

MRS News

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

Winter 2016

Volume 1, Number 2



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Medical Fee Schedule Annual Update Effective January 1, 2016

The annual update effective January 1, 2016 incorporates the new relative weights for professional and outpatient facility fees as well as the facility base rates effective April 1, 2016. **Medical Fee Schedule training for providers has been tentatively scheduled for April 5th in Augusta.** If you are interested in training, please send an email to Kimberlee.Barriere@maine.gov.

Medical Bill Review

The application of various medical bill review edits continues to generate the most questions and complaints regarding the Medical Fee Schedule from providers and payors alike. Worker's Compensation is purely a creature of statute; thus, any allowance or restriction of benefits must be by statute.

In the event a provider fails to properly complete and submit a prescribed form or to follow the fee schedule, the insurer or self-insurer may withhold payment of fees and the insurer or self-insurer is not required to file a notice of controversy but may simply notify the provider of the failure.

When there is a dispute whether the provision of medical, surgical and hospital services, nursing, medicines, and mechanical, surgical aids is reasonable and proper under §206 of the Act, the employer/insurer must pay the undisputed amounts, if any, and file a notice of controversy. A copy of the notice of controversy must be sent to the health care provider from whom the bill originated. 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 offices of Medical/Rehabilitation Services and Monitoring, Audit, and Enforcement continue to see medical, surgical and hospital services, nursing, medicines, and mechanical, surgical aids "denied" on various explanation of benefit or explanation of review forms and the required notice of controversy has not been filed with the Workers' Compensation Board. In addition, the "denials"/restriction of medical benefits are most commonly due to the application of various medical bill review edits based on Medicare's National Correct Coding Initiative (NCCI) or other Medicare payment policies/reimbursement rules.

Not filing the Notice of Controversy when required may be considered a questionable claims-handling technique. In addition, "denials"/restriction of medical benefits may be considered unreasonable if the basis for the "denial" is contrary to law or rule.

M-1 Form

A number of concerns have been raised from various health care providers regarding the M-1 form effective October 1, 2015. By rule, health care providers **MUST** use the M-1 form prescribed in Appendix I. There are **NO EXCEPTIONS**.

Health care providers who fail to comply are not eligible for the \$30.00 fee for completion of the initial M-1 form and may be subject to penalties up to \$500 per violation.

Several occupational med docs/programs have reviewed the current form and have provided the Board with a group recommendation. Watch for upcoming rulemaking on the proposed form. This is your chance to provide feedback. As with the most current form, once the form is finalized, it is mandatory.

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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 the 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.

As a reminder to all employee's representatives, authorization is not required if the information requested pertains to treatment of an injury or disease that is claimed to be compensable under the Act. If an employee's representative is requesting records pre-existing and/or subsequent to the employee's claimed workplace injury, these records may be protected under federal privacy laws and the provider may require a completed HIPAA-compliant authorization before release of the records.

Provider Questions and Answers

Q: "If we see a patient that has out of state worker's comp insurance and they pay less than the Maine fee schedule, do we have to accept or should they pay us according to Maine's schedule since the service was provided in Maine?"

A: In cases where there is concurrent jurisdiction, you may be able to file a claim in Maine. See law court decision *St. Mary's v. BIW*, 977 A.2d 431; (Me. 2009).

Other questions and answers can be found online at: [Frequently Asked Questions](#) about the Medical Fee Schedule.