

# MAE News

## Newsletter from the Office of Monitoring, Audit and Enforcement Maine Workers' Compensation Board

Spring 2014

Volume 10, Number 1



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Executive Director/Chair

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### *Compliance Training for Employers/Insurers*

The next open training session will be held June 26 and 27, 2014 at the Maine Department of Labor, at 45 Commerce Drive in Augusta. This session will continue with two new added features: Brad Howard will be speaking on the Board's move toward a more automated claims handling model via Electronic Data Interchange (EDI) and Kimberlee Barriere will be doing a short presentation on the Board's medical fee schedule. Please contact Anne Poulin to reserve a spot.

The Board continues to be busy doing on-site training for insurers, self-insurers, 3<sup>rd</sup>-party administrators as well as employers. If you would like information about on-site training for your organization, please contact Gordon Davis at 207-287-6327, or by email at [Gordon.Davis@Maine.Gov](mailto:Gordon.Davis@Maine.Gov).

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### *From the Office of the General Counsel Proposed Rules*

The Maine Workers' Compensation Board is proposing a repeal and replace of Chapters 1-4 and 6-23. The proposed rules are available on the Board's website:  
<http://www.maine.gov/wcb/rules/proposed.htm>

There will be a **PUBLIC HEARING** held **Tuesday, May 20, 2014, 9:00 a.m.** at:

Workers' Compensation Board Central Office  
AMHI Complex, Deering Building, 90 Blossom Ln  
1st Floor, Room 170, Augusta, Maine

**DEADLINE FOR WRITTEN COMMENTS:** Friday, May 30, 2014, 5:00 p.m.

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### *NCCI Maine State Advisory Forum*

NCCI holds State Advisory Forums in order to share crucial information with workers' compensation system stakeholders. According to the NCCI website, "These forums promote education and greater understanding of both the national and state workers compensation environments."

The Maine State Forum was held on March 20, 2014. The presentation is available at:  
[https://www.ncci.com/documents/SAF\\_ME.pdf](https://www.ncci.com/documents/SAF_ME.pdf)

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### *From the Office of Medical/Rehabilitation Services 2014 Medical Fee Schedule User Guide*

The Board has posted its 2014 Medical Fee Schedule User Guide to its website at:  
<http://www.maine.gov/wcb/departments/omrs/omrs/mfs.htm>

Please note that due to a Medicare policy change regarding outpatient clinical diagnostic laboratory test payment and billing for 2014, laboratory services that were previously classified with status indicators "A" or "X" were changed to status indicator "N".

A status of "N" indicates that payment for the laboratory service is packaged into the APC rate for another service; therefore when laboratory services are billed without other outpatient services (i.e. non-patient referred specimens or the facility collects the specimen and furnishes only the outpatient labs on a given date of service), payment shall be 75% of the provider's usual and customary charge.

Also, as a reminder, per Board Rule Chapter 5, Section 1.06, bills for professional services must specify the date and type of service, the appropriate procedure code, the condition treated, and the charges for each service. Bills properly submitted on form CMS-1500 are sufficient to comply with this requirement; however these forms are not required. Further, valid HCPC codes (level I and II) that are not in Appendix III of the Board's medical fee schedule such as dental codes and pharmacy codes must be paid at the provider's usual and customary charge pursuant to Section 1.04.

Lastly, Section 4 and Appendix V of the medical fee schedule apply to outpatient services at an acute care or critical access hospital and to ambulatory surgical services at an ambulatory surgical center. Outpatient services rendered by other licensed facilities such as home health agencies and skilled nursing facilities are not covered under Section 4 and should therefore be paid at the provider's usual and customary charge pursuant to Section 1.04.

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### *From the Claims Management Unit Reminders: Form WCB-8*

The following criteria must be met to reduce or discontinue benefits under 205.9.B(1):

1. No order or award of compensation or compensation scheme has been entered
2. The WCB-8, Certificate of Discontinuance or Reduction of Compensation form has been completed (i.e. filing party must use prescribed form)
3. The WCB-8 certificate (along with WCB-231A if applicable – see MAE News Summer 2011) is sent together with any information on which the employer, insurer or group self-insurer relied to support the discontinuance or reduction
4. The WCB-8 (with attachments) is sent via certified mail to the employee and to the Board's Central Office no less than 21 days prior to the effective date
5. The effective date is no earlier than 21 days from the date the certificate was mailed except that benefits may be discontinued or reduced based on the amount of actual documented earnings paid to the employee during the 21-day period if the employer files with the Board the documentation or evidence that substantiates the earnings and the employer only reduces or discontinues benefits for any week for which it possesses evidence of such earning.