



State of New Mexico
WORKERS' COMPENSATION ADMINISTRATION

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Response to Public Comment

2022 WCA Health Care Provider Fee Schedule and Billing Instructions (HCP Fee Schedule)

The proposed changes to the 2022 HCP Fee Schedule were released for public comment on October 4, 2021. The public comment period was from October 4, 2021, through November 5, 2021. A public hearing was held on October 13, 2021. All comments were taken into consideration.

The WCA received a public comment recommending the definition of the Official Disability Guidelines (ODG) be updated to formerly known as ODG by the Work Loss Data Institute (WLDI). WLDI was acquired by MCG Health, part of the Hearst Health Network, in 2017.

Response: The WCA has opted to adopt the recommendation and has updated the ODG definition.

The WCA received a public comment requesting removal of wording under the Durable Medical Equipment (DME) which refers to a copy of the invoice shall be provided either at the time of billing or upon the payer's request.

Response: The WCA has removed the wording in question.

The WCA received a question regarding Centers for Medicare and Medicaid Services (CMS) Ambulatory Payment Classifications (APC) status indicators being used for billing DME.

Response: The WCA does not recognize or use CMS APC status indicators for determining reimbursement for DME nor do we follow Medicare guidelines. This section of the HCP Fee Schedule will remain unchanged from 2021.

The WCA received a public comment regarding a 4% increase in medical rates due to the Evaluation and Management (E/M) Current Procedural Terminology (CPT©) coding changes adopted by the American Medical Association (AMA) in 2021.

Response: The WCA has opted to leave the E/M CPT© coding revisions changes in place to better align with the 2021 AMA CPT© coding standards and current WCA methodology.

The WCA received comments regarding duplicate numbering of Explanation of Benefits (EOB) codes under both the Inaccurate Billing/Billing Errors and Specific EOB Reductions sub-sections of the HCP Fee Schedule.

Response: The WCA has re-numbered the added EOB codes so they each have unique numbering, eliminating the duplication of numbers in any sub-section.

The WCA received a question regarding whether payers had the option of using industry standard ANSI (American National Standards Institute) Claim Adjustment Reason Codes rather than the EOB codes in the HCP Fee Schedule.

Response: The WCA allows only the EOB codes specified in NMAC 11.4.7.8 D along with those in the HCP Fee Schedule.

The WCA received public comment regarding the word “established” being stricken from the Failed Appointments table under the Type of Failed Appointment which indicates the category of Psychological/ Neuropsychological be eligible for reimbursement if 48-hour notice is not provided for new or established patients.

Response: The WCA has opted to proceed with the proposed wording to ensure consistency within the HCP Fee Schedule.

The WCA received comments recommending that “Psychiatric Consolation” and “Medication Management” categories be cited in the Failed Appointments section of the HCP Fee Schedule.

Response: The WCA has opted to not adopt the recommendation and will not cite additional categories in the failed appointment section.

The WCA received public comment recommending specific CPT© codes be listed in Failed Appointments section of the HCP Fee Schedule.

Response: After consideration, the WCA has added CPT © codes 90832, 90834, and 90837. The WCA also removed codes 96150 and 96155 as they are no longer valid CPT© codes as of 2021.

The WCA received a public comment regarding the proposed 4% increase in the calculated hospital ratios of the Hospitals section.

Response: The WCA has used established methodology to determine the hospital ratios for 2022. The WCA is evaluating existing fee schedule methodology for potential changes in the future.

The WCA received a public comment recommending that new hospitals be assigned an initial ratio of 0.46.

Response: The proposed comment and recommendation requires a change to NMAC 11.4.7.9 B (1). This regulation is not currently open for revisions.

The WCA received a question regarding the assigned hospital ratios of the Hospitals section that are not Implants, Hardware and Instrumentation, and Radiology, Pathology and Laboratory, and Surgery and concern over following CMS APC status indicators and Medicare Outpatient Prospective Payment System (OPPS).

Response: The WCA does not follow OPPS or use the status indicators for determining reimbursement nor do we follow Medicare guidelines. This section of the HCP Fee Schedule will remain unchanged from 2021.

The WCA received public comment regarding the Medical Cannabis maximum rate in the HCP Fee Schedule of 230 units is set low and does not match state Medical Cannabis Program regulations.

Response: The 2022 HCP Fee Schedule now includes wording to allow 345 units with a written recommendation from the authorized HCP per rolling 90-day period.

The WCA received public comment recommending WCA contract with some marijuana producers to make medical cannabis concentrate available to workers' compensation patients at a reduced rate.

Response: The WCA has opted to not adopt the recommendation. As a neutral state agency, negotiation of pricing agreements falls outside governmental purview.

The WCA received public comment regarding an injured workers' inability to obtain employment if they are on the medical cannabis program as many employers do drug testing and will not make such accommodations.

Response: The WCA has no statutory authority to address this concern.

The WCA received a public comment recommending the Provider's Report of Physical Ability (PROPA), 2022 revision proposed wording be revised to require pre-authorization.

Response: The WCA has opted to adopt the recommendation.

The WCA received a public comment recommending the proposed deletion of wording copied from the ODG website be allowed to stay under the Urine Drug Testing section.

Response: The WCA has opted to not adopt the recommendation as ODG is addressed in NMAC 11.4.7.8 D (3) which dictates pre-authorization requirements.

The WCA received a public comment recommending that "timely filing" wording be added to the 2022 HCP Fee Schedule to include initial billing be subject to a 180-day filing limit and failure to meet this requirement would absolve the payer of payment.

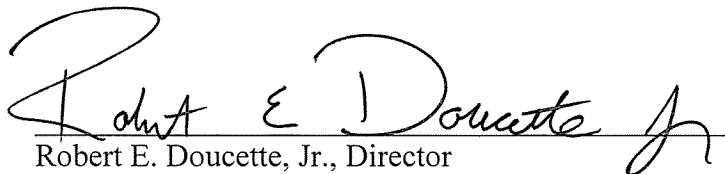
Response: The WCA has opted to not adopt the recommendation as NMAC 11.4.7.8 C (5) governs late filing. This regulation is not currently open for revisions.

The WCA received a public comment recommending HCP Impairment Ratings be billed using physician/not treating physician flat rate CPT codes along with timed record review rates.

Response: The WCA will not adopt this recommendation as it was not part of the proposed 2022 HCP Fee Schedule and implementing it would require a new proposed fee schedule and public comment period. The WCA is researching other states for impairment rating fees, including those states that may be using flat rates, for consideration in contemplated future changes to fee schedule methodology.

The WCA received public comments regarding an error in merging files and several missing CPT© codes across various categories that were included in 2021 HCP Fee Schedule but not found in the proposed 2022 HCP Fee Schedule released for public comment.

Response: The WCA traditionally publishes on the website only those codes which will change in the upcoming proposed HCP Fee Schedule. The final publicized version includes all codes. Going forward, the WCA will take into consideration a change in how items are publicized for public comment.


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