



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

Website:
www.maine.gov/wcb/

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.

New Medical Fee Rule Effective September 1, 2018

There is a new Medical Fee Rule effective September 1, 2018. There are several significant changes that providers must be aware of for dates of service on or after September 1, 2018. 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.

Chapter 5 § 1.06(2)

Bills for insured employers must be submitted directly to the insurer of record on the date of injury/illness. Health care providers shall attempt to verify the name of the insurer that wrote the workers' compensation policy for the specific employer on the date of injury/illness prior to the submission of a bill to an insurer.

This new rule was adopted to reduce the number of misfiled claims and reinforce the fact that employers cannot insist medical providers bill them directly in order to avoid reporting a claim to their insurer.

Chapter 5 § 1.08(3)

Health care providers may charge for copies of the health care records required to accompany the bill. The charge is to be identified on the bill using CPT® Code S9981 (units equal total number of pages). The maximum fee for copies is \$5 for the first page and 45¢ for each additional page, up to a maximum of \$250.00.

This change was adopted to require providers to submit charges for the records that accompany the bill on the bill itself. While the intent of the original rule was to avoid unnecessary invoices that have to be processed separately, several providers have continued to charge for these records using a separate invoice.

Chapter 5 § 1.11(2)(B) and (3)(B)

All parties, including health care providers, shall only use Form WCB 220, WCB 220A, WCB-220B, or WCB-220C set forth in Appendix V. The use of forms other than the ones set forth in Appendix V and/or requiring additional forms is prohibited.

These new rules were adopted to standardize the authorization forms required when additional medical information is requested in a workers' compensation case.

Chapter 5 § 1.11(6)

Health care providers must complete the M-1 form set forth in Appendix I in accordance with Title 39A M.R.S.A. § 208. The use of a form other than the one set forth in Appendix I is prohibited and may subject the health care provider to penalty under 39-A M.R.S.A. § 360.

This new rule was adopted to promote compliance with the use of the prescribed form. It is essential that the form is completed correctly and sent to the employer within 5 days of the initial exam; the M-1 form may be the employer's first notice or knowledge of the injury.



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

Website:
www.maine.gov/wcb/

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.

Chapter 5 § 2.02

1. Definition of New Patient

- A. A new patient is one who has not received any professional services from the health care provider (or another health care provider of the exact same specialty and subspecialty who belongs to the same group practice) within the past three years, or
- B. A new patient is one who is being evaluated for a new injury/illness to determine work relatedness/causality, or
- C. A new patient is one who is being seen for a new episode of care for an existing injury/illness.

2. Payments for New Patient Visits

Only one new patient visit is reimbursable to a health care provider (or another health care provider of the exact same specialty and subspecialty who belongs to the same group practice) for the same patient relating to the same episode of care.

3. For purposes of this section, "episode of care" includes all the professional services provided by the health care provider (or another health care provider of the exact same specialty and subspecialty who belongs to the same group practice) for the same patient for the same injury/illness from date of initial examination to date of discharge from care.

This new rule was adopted to create a definition of new patient that is different from the American Medical Association's definition. This change allows for a new patient visit code and payment whenever there is a new injury, regardless of when the patient was last seen.

Chapter 5 § 2.03

Time Unit: Health care providers must bill ~~time units only~~ the number of minutes of anesthesia time. One time unit is allowed for each 15 minute time interval, or significant fraction thereof (7.5 minutes or more) of anesthesia time. 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.

This new rule was adopted to create consistency with regard to anesthesia billing.

From the (e)Mail Bag

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

Q: Can a provider bill a "no show fee"? Looking on the fee schedule it states, "In the event a patient fails to keep a scheduled appointment, health care providers are not to bill for any services that would have been provided nor will there be any reimbursement for such scheduled services." Would that include a no show fee?

A: *If the patient agreed to your financial policy that includes a "no show fee" then you can bill the patient directly for the fee. That is a contractual matter between the provider and the patient and nothing to do with workers' compensation.*