



1st Quarter 2020

Medical Fee Services *eNews*

Regulatory Focus

§ 65.2-605(D) The Commission shall review Virginia fee schedules during the year that follows the transition date and biennially thereafter and, if necessary, adjust the Virginia fee schedules in order to address (i) inflation or deflation as reflected in the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U) for the South as published by the Bureau of Labor Statistics of the U.S. Department of Labor; (ii) access to fee scheduled medical services; (iii) errors in calculations made in preparing the Virginia fee schedules; and (iv) incentives for providers.

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From the MFS Desk

Provider and Payor Billing FAQs

We have closed our office in light of COVID-19 circumstances. We are now only offering telehealth services via synchronous video/audio. What information is available regarding this type of medical service?

The Virginia workers' compensation statute does not define treatment guidelines. § 65.2-605 includes the following definition for medical service. "Medical service" means any medical, surgical, or hospital service required to be provided to an injured person pursuant to this title.

Will the time limits for processing medical bills by insurers be relaxed due to possible staffing issues?

There is no change at this time in policy or procedure with regard to timely filing, statutes of limitation, or other statutory or rule based time limitations.

We have medical services that have not been billed for dates of service in 2018. Will the 2020 schedules replace the current medical fee schedule?

The 2018 schedules will continue to apply to dates of service 01/01/2018 through 12/31/2019. The 2020 schedules apply to dates of service on or after 01/01/2020. Both schedules are available on the Commission's [website](#).

Did You Know?

- ✚ An employer's maximum pecuniary liability for a new type of procedure that has not been assigned a maximum fee on the MFS shall not exceed 80 percent of the provider's charge for the service based on the provider's charge master or schedule of fees, provided the employer and the provider mutually agree to the provision of such procedure.
- ✚ If the CPT/HCPCS code description for medical services is not listed on the medical fee schedule, it does not mean that the medical service is not covered under the act.
- ✚ Medical providers may submit a [medical provider inquiry](#) to the MFS Department to validate if the claim has an award on file to ensure their MFS Dispute is not returned.
- ✚ Traumatic Injury MFS exclusion requires an admit/transfer to a Level I or Level II trauma hospital AND must include the required DRG. See the [MFS Ground Rules](#) for the list of DRG codes.



MFS Education

Review a [summary of changes](#) effective with the 2020 fee schedule.

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or

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