

2020

Medical Billing Training: Certified Professional Biller (CPB™)



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ISBN 978-1-626888-005

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Introduction

Workers' Compensation is a benefit program that requires an employer to pay, or provide insurance to pay, for the lost wages and medical expenses of an employee who is injured on the job. The workers' compensation law is unique to each state. The specifics of the law can vary but the key features are consistent.

Under workers' compensation, an employee is automatically entitled to receive certain benefits when he or she suffers an occupational disease or accidental personal injury arising out of, or during, employment. Benefits may include cash or wage-loss benefits, medical and career rehabilitation benefits, and in the case of accidental death of an employee, benefits to dependents.

Independent contractors are not entitled to workers' compensation benefits, and in some states domestic workers and agricultural workers are excluded or only partially covered.

Purpose and Scope

Workers' compensation is considered a no-fault insurance program, meaning an injured employee will receive benefits regardless of who was at fault (the employer, the employee, a patient, etc.). In exchange for these benefits, the worker cannot bring a civil action against the employer for pain and suffering or other damages, except in cases of intentional acts.

Segregation of Documentation

Workers' compensation insurance payers and the state compensation boards/commissions are allowed by law to review only treatment data and history pertaining to the patient's on-the-job injury. Maintaining separate charts for workers' compensation injuries is essential to ensure the correct information is being submitted.

According to the U.S. Department of Health and Human Services (HHS), the HIPAA Privacy Rule does not apply to entities that are either workers' compensation insurers, workers' compensation administrative agencies, or employers, except to the extent they may otherwise be covered entities. However, these entities need access to the health information of individuals who are injured on the job or who have a work-related illness to process or adjudicate claims, or to coordinate care under workers' compensation systems. Generally, this health information is obtained from healthcare providers who treat these individuals and who may be covered by the Privacy

Rule. The Privacy Rule recognizes the legitimate need of insurers and other entities involved in the workers' compensation system to have access to individuals' health information as authorized by state or other law.

Providers who treat patients for workers' compensation injuries or illness must create a separate chart for documentation of the work-related injury and treatment. This prevents any documentation of the patient's non-work-related issues from being disclosed to the workers' compensation insurance and the state compensation boards/commissions.

BILLING TIP

It is important to keep the work related and non-work-related documentation separate. If paper charts are utilized, having a separate chart for the work-related injury is required. Make the chart a different color to make it easy to identify. If EHR/EMR is used, open a separate progress note and identify it in a way that will make it easy to recognize the work-related injury.

Occupational Safety & Health Administration (OSHA)

Congress created the Occupational Safety and Health Administration (OSHA), an agency of the U.S. Department of Labor, with the Occupational Safety and Health Act of 1970. This department was created to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education, and assistance. OSHA covers most employees in the country. It covers private sector employees and, in some cases, state and local employees. Those not covered by OSHA include the self-employed, immediate family members of farm employers that do not employ outside workers, and injuries covered by another federal agency (for example, the Coast Guard).

According to OSHA, the healthcare and social assistance industry have more work-related injuries and illness than any other sector. In 2017, the healthcare and social assistance industry reported 582,800 work related injury or illness cases. That is 153,900 more cases than the next highest industry sector, which is manufacturing. Nurse's aides, orderlies, and attendants had the highest rate of musculoskeletal disorders of all occupations. The incidence rate of work-related musculoskeletal disorders in healthcare/social assistance was 166.3 per 10,000 workers, compared to 30.5 average for all other workers in 2017.

Healthcare workers include medical staff, maintenance, housekeeping, food service, laundry, and administrative staff. Healthcare workers face many serious safety and health hazards. These hazards include bloodborne pathogens and biological hazards, potential chemical and drug exposures, waste anesthetic gas exposures, respiratory hazards, ergonomic hazards from lifting and repetitive tasks, laser hazards, workplace violence, hazards associated with laboratories, and radioactive material and X-ray hazards. Some of the potential chemical exposures include formaldehyde, used for preservation of specimens for pathology; ethylene oxide, glutaraldehyde, and parasitic acid, used for sterilization; and numerous other chemicals used in healthcare laboratories.

OSHA has developed standards and directives to protect workers against transmission of infectious agents. These include OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030), which provides protection of workers from exposure to blood and body fluids that may contain bloodborne infectious agents; OSHA's Personal Protective Equipment standard (29 CFR 1910.132) and Respiratory Protection standard (29 CFR 1910.134), which provide protection for workers when exposed to contact, droplet, and airborne transmissible infectious agents; and OSHA's TB compliance directive, which protects workers against exposure to TB through enforcement of existing applicable OSHA standards and the General Duty Clause of the OSHA Act.

Healthcare workers who may encounter blood and infectious material must be properly trained to avoid contamination when handling infectious materials and when exposed to human blood. This includes training on the use of standard precautions and being offered hepatitis B vaccinations and testing for TB.

Coverage and Provider Reimbursement

To qualify for workers' compensation, an employee must be injured while working within the scope of their job description, injured while performing services required by the employer, or contract an illness that can be directly connected to employment.

EXAMPLE

A nurse working in the emergency department was administering an injection to a patient when she had an accidental needle stick. The patient is HIV positive. Testing after the injury determined the nurse is now HIV positive.

This injury and subsequent illness would be covered under workers' compensation.

Payment of Premiums

Federal and state laws require employers to maintain workers' compensation coverage. The employer is required to pay for or provide insurance to cover the lost wages and medical expenses of an employee who is injured on the job. The employer is required to pay the premiums and any deductible for insurance coverage, not the employee.

Federal employees are covered under one of the federal workers' compensation programs. These programs include Energy Employees Occupational Illness Compensation Program, Federal Employees' Compensation Program, Longshore and Harbor Workers' Compensation Program, and Black Lung Benefits.

Energy Employees Occupational Illness Compensation

Program (EEOICP)—Provides lump-sum compensation and health benefits for eligible Department of Energy nuclear weapons workers (including employees, former employees, contractors, and subcontractors) injured on the job. The EEOICP provides lump-sum compensation to certain survivors if the worker is deceased. The program has two parts. Part B provides eligible employees or their survivors with lump-sum compensation in amounts up to \$150,000, along with medical expenses for accepted conditions. To be eligible for Part B, an employee must have sustained a radiogenic cancer, chronic silicosis, beryllium sensitivity, or chronic beryllium disease while working at a covered Department of Energy facility, atomic weapons employer, or a beryllium vendor during specified time periods. Part E provides eligible employees or their survivors with compensation in amounts up to \$250,000, along with medical expenses for accepted conditions. Amounts of benefits are based on the level of impairment of the employee and/or years of qualifying wage loss related to covered illness. To be eligible for Part E, an employee must have developed a covered illness because of exposure to any toxic substance at a Department of Energy facility or RECA Section 5 mine or mill.

Federal Employees' Compensation Program—The Federal Employees' Compensation Act (FECA) provides workers' compensation coverage to three million federal and postal workers around the world for employment-related injuries and occupational diseases. The Division of Federal Employees' Compensation (DFEC) adjudicates new claims for benefits and manages ongoing cases. It also pays medical expenses and compensation benefits to injured workers and survivors and helps injured employees return to work when they are medically able to do so.

During the 2017 FY, the program paid \$2.946 billion in benefits to approximately 222,616 workers and survivors for work-related injuries or illnesses (over \$1.852 billion in wage-loss (disability) compensation, \$936 million for medical

and rehabilitation services, and \$157 million for death benefit payments).

All medical authorizations and claims processing are handled by a contractor, which at this writing is ACS. ACS provides an online tool at <https://www.dol.gov/owcp/dfec/regs/compliance/WebPortal.htm> where injured workers, medical providers, or employing agencies can:

- Check Eligibility on a patient to see if authorization is required for specific procedures, check claim requirements.
- Check Authorization to check if authorization has been approved before receiving the authorization letter.

Providers can request authorizations online, and for routine care, may receive authorizations online.

- Check Bill Payment to check the status on claims and reimbursement requests, or the status of submitted bills and reimbursement requests. Providers can also view Remittance Vouchers (RVs) online.

To be reimbursed for treating federal employees under FECA, a provider must enroll with the program. Any claims for a provider not enrolled will be returned along with enrollment instructions. Enrollment is available online at <https://owcpmed.dol.gov/portal/inquiry/provEnrollStatus.do>.

Section Review 14.1

1. Under Workers' Compensation, when is a worker covered for an injury that occurred on-the-job?
 - A. Only if the employer was negligent
 - B. Only if the employee is not to blame
 - C. They are covered regardless of who is at fault
 - D. If there is a witness to the injury
2. Which program covers postal workers for employment related injuries?
 - A. Energy Employees Occupational Illness Compensation Program
 - B. Federal Employees' Compensation Program
 - C. Longshore and Harbor Workers' Compensation
 - D. Federal Black Lung Benefits
3. Can an employer require an employee to pay a portion of the insurance premiums for the workers' compensation coverage? Why or why not?
 - A. Yes, if the employee only works part-time
 - B. No, if the employee only works part-time
 - C. Yes, if the employee also pays a portion of the commercial insurance premium
 - D. No, the employer is required by law to pay the premiums for coverage
4. A patient presents to be seen with chronic beryllium disease that he incurred while under government employment. What coverage would apply to him?
 - A. Part B Energy Employees Occupational Illness Compensation Program
 - B. Federal Black Lung Benefit
 - C. Part E Energy Employees Occupational Illness Compensation Program
 - D. Longshore and Harbor Workers' Compensation Program

5. According to OSHA, who has the highest rate of work-related musculoskeletal disorders?
- A. Movers
 - B. Welders
 - C. Nurses aids
 - D. Manufacturers

Longshore and Harbor Workers' Compensation Program

(LHWCP)—The Longshore and Harbor Workers' Compensation Program provides workers' compensation benefits to most waterfront workers and contractors working overseas for the U.S. government. The Longshore and Harbor Workers' Compensation Act (LHWCA) is a federal law that provides for the payment of compensation, medical care, and vocational rehabilitation services for workers disabled from injuries on the job on navigable waters of the U.S., or adjoining areas used customarily in the loading, unloading, repairing, or building of a vessel. It also provides for the payment of survivor benefits to dependents if a work injury causes, or contributes to, the employee's death. Under this act, injury may include occupational disease, hearing loss, and illness arising from employment.

The LHWCA covers workers in traditional maritime occupations, such as longshore workers, shipbuilders, ship-repairers, and harbor construction workers. Congress extended the LHWCA to include other types of employment, such as:

- Employees at overseas military bases of the U.S. and to employees of U.S. government contractors working outside the U.S. in public work projects or in national defense and military operations
- Employees working on the Outer Continental Shelf of the U.S. in the exploration and development of natural resources (for example offshore drilling rigs)
- Civilian employees of non-appropriated fund instrumentalities of the Armed Forces (for example military base exchanges and recreational facilities)

The LHWCA specifically excludes seamen, employees of the U.S. government or of any state or foreign government, employees whose injuries were caused solely by their intoxication, and employees whose injuries were due to their own willful intention to harm themselves or others.

Federal Black Lung Program—The Federal Black Lung Program is an act providing compensation and medical coverage for treatment to coal miners who are totally disabled by pneumoconiosis arising out of coal mine employment,

and to survivors of coal miners whose deaths are attributable to the disease. Pneumoconiosis, or black lung disease, is caused by inhaling coal dust. There are two types: simple and complicated pneumoconiosis. With this condition, the lung is damaged by coal dust, inflaming the walls of lungs' air sacs. This causes the lungs to stiffen from scarring of the tissue between the air sacs. There is no known cure, only treatment of symptoms and complications.

The program is administered by the Division of Coal Mine Workers' Compensation through the U.S. Department of Labor. Below is an example of a Black Lung Benefit Identification Card.

U.S. DEPARTMENT OF LABOR, ESA
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation

BLACK LUNG BENEFITS IDENTIFICATION CARD

John Doe

Effective Date: 01/31/02
Expiration Date: Lifetime

No Deductible / No Co-Pay

1. This card is the property of the U.S. Government and its counterfeiting, alteration or misuse is a violation of Section 499, Title 18, U.S. Code.
2. Carry this card with you at all times and show it to your doctor, clinic or hospital when you are in need of medical services for your lung condition.
3. The U.S. Department of Labor will pay for medical treatment that is authorized under the Black Lung Act. Call 1-800-638-7072 for specific details.
4. All bills should be submitted to the DOL Black Lung Program, P.O. Box 8302, London, KY 40742-8302.
5. If found, drop in mailbox. Postmaster, postage guaranteed. Return to: DOL Black Lung Program, P.O. Box 8302, London KY 40742-8302.
6. When using the DOL OWCP bill payment website (<http://owcp.dol.acs-inc.com/>) to request an authorization for medical services or to verify eligibility, your doctor must use the following Card ID Number: 1234567830. Claimants can also use this Card ID Number to access the DOL OWCP bill payment website.

MISUSE OF CARD IS PUNISHABLE BY LAW

The Federal Black Lung Program covers medical treatment, services, and associated travel for the treatment of a condition

covered under the Benefits Act. There is no deductible or copayment due from the patient. Services that may be covered for treatment of a black lung condition include:

- Provider visits (including office, hospital, and consultations)
- Inpatient and outpatient charges (including emergency department visit for acute black lung related conditions, diagnostic tests, X-rays, etc.)
- Approved prescription drugs
- Ambulance services limited to transportation for emergency acute black lung related care
- Travel to the provider, hospital, clinic, or other medical facility for round trips not to exceed 200 miles

There are also other services that require special approval, including rental of home medical equipment, pulmonary rehabilitation, and home healthcare visits. For patients who also have Medicare, Medicare is a secondary payer to the Black Lung Program for covered conditions.

Sample 14.a. Remittance Voucher (Front of Form)

1		2		3	
DOLC9000-R0011 AS OF 04/01/04		REMITTANCE VOUCHER		NON DATE 03/27/04	
OTO: CLAIMANT'S NAME		RV NO.: 123456 REFERENCE NO.: 1234567		DATE PAID: 04/01/04 CLAIMANT NUMBER: 123456789 PAGE: 1	
OPROVIDER NAME	TRANS-CONTROL-NUMBER / LI DATE CODES	HC-IND / UNITS	BILLED AMOUNT	FEE REDUCTION AMOUNT	ALLOWED OTHER
0	*** BILL TYPE: HCFA-1500			*** BILL STATUS: PAID	
ORIGINAL BILLS:		5*	4	6	7
OCLAIMANT TRAVEL PAY-TO PROVIDER					
0-04072-71-001-0001-00		1	43.30	0.00	43.30
01 10/01/03 E1399			43.30	0.00	43.30
*** BILL TYPE: HCFA-1500				*** BILL STATUS: DENIED	
ORIGINAL BILLS:					9
OCLAIMANT TRAVEL PAY-TO PROVIDER					
0-04072-71-001-0002-00		1	163.78	0.00	0.00
01 11/05/03		1	34.99	0.00	0.00
02 11/24/03		1	23.14	0.00	0.00
03 12/09/03 E1399		1	105.65	0.00	0.00
PREVIOUS-DATE-PAID: 03/11/04 CONFLICTING-TCN: 0-04054-71-001-0001-00					
-REMITTANCE TOTALS					
PAID ORIGINAL BILLS: NUMBER OF BILLS 1			43.30		43.30
PAID ADJUSTMENT BILLS: NUMBER OF BILLS 0			0.00		0.00
PAID CAPITATION: NUMBER OF BILLS 0			0.00		0.00
DENIED ORIGINAL BILLS: NUMBER OF BILLS 1			163.78		0.00
DENIED ADJUSTMENT BILLS: NUMBER OF BILLS 0			0.00		0.00
DENIED CAPITATION: NUMBER OF BILLS 0			0.00		0.00
PENDED BILLS (IN PROCESS): NUMBER OF BILLS 0			0.00		0.00
AMOUNT OF CHECK					43.30
0----- THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION OF BENEFIT (EOB) CODES THAT APPEAR ABOVE:					COUNT:
103 BILLED SERVICE DENIED. DUPLICATE OF A SERVICE PREVIOUSLY PAID.					1
172 NO VALID AMA CPT-4 OR OTHER PROCED CODE LISTED.					
10	11				

Sample 14.b. Remittance Voucher (Back of Form)

Sample 8.b. Remittance Voucher
(Back of Form)**How to Read Your Remittance Voucher (RV):**

- RV NO: Each RV created has its own unique number and it will appear on any checks sent by DOL.
- Reference Number: When you receive your check, this reference number will be printed on it. This will help you match the check to the RV.
- The RV will show the date the bills were paid and the claimant number on the bills.
- Bills are grouped by Bill Type.
- TCN – Transaction Control Number. ACS assigns an internal tracking number for each bill processed. When calling with inquiries about a specific bill, please have this number ready.
- Bills are grouped by payment status.
- Treating Provider. For claimant-submitted bills, the default value is 999999991.
- Detail is provided for each line of a bill.
- EOB codes post when a line or total bill denies.
- Explanation of each EOB code is provided.
- Remittance summary totals all bills covered under this RV with total amount billed and total amount paid for each category.

Source: <https://www.dol.gov/owcp/dcmwc/regs/compliance/cm-6.pdf>

Individuals injured on the job while employed by private companies or state and local government agencies would be covered by insurance payers through their state workers' compensation board. The workers' compensation law is governed by each state. The specific details of the law may vary, but the key features are consistent.

State workers' compensation law includes the following types of coverage:

State Insurance Fund—An agency that provides workers' compensation insurance coverage to private and public employers and acts as an agent in state workers' compensation cases involving state employees. A listing of each state's workers' compensation official with a link to the respective state's webpage can be found at <http://www.dol.gov/owcp/dfec/regs/compliance/wc.htm>.

Self-Insurance Plans—Employers with adequate capital to qualify can self-insure. Self-insurance plans require the employer to set aside a state-mandated percentage of capital funds to cover medical expenses, wage compensation, and other benefits payable to employees who have an on-the-job injury and/or illness.

Commercial Workers' Compensation Insurance—Commercial insurance companies that meet state mandates for workers' compensation coverage can offer policies for employers to purchase.

Combination Programs—In some states, employers can choose a combination of any of the above to comply with workers' compensation coverage requirements.

needed to complete the First Report of Injury form. Each state may have a different form. The page to follow is a copy of the Illinois Form 45: Employer's First Report of Injury.

Reimbursement Requirements for Providers

Providers are required to accept reimbursement from workers' compensation payers as payment in full. Providers may **not** bill the patient for the balance between the amount charged and the reimbursement from the workers' compensation payer.

Claims Completion

When an employee is injured on the job, a claim is filed with the employer's workers' compensation carrier. Once a claim is filed, the date of injury/illness is established, and the employee is assigned a claim number. This claim number acts as the equivalent of an insurance ID number when filing medical claims for reimbursement.

When a patient presents to the physician for a workers' compensation injury, information surrounding the claim is submitted with the claim for reimbursement. The patient may bring the information with them to the visit. If the patient does not provide the necessary information, the provider's office must contact the patient's employer to collect the information

Loc Code _____ Dept Code _____

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY*Please type or print.*

Employer's FEIN	Date of report	Case or File #	Is this a lost workday case? Yes / No
Employer's name		Doing business as	
Employer's mailing address			
Nature of business or service		SIC code	
Name of workers' compensation carrier/admin. Argent / Fax: 888-926-9299 / email: Argent_WCC_Scan_Ctr@wbmi.com		Policy/Contract #	Self-insured? Yes / No
Employee's full name			Birthdate
Employee's mailing address			Employee's e-mail address
Male / Female	Married / Single	# Dependents	Employee's average weekly wage
Job title or occupation			Date hired
Time employee began work AM PM	Date and time of accident	Last day employee worked	
If the employee died as a result of the accident, give the date of death.		Did the accident occur on the employer's premises? Yes / No	
Address of accident			
What was the employee doing when the accident occurred?			
How did the accident occur?			
What was the injury or illness? List the part of body affected and explain how it was affected.			
What object or substance, if any, directly harmed the employee?			
Name and address of physician/health care professional			
If treatment was given away from the worksite, list the name and address of the place it was given.			
Was the employee treated in an emergency room? Yes / No		Was the employee hospitalized overnight as an inpatient? Yes / No	
Report prepared by	Signature	Title and telephone #	

Please send this form to: **ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. FRONTAGE ROAD SPRINGFIELD, IL 62703-5118**
 By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any sense. This information is confidential. IC45 11/11

The information needed to submit a claim includes:

- Patient name, date of birth, social security number, address, and phone number
- Employer's name, address, and phone number
- Workers' compensation carrier address, phone number, and claim number
- Injury information such as date of injury, place of injury, and detailed explanation of how the injury occurred

The claim will be submitted to the workers' compensation payer in paper format using a CMS 1500 claim form. A First Report of Injury form and the progress note for the encounter must also be submitted with the paper claim.

Four copies of the First Report of Injury form are needed for distribution to the following:

- State workers' compensation board/commission
- Employer's designated compensation payer
- Employer of the ill or injured employee
- Patient's chart in the work-related injury section

The filing deadline for the first report of injury is determined by state law. The deadline for filing of the claim for services will vary by payer.

It is important to submit the correct CPT® and HCPCS Level II codes. Workers' compensation carriers are not covered entities under HIPAA, which means the carriers are not required to accept the current code set. Some workers' compensation carriers will require codes from previous years because the systems are not updated yearly. This means that the carrier may not accept ICD-10-CM codes and the claim will need to be submitted with ICD-9-CM codes instead. The correct code set to use can be determined by contacting the workers' compensation carrier.

BILLING TIP

Contact the patient's employer immediately to ensure the patient has notified the employer of the injury/illness and to verify a claim has been filed with the workers' compensation payer.

Section Review 14.2

1. What must be submitted to the workers' compensation payer after an initial employee injury visit?
 - A. CMS-1500 claim form, office encounter note, and a letter from the provider documenting the case
 - B. CMS-1500 claim form and First Report of Injury form
 - C. First Report of Injury form and office encounter note
 - D. First Report of Injury form, CMS-1500 claim form, and office encounter note
2. A 70-year-old patient with complex pneumoconiosis presents after a fall. X-rays are taken and are negative for fracture. The patient gives both a Medicare card and a Federal Black Lung ID card. How should this claim be billed?
 - A. Federal Black Lung first, then Medicare
 - B. Medicare first, then Federal Black Lung
 - C. Medicare only
 - D. Federal Black Lung only
3. What type of state workers' compensation coverage allows an employer to set aside money to cover medical expenses and other related benefits for its employees?
 - A. State insurance fund
 - B. Self-insurance plans
 - C. Commercial workers' compensation insurance
 - D. Combination program

4. What kind of workers are covered under the Longshore and Harbor Workers' Compensation Program?
- i. Shipbuilders
 - ii. Seamen
 - iii. Government worker
 - iv. Longshore worker
- A. i, ii, iii, and iv
B. ii and iii
C. i and iv
D. i, ii, and iv
5. What is the timely filing limit for claims for workers' compensation services?
- A. 60 days
B. Will vary by payer
C. 120 days
D. 90 days
-

Glossary

Combination Programs—In some states, employers can choose a combination of coverage options (state, commercial, or self) to comply with workers' compensation coverage requirements.

Commercial Workers' Compensation Insurance—Commercial insurance companies that comply with state mandates for workers' compensation coverage can offer policies that employers may purchase.

Energy Employees Occupational Illness Compensation Program—Provides lump sum compensation and health benefits for eligible Department of Energy nuclear weapons workers injured on the job.

Federal Employees' Compensation Program—Provides workers' compensation coverage to three million federal and postal workers around the world for employment-related injuries and occupational diseases.

Federal Black Lung Program—An act which provides compensation and medical coverage for treatment to coal miners who are totally disabled by pneumoconiosis arising out of coal mine employment, and to survivors of coal miners whose deaths are attributable to the disease.

Longshore and Harbor Workers' Compensation Program—Provides workers' compensation benefits to most water-

front workers and contractors working overseas for the U.S. government.

OSHA—With the Occupational Safety and Health Act of 1970, Congress created the Occupational Safety and Health Administration (OSHA), an agency of the U.S. Department of Labor.

Self-Insurance Plans—Employers with adequate capital to qualify can self-insure. Employers are required to set aside a state-mandated percentage of capital funds to cover medical expenses, wage compensation, and other benefits payable to employees who have an on-the-job injury and/or illness.

State Insurance Fund—Is an agency that provides workers' compensation insurance coverage to private and public employers and acts as an agent in state workers' compensation cases involving state employees.