Central Maine Towing, Inc. and The Phoenix Insurance Co., “If a bill for medical services is received and accompanied by an M-1 and/or other medical information that identifies the time, place, cause and nature of the injury, the employer may be deemed to have knowledge of the injury.” |
| 3 | F | Insured employers are permitted to pay medical bills up to the amount of their deductible?  All claims must be reported by the employer to the insurer. The carrier that wrote the policy is responsible from the first dollar regardless of any deductibles on the policy. |
| 4 | F | Workers’ compensation bills must contain the employee’s claim number?  Claim numbers are not a required billing element. Billing elements are as outlined in Chapter 5, § 1.06(1). |
| 5 | F | There is a 120 day timely filing limit for workers’ compensation claims?  An employer/insurer cannot put a time limit on the submission of workers’ compensation bills. The time for filing petitions is governed by Act § 306. |
| 6 | F | Physical therapists may not complete the diagnostic medical report?  Health care providers must complete the M-1 form in accordance with 39­A M.R.S.A. §208. The definition of a health care provider is an individual, group of individuals, or facility licensed, registered, or certified and practicing within the scope of the health care provider’s license, registration or certification; this definition includes physical therapists and all other providers that meet the definition. |

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| **Number** | **True or False** | **Question** |
| 7 | T | Consistent late and/or incorrect medical bill payments may subject an ER/IR to fines up to $25,000?  Consistent late and/or incorrect medical bill payments may subject insurers, self-insurers and third party administrators to fines under 39-A M.R.S.A. §§ 205, 359 and/or 360. This includes fines up to $25,000 for a “pattern of questionable claims-handling”. |
| 8 | F | The Explanation of Benefits/Review must clearly identify which charges are not being paid and why?  EOBs/EORs are not required. Assuming there is not a valid payment agreement to pay something other than the amount due per the fee schedule, the employer/insurer must pay the bill in accordance with the fee schedule. If anything less than the amount due under the fee schedule is paid, a partial denial must be filed electronically with the Board contemporaneous with the payment. A copy of the denial/notice of controversy form must be sent to the employee, the employer and the health care provider from whom the bill originated within 24 hours after the Notice of Controversy is transmitted to the Board. |
| 9 | F | Providers must file an appeal and/or request for reconsideration with the payor before it files a petition with the Maine Worker’s Compensation Board?  There is no requirement for a provider to file an appeal and/or request for reconsideration with the payor before filing a petition with the Maine Workers’ Compensation Board. A health care provider, employee or other interested party is entitled to file a petition for payment of medical and related services for determination of any dispute regarding the provision of medical services. The time for filing petitions is governed by 39-A M.R.S.A. § 306. |
| 10 | T | Providers are paid the lower of the amount due per the fee schedule or billed charges?  Providers are paid the lower of the amount due per the fee schedule or billed charges on a line by line basis for professional fees. For facility fees, the total amount due per the fee schedule must be compared to the total facility charges and the provider is entitled to the lesser of the two. |