



James J. Campbell
Commissioner

The Commonwealth of Massachusetts

Department of Industrial Accidents

*600 Washington Street
Boston, Mass. 02111*

CIRCULAR LETTER NO. 286

TO: ALL INTERESTED PARTIES
FROM: JAMES J. CAMPBELL, COMMISSIONER
RE: CLARIFICATION OF OUTPATIENT RESTORATIVE THERAPY SERVICES
REQUESTS FOR REIMBURSEMENT
DATE: September 26, 1996

The Department has been advised that 114.1 CMR 41.00 promulgated by the Rate Setting Commission provides that:

Payment for Rehabilitation Clinic and Restorative services which the hospital acquires, or provides in a new program or new location, after July 1, 1993 shall be equal to the rates specified in
114.3 CMR 40.03 (2) (y).

Hospitals providing outpatient restorative therapy services in a program or location prior to 7/1/93 have been grandfathered regarding rates for those services in those locations. Such services performed in the aforementioned hospital settings will be reimbursed at rates specified in 114.1 CMR 41.04 (2). Any hospital providing such services in a satellite clinic acquired and owned or operated by the hospital after 7/1/93 will be reimbursed at rates specified in 114.3 CMR 40.03 (2) (y).

Pursuant to 452 CMR 6.05 (1) effective July 1, 1994, providers must use and insurers must accept standard forms prescribed by the DIA, based upon the most recent Universal Billing form and the Health Care Financing Administration (HCFA) 1500 billing form. UB92 billing forms must be used by hospitals for requests for reimbursement. Insurers should be aware that Block 84, remarks, on the UB92 billing form is the appropriate block to indicate the name and address of the facility where the service was actually performed if different from the hospital name and/or address. The use of this block to report the specific place of service will allow insurers to cross-reference lists of pre-7/1/93 hospital clinics and satellite clinics provided by the Division of Health Care Finance and Policy (formerly the Rate Setting Commission) to determine appropriate reimbursements. The Division of Health Care Finance and Policy will provide an initial mailing of 'A List of Hospital Level Payment Rates For Outpatient Rehabilitation Clinics or Restorative Services For Sites Owned and Operated By Massachusetts Hospitals' to their

standard mailing list. Any subsequent requests for the list should be made to: Anne O'Neill, Office of Public Information, Division of Health Care Finance and Policy, Two Boylston Street, Boston, MA 02116-4704, fax number: (617)451-1878. There will be a \$25 charge for the package and a \$3 charge for mailing. The Division intends to update (amend) the list quarterly for the first year.

Insurers should be aware that out-of-state hospitals using UB92 billing forms in compliance with their home state regulations regarding requests for reimbursement for Workers' Compensation patients should also use the remarks section, Block 84, to report the name and address of the facility where the services were actually performed when submitting requests for reimbursement for Massachusetts Workers' Compensation patients.