

MAINE STATE LEGISLATURE

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125th MAINE LEGISLATURE

FIRST REGULAR SESSION-2011

Legislative Document

No. 1244

S.P. 365

In Senate, March 22, 2011

An Act To Clarify Usual and Customary Charges under the Workers' Compensation Laws

Reference to the Committee on Labor, Commerce, Research and Economic Development suggested and ordered printed.

Joseph G. Carleton Jr.

JOSEPH G. CARLETON, JR.
Secretary of the Senate

Presented by Senator GOODALL of Sagadahoc.
Cosponsored by Senators: JACKSON of Aroostook, SCHNEIDER of Penobscot,
Representative: McKANE of Newcastle.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 39-A MRSA §209, sub-§2**, as enacted by PL 1991, c. 885, Pt. A, §8 and
3 affected by §§9 to 11, is amended to read:

4 **2. Payment for services.** A health facility or health care provider must be paid
5 either its usual and customary charge for any health care services or the maximum charge
6 established under the rules adopted pursuant to subsection 1, whichever is less. For
7 purposes of this subsection, "usual and customary charge" means, for a specific health
8 care service, the average charge for that health care service for the 2 preceding calendar
9 quarters. For purposes of determining the average charge for a specific health care
10 service, the charge for each individual rendering of that health care service is the sum of:

11 A. All reimbursements from a private, 3rd-party payor for that individual rendering
12 of a specific health care service; and

13 B. All payments from the patient for that individual rendering of a specific health
14 care service received by the health facility or health care provider.

15 **SUMMARY**

16 This bill defines "usual and customary charge" regarding payment of a health care
17 service under the workers' compensation laws as the average charge for that health care
18 service for the 2 preceding calendar quarters. For purposes of calculating the average
19 charge, the charge of each individual rendering of a specific health care service is
20 calculated as the sum of all reimbursements from a private, 3rd-party payor and all
21 payments from the patient.