MRS News

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

Summer 2016 **Volume 1, Number 4**

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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.

Inpatient Facility Fee Schedule Updated – Effective 10/1/16

The Board has updated its inpatient fee schedule for dates of discharge on or after ***October 1, 2016***. The fees are based on version 34 of the US Federal Government's DRG Grouper for FY 17. Questions or concerns regarding the annual update may be addressed to ***Kimberlee.Barriere@Maine.Gov.***

Legislation to Combat Opioid Addiction Crisis

On July 22, 2016, President Obama signed into law the Comprehensive Addiction and Recovery Act (P.L. 114-198). The Comprehensive Addiction and Recovery Act (CARA) expands opioid addiction prevention and education efforts while also promoting treatment and recovery. Brief Summary of Provisions of CARA:

- Expand prevention and educational efforts—particularly aimed at teens, parents and other caretakers, and aging populations—to prevent the abuse of methamphetamines, opioids and heroin, and to promote treatment and recovery.
- Expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives.
- Expand resources to identify and treat incarcerated individuals suffering from addiction disorders promptly by collaborating with criminal justice stakeholders and by providing evidence-based treatment.
- Expand disposal sites for unwanted prescription medications to keep them out of the hands of our children and adolescents.
- Launch an evidence-based opioid and heroin treatment and intervention program to expand best practices throughout the country.
- Launch a medication assisted treatment and intervention demonstration program.
- Strengthen prescription drug monitoring programs to help states monitor and track prescription drug diversion and to help at-risk individuals access services.

On April 19, 2016, Governor Paul R. LePage signed into law "An Act To Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program." (P.L. 488). Governor LePage was motivated to introduce legislation after meeting with the widow of a man who was over-prescribed opiates following a workplace injury. He became addicted and eventually devolved into heroin use, which led to his untimely overdose death. LD 1646 was sponsored by Assistant Senate Majority Leader Andre Cushing (R-Hampden) and received support from the Maine Medical Association, Maine Nurse Practitioner Association, Maine Osteopathic Association, Maine Employers' Mutual Insurance Company, and the Maine Chiefs of Police Association.

The new law caps scripts for acute pain at seven days and for chronic pain at 30 days beginning in January 2017 to prevent diversion and abuse. It requires three hours of training on opioid addiction into the 40 hours of existing Continuing Medical Education coursework required by boards overseeing opioid prescribing health care professions every two years. The new law requires prescribers to submit opioid and benzodiazepine scripts to pharmacies electronically by July 2017 in order to prevent diversion. Under the law, opioid prescribers, including physicians, nurses, dentists, physical therapists and veterinarians are required to check the PMP—a statewide database of prescription information—prior to writing scripts for opioids or benzodiazepines that are to be filled and administered outside of a licensed health care facility. Dispensers, or pharmacists, will be required to check the PMP before prescribing to new patients, those from out of state, or those paying cash despite having insurance.

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Provider Billing – Supplies and Materials

Supplies and materials provided over and above those usually included with the office visit or other services rendered should only be billed with CPT code 99070 when there is no HCPCS Level II code available. HCPCS Level II codes are required to enable accurate claims processing. The HCPCS Level II code set includes a variety of non-specific codes which are still more specific than CPT code 99070. These include: A4335 Incontinence supply, misc.; A4421 Ostomy supply, misc.; A4641 Radiopharmaceutical, diagnostic, NOC; A4649 Surgical supply, misc.; A4913 Misc. dialysis supplies, NOS; A4913 Misc. dialysis supplies, NOS; A9150 Nonprescription drugs; A9152 Single vitamin/mineral/trace element, oral, per dose, NOS; A9153 Multiple vitamins, with or without minerals and trace elements, oral, per dose, NOS; A9279 Monitoring feature/device, stand-alone or integrated, any type, NOC; A9280 Alert or alarm device, NOC; A9698 Nonradioactive contrast imaging material, NOC, per study; A9699 Radiopharmaceutical, therapeutic, NOC; A9900 Misc. DME supply, accessory, and/or service component of another HCPCS code; A9999 Misc. DME supply or accessory, NOS; C2698 Brachytherapy source, stranded, NOS, per source; C2699 Brachytherapy source, non-stranded, NOS, per source; E1399 Durable medical equipment, misc.; E1699 Dialysis equipment, NOS; J3490 Unclassified drugs; J7599 Immunosuppressive drug, NOC; J7699 NOC drugs, inhalation solution administered through DME; J7799 NOC drugs, other than inhalation drugs, administered through DME; J8498 Antiemetic drug, rectal/suppository, NOS; J8499 Prescription drug, oral, non-chemotherapeutic, NOS; J8597 Antiemetic drug, oral, NOS; J9999 NOC, antineoplastic drugs; Q0505 Misc. supply or accessory for use with ventricular assist device; Q4050 Cast supplies, for unlisted types and materials of casts; Q4051 Splint supplies, misc.; Q4082 Drug or biological, NOC, Part B drug competitive acquisition program; S8189 Tracheostomy supply, NOC; S8301 Infection control supplies, NOS; T1999 Misc. therapeutic items and supplies, retail purchases, NOC; V2199 NOC, single vision lens; V5298 Hearing aid, NOC.

Provider Questions and Answers

Q: Do employers have the choice to pay medical bills themselves and not go through their carrier?

A: Assuming the employer is not self-insured, the answer is no. Even if an employer has a policy with a deductible, the insurer is still responsible for payment from the first dollar.

Q: How should home health and skilled nursing facility services be reimbursed?

A: As of October 1, 2015, outpatient services provided by institutional health care providers other than hospitals and ambulatory surgical centers must be paid at 75% of the provider's usual and customary charge (See Board Rules Chapter 5, Section 4.10). Other institutional providers include: Community Mental Health Centers; Comprehensive Outpatient Rehabilitation Facilities; End-Stage Renal Disease Facilities; Federally Qualified Health Centers; Histocompatibility Laboratories; Home Health Agencies; Hospice Organizations; Indian Health Service Facilities; Organ Procurement Organizations; Outpatient Physical/Occupational Therapy/Speech-Language Pathology Services; Religious Non-Medical Health Care Institutions; Rural Health Clinics; and Skilled Nursing Facilities.

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