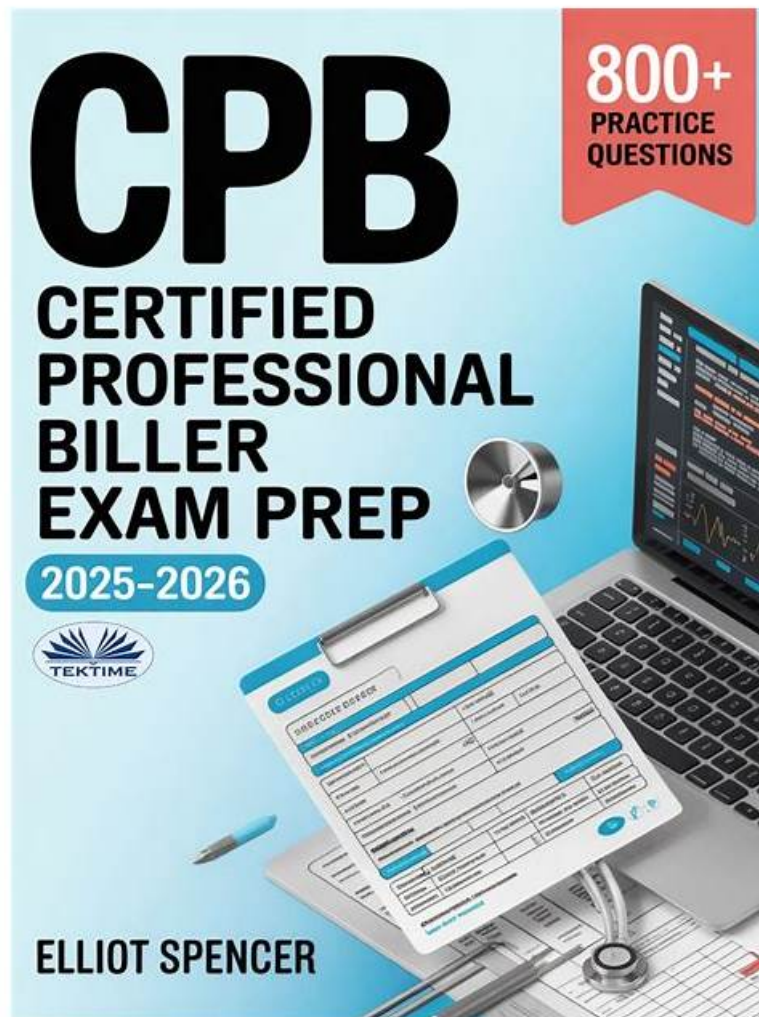


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NEW QUESTION # 164

CMS1450

- A. Insurance claim used by noninstitutional providers and supplier to bill payers
- **B. UB04 Claim used by institutional and other selected providers to bill payers**
- C. Coordination of Benefits
- D. clinical nurse specialist

Answer: B

NEW QUESTION # 165

Accounts Receivable Management

- A. Judicial dispute resolution process in which an appeals board makes a final determination.
- **B. Assists providers in the collection of appropriate reimbursement for services rendered; include functions such as insurance verification/eligibility and preauthorization of services**
- C. Payment correction resulting in additional payment(s) to the provider.
- D. Voluntary Process that a healthcare facility or organization (e.g. hospital or managed care plan) undergoes to demonstrate that it has met standards beyond those required by law.

Answer: B

NEW QUESTION # 166

Which factor determines the correct payer sequence in coordination of benefits (COB)?

- A. Length of employment
- B. Patient preference
- **C. Birthday rule**
- D. Provider type

Answer: C

Explanation:

The birthday rule is used for dependents to determine primary coverage.

NEW QUESTION # 167

Which of the following suffixes refers to in?

- A. ex
- **B. en**
- C. extra
- D. red

Answer: B

NEW QUESTION # 168

The medical word root "hyster" or "hyster/o" refers to the:

- A. condition
- **B. uterus, womb**
- C. pertaining to

Answer: B

NEW QUESTION # 169

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