

Section IV: General Reimbursement Requirements

Medical Records:

The medical provider's medical record is the basis for determining medical necessity and for substantiating the service(s) rendered; therefore, the medical record must be legible and should include the following: office notes and/or surgical notes, progress notes, operative notes, diagnostic test results, and any other information necessary to support the services rendered. All bills must be submitted using CPT, ICD-9-CM, or MS-DRG codes either on Board Form WC-20(a), CMS-1500, or a Uniform Billing 92 (UB-92), or for services billed on or after May 23, 2007, a Uniform Billing 04 (UB-04). These forms must be properly filled out, with attached documentation, at no charge to the party responsible for payment.

Failure to submit supporting documentation and forms required by the Board might jeopardize or delay payment. Medical providers are only required to submit the complete set of documentation once. If documentation is incomplete, the medical provider is required to submit the missing information. After the complete documentation has been submitted to the payor once, the medical provider can charge for additional copies in accordance with costs defined below.

Services provided pursuant to the Workers' Compensation Act are not confidential from the employer/insurer that, by law, is responsible for payment of medical services. Generally, costs for these copies will be charged against the party responsible for payment of medical expenses. (Refer to Board Rule 200(f)(1)(2)(3))

Medical records copy charges under a workers' compensation claim shall be billed at thirty dollars (\$30), sales tax (if applicable), and actual cost for postage to mail documents per request. This fee shall cover any request of **up to 150 copied pages**, or image if on CD or other electronic storage device that allows electronic retrieval, or copies made from microfilm, and shall include any costs associated with research, retrieval, and certification of the records or information requests.

Any request that is for more than 150 copied pages shall be billed at twenty cents (\$0.20) per page, or image if on CD or other electronic storage device that allows electronic retrieval, or copies made from microfilm, and shall include any costs associated with research, retrieval, and certification of the records or information requested. No additional fee beyond the twenty-cent (\$0.20) per-page charge shall be billed for requests over 150 pages other than actual cost for postage to mail the documents per request and sales tax (if applicable).

EXAMPLE 1: 50-page document:

$$\$0.20 \times 50 \text{ pages} = \$10.00$$

Total Charges: \$30.00 plus actual cost for postage and sales tax, if applicable.

EXAMPLE 2: 175-page document:

$$\$0.20 \times 175 = \$35.00$$

Total Charges: \$35.00 plus actual cost for postage and sales tax, if applicable.

Providers who use a medical records company to make and provide copies of medical records must ensure that reimbursement requirements are followed in accordance with the above fee schedule guidelines. X-ray copy charges shall be billed at \$9.50 per copy.

A maximum allowable fee of \$5.00 may be charged only if a medical record search results in no medical records found as requested. However, documentation (such as a computer screen printout or certification that no record(s) have been found) identifying specifically that no records were found

for that request must be provided with the bill. No other charges shall be reimbursable beyond this medical record copy fee schedule.

(April 1, 2013)