MRS News

Newsletter from the Office of Medical/Rehabilitation Services
Maine Workers' Compensation Board

Fall 2015 **Volume 1, Number 1**

Paul H. Sighinolfi
Executive Director/Chair

Office of Medical/Rehabilitation Services

Maine Workers' Compensation Board

27 State House Station

Augusta, Maine 04333

Contacts:

Kimberlee Barriere
Deputy Director
(207) 441-9082

E-mail
Kimberlee.Barriere@Maine.Gov

Anne Poulin
Secretary Associate
(207) 287-7067

E-mail
Anne.Poulin@Maine.Gov

Website:

www.maine.gov/wcb/

New Medical Fee Rule Effective October 1, 2015

There is a new Medical Fee Rule effective October 1, 2015. There are several significant changes that providers must be aware of for dates of service on or after October 1, 2015. Several of these are highlighted below. The complete rule and appendices are available on the Board's website. Any questions or concerns should be directed to Kimberlee Barriere via email at Kimberlee.Barriere@Maine.Gov.

Billing Procedures

- The expectation is that all providers will bill with the ICD-10 code set for dates of service on or after 10/1/15. There is an exception for those providers that bill ONLY workers' compensation; these providers may continue to bill with the ICD-9 code set.
- Bills must specify the billing entity's tax identification number, the license number, registration number, certificate number, or National Provider Identifier of the health care provider, the employer, the date of injury/occurrence, the date of service, the work-related injury or disease treated, the appropriate procedure code(s) for the work-related injury or disease treated, and the charges for each procedure code.
    - For those health care providers that bill professional services on a HCFA-1500 form, please note that the instructions for Box 4 per the National Uniform Claim Committee (NUCC) is to enter the name of the employer for workers' compensation claims.
    - For facility providers, the employer name must appear in Box 65 of the HCFA-1450/UB-04 per the National Uniform Billing Committee (NUBC).
    - The employer name must be the name of the employer that holds the workers' compensation insurance policy, not the employee's current employer if different or employer names such as "Retired" or "Unemployed".
    - Uncoded bills are those that do not contain all the data elements required above and may be returned to the provider for coding.
- Bills must be accompanied by health care records to substantiate the services rendered.
    - Health care providers may charge for copies of the health care records required to accompany the bill.
    - The charge is to be identified by billing HCPCS Code S9981 (units equal total number of pages).
- Anesthesia providers must bill time units only. One time unit is allowed for each 15 minute time interval, or significant fraction thereof (7.5 minutes or more). If anesthesia time extends beyond three hours, one time unit for each 10 minute time interval, or significant fraction thereof (5 minutes or more) is allowed after the first three hours. Documentation of actual anesthesia time is required, such as a copy of the anesthesia record.
- Bills for inpatient services must be submitted on a CMS Uniform Billing (UB-04) form. Health care providers are not required to provide the MS-DRG. Inpatient bills without the MS-DRG do not constitute uncoded bills.
- Bills for hospital outpatient and ambulatory surgical services must be submitted on a UB-04 form. Outpatient hospital facility services performed on the same day for the same patient must be reported on a single UB-04 form.
- There is no longer a requirement that facilities bill professional services separately.

MRS News

Newsletter from the Office of Medical/Rehabilitation Services
Maine Workers' Compensation Board

Fall 2015 **Volume 1, Number 1**

Paul H. Sighinolfi
Executive Director/Chair

Office of
Medical/Rehabilitation
Services

Maine Workers'
Compensation Board

27 State House Station

Augusta, Maine 04333

Contacts:

Kimberlee Barriere
Deputy Director
(207) 441-9082

E-mail
Kimberlee.Barriere@Maine.Gov

Anne Poulin
Secretary Associate
(207) 287-7067

E-mail
Anne.Poulin@Maine.Gov

Website:

www.maine.gov/wcb/

Health Care Records

- Authorization from the employee for release of medical information by health care providers to the employee or the employee's representative, employer or the employer's representative, or insurer or insurer's representative is not required if the information pertains to treatment of an injury or disease that is claimed to be compensable under this Act regardless of whether the claimed injury or disease is denied by the employer/insurer.
- Health care providers must at the written request of the employer/insurer or the employer/insurer's representative furnish copies of the health care records to the employer/insurer or the employer/insurer's representative and to the employee's representative (if none, to the employee) within 10 business days from receipt of a properly completed Form 220. An itemized invoice must accompany the copies sent to the employer/insurer. The maximum fee for copies is $5 for the first page and 45¢ for each additional page, up to a maximum of $250.00. The copying charge must be paid by the party requesting the records. Health care providers shall not require payment prior to responding to the request. Health care providers shall not charge a fee for postage/ shipping, sales tax, or a fee for researching a request that results in no records.
- Health care providers must at the written request of the employee or the employee's representative furnish copies of any written information (may include billing records) pertaining to a claimed workers' compensation injury or disease regardless of whether the claimed injury or disease is denied by the employer/insurer. Copies must be furnished within 10 business days from receipt of the written request. An itemized invoice must accompany the copies. The maximum fee for copies is $5 for the first page and 45¢ for each additional page, up to a maximum of $250.00. The copying charge must be paid by the party requesting the records. Health care providers shall not require payment prior to responding to the request. Health care providers shall not charge a fee for postage/shipping, sales tax, or a fee for researching a request that results in no records.

Duties of Health Care Providers

- Nothing in the Act or the rules requires any personal or telephonic contact between any health care provider and a representative of the employer/insurer.
- Health care providers must complete the M-1 form in accordance with Title 39-A M.R.S.A. §208.
  - Health care providers MUST use the M-1 form prescribed in Appendix I. There are NO EXCEPTIONS.
  - Health care providers may charge for completing an initial diagnostic medical report (Form M-1) or other supplemental report.
  - The charge is to be identified by billing CPT® Code 99080. This code cannot be used to bill for copies of health care records.
  - The maximum fee for completing an initial M-1 form or other supplemental report is: Each 10 minutes: $30.00
- In the event that an employee changes or is referred to a different health care provider or facility, any health care provider or facility having health care records regarding the employee, including x rays, must forward all health care records relating to an injury or disease for which compensation is claimed to the next health care provider. When an employee is scheduled to be treated by a different health care provider or in a different facility, the employee must request to have the records transferred.