MRS News

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

Spring 2016

Volume 1, Number 3

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Paul H. Sighinolfi Executive Director/Chair	Provider Billing Procedures – Required Billing Elements Board Rules Chapter 5, Section 1.06 states that "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." A simple crosswalk is provided here to assist providers still not billing in compliance with the rule. Please note that bills without the required billing information may not be processed for payment.				
Office of Medical/Rehabilitation Services	REQUIRED BILLING ELEMENT	NUCC 1500 CLAIM FORM		NUBC UB-04 CLAIM FORM	
Maine Workers'		Item #	Title	Form Locator	Data Element
Compensation Board 27 State House Station	1. billing entity's tax identification number	25	Federal Tax ID Number	5	Federal Tax Number
Augusta, Maine 04333 Contacts: Kimberlee Barriere Deputy Director (207) 441-9082	2. the license number, registration number, certificate number, or National Provider Identifier of the health care provider	24J	Rendering Provider ID # [lines 1–6]	76	Attending Provider Name and Identifiers
				77	Operating Physician Name and Identifiers
				78-79	Other Provider (Individual) Names and Identifiers
E-mail <u>Kimberlee.Barriere@Maine.Gov</u>	3. the employer	4	Insured's Name	58 or 65	Insured's Name or Employer Name
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.	4. the date of injury/occurrence	14	Date of Current Illness, Injury, or Pregnancy (LMP)	18-28	Condition Codes (02 indicates patient alleges that medical condition is due to employment.)
				31-34	Occurrence Codes and Dates (04 indicates the date of an accident allegedly relating to the patient's employment.)
	5. the date of service	24A	Date(s) of Service [lines 1–6]	45	Service Date (lines 1-22)
	6. the work-related injury or disease treated	21	Diagnosis or Nature of Illness or Injury	66	Diagnosis and Procedure Code Qualifier (ICD Version Indicator)
				67	Principal Diagnosis Code and Present on Admission Indicator
	7. the appropriate procedure code(s) for the work-related injury or disease treated	24D	Procedures, Services, or Supplies [lines 1–6]	44	HCPCS (lines 1-22)
	8. the charges for each procedure code	24F	\$Charges [lines 1–6]	47	Total Charges (lines 1-22)

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Provider Billing Procedures – Verify Billing Address

Worker's Compensation billing can be confusing. An employer may be insured or selfinsured. Carriers and self-insured employers may process their own claims, use one or more third-party administrators to process claims or use a combination of both. In turn, third party administrators may use one or more other third parties to conduct managed care services such as case management and bill review.

Like those of us that purchase homeowners/renters and/or automobile insurance, employers shop around for the best deal on workers' compensation coverage. This means that just because the employer had coverage with XYZ insurance yesterday, that doesn't mean it still does today. For every workers' compensation bill that you send, it is your responsibility to confirm where the bill should be sent. This ensures that personal information is not sent to the wrong party and should improve your accounts receivable.

The employer (and not the employee) is the best source of information regarding where workers' compensation bills should be sent. Many medium to large employers have a human resource department or safety department responsible for handling its workers' compensation claims and can provide you with the required billing information.

The Board also provides a list of authorized self-insured employers and an insurance coverage verification link for insured employers at: http://www.maine.gov/wcb/Departments/coverage/verification.html.

Unfortunately, these tools have several limitations. For instance, the list of self-insured employers provided by the Bureau of Insurance does not include the names of the individual employers in the various self-insured trusts. On the insured side, the insured name is often not the same as the employer's DBA ("doing business as") name. In addition, the insurance coverage verification database will only supply the name of the insured employer's workers' compensation carrier and not the names of the perhaps one or more third parties actually handling the workers' compensation claims and/or medical bills.

The carrier however is ultimately responsible for any claims under an insured policy it underwrites, therefore medical bills can simply be sent to the carrier using the address on file with the Bureau of Insurance at:

https://www.pfr.maine.gov/almsonline/almsquery/SearchCompany.aspx.

As always, providers needing assistance may contact the Office of Medical/Rehabilitation Services with any questions or concerns.

Provider Questions and Answers

Q: If we send a workers' compensation bill and it is returned stating there is "no claim on file", what steps can we take as a provider? Do we have the right to bill the employer and/or the patient?

A: In cases like these, providers have lots of options. As a first step, I recommend sending the bill and the medical records that support a work-related injury or illness to the employer and its carrier via certified mail. Contemporaneously, you could contact a Board Claims Resolution Specialist to start a claim with the Board. Once a claim is created, a letter will be sent to the claim administrator requesting the filing of a First Report of Injury. While you always retain the right to bill the patient for services rendered, my experience is that bills sent to the patient often go ignored.

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