MRS News

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

Spring 2017 **Volume 2, Number 3**

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The general mission of the Maine Workers' Compensation Board is to serve the employees and employers of the State fairly and expeditiously by ensuring compliance with the workers' compensation laws, ensuring the prompt delivery of benefits legally due, promoting the prevention of disputes, utilizing dispute resolution to reduce litigation and facilitating labor-management cooperation.

Duties of Healthcare Providers: Employer/Insurer Contact

Nothing in the Workers' Compensation Act or Board rules requires any personal or telephonic contact between any health care provider and a representative of the employer/insurer. For health care providers who choose to have personal or telephonic contact with the employer/insurer, best practice is to include a summary of the conversation in the patient's record. This ensures that all parties have access to the information.

Health care providers who require inquiries to be put in writing may charge a fee for their response time. The charge is to be identified by billing CPT® Code 99080 and the maximum fee is: Each 10 minutes: $30.00. Make sure to provide a copy of the inquiry and response to the patient and the patient's representative (if any).

Attention Facilities: What are APCs and how do they work?

The medical fee schedule for outpatient services rendered by health care facilities reflects the methodology and categories set forth in the federal Centers for Medicare and Medicaid Services (CMS) ambulatory payment classification (APC) system. Therefore, it is critical facilities understand what APCs are and how they work in order to ensure the facility is receiving the full amount due.

APCs were developed by CMS as a payment methodology that groups services (identified by HCPCS) which are similar in clinical intensity, resource utilization and cost. Because of this grouping, individual line charges are irrelevant when determining the amount due. For outpatient facility services, the provider is due the lower of the maximum allowable payment per the medical fee schedule or the **total charges** on the bill.

A simple example for an ACH with a DOS 5/18/15 is as follows:

Rev. Cd.	DESCRIPTION	HCPCS	Units	Charges	Amount Due
320	DIAGNOSITIC RADIOLOGY	73130	1	126.00	$86.78
450	**ER GENERAL**	**90471**	**1**	**46.00**	**$78.26***
450	ER GENERAL	99282	1	207.00	$164.86
636	RX REQ DETAILED CODING	90715	1	217.70	$0.00^
	TOTALS			596.70	**$329.90**

* If payment for the administration was limited to the charge for the administration, the payor would effectively not be paying for the drug that was administered and the bill would be underpaid by $32.26.

^ Per Appendix IV, this code is status N. Per the Board's fee schedule, for procedure codes with a status indicator of N, there is no separate payment. In this case, the payment for the drug is included in the APC rate for the administration (HCPCS 90471).

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From the (e)Mail Bag

I am looking for information regarding refunds. A carrier is requesting a refund due to the provider network discount that they did not take at the time of payment. Can you please provide the workers' comp "law" on this?
Per Workers' Compensation Board Decision No. 96-0: Donald C. Pritchard, Jr. V. S.D. Warren Company And Sedgwick James Of Northern New England, "The present Act provides this employer with no mechanism to recover what the employer regards as an overpayment of compensation."

We received a subpoena from the employer/insurer's representative to provide medical records for a patient. We have never seen one of these before. How do we know if this is a valid legal document issued by the Board?
The Board does not issue blank signed evidence subpoenas to attorneys. The party requesting the information fills out the subpoena and submits it to the Administrative Law Judge (ALJ). The ALJ reviews the request and signs the request if approved. Therefore, a valid order of the Board will contain an ALJ's original signature. If there is ever a question about the validity of an order, contact the ALJs legal secretary at the applicable regional office.

I was verifying how a claim was paid for an employee that was injured on the job at a boat yard. The representative that I spoke to at the carrier indicated that the claim was paid under the Longshore fee schedule. We had never heard of the Longshore fee schedule. I did google it and see that it is a valid fee schedule, however, does this override the Maine Workers' Comp Fee Schedule?
The Longshore and Harbor Workers' Compensation Act (LHWCA) is a federal workers' compensation act that primarily governs workers' compensation for maritime employers and employees, but also covers civilian employees on military bases worldwide (under a federal law called the Defense Base Act). The claim jurisdiction is what determines the payment. Since, the jurisdiction is Longshore, the OWCP fees apply. Federal Longshore and Maine WC have concurrent jurisdiction so it is feasible that the employee and/or provider could also make a claim under the Maine WC Act.

If a patient is injured at work but refuses to make a workers' comp claim, do we have to report it? And if yes, to whom?
A patient injured at work always retains the right not to file a claim with his/her employer. In such cases, the M-1 form is not required and the patient is 100% responsible for the payment. The bill may not be submitted to the patient's health insurer (if any).

We keep getting bills from a NH health care provider for the difference between the provider's charges and the amount due under the Maine WC fee schedule. What do you suggest?
Out-of-state health care providers who treat injured employees pursuant to 39-A M.R.S.A. § 206 are paid pursuant to the Maine WC fee schedule. An employer/insurer is not liable for charges in excess of the maximum allowable per the fee schedule. Please notify the Board's Office of Medical/Rehabilitation Services of any provider who is balance billing either you (the carrier) or the injured employee.

Other questions and answers about the Medical Fee Schedule can be found online at: Frequently Asked Questions.