

RESPONSE TO PUBLIC COMMENT 2019 FEE SCHEDULE

The proposed changes to the WCA Healthcare Provider Fee Schedule & Billing Instructions were released for public comment on October 17, 2018. The public comment period was from October 17, 2018 through November 16, 2018.

The WCA received public comment recommending it increase payment rates for Evaluation and Management (E/M) codes. The commenters recommended increased rates for the following CPT codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215.

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Response: After careful consideration, the WCA has opted not to adopt the recommended rates for the CPT codes specified. The WCA does not have local data, a rationale or methodology to adequately evaluate and support the recommended increases at this time. These CPT codes will be revisited in the future.

The WCA received public comment regarding Pharmacy services. The commenter recommended removing the proposed language tying the fee schedule formulas to billing forms and rather state that the listed formulas apply to outpatient providers of pharmacy services, but inpatient providers shall be reimbursed by applying the appropriate hospital ratio.

Response: After careful consideration, the WCA has opted to adopt the recommended suggestion by removing “For pharmacy services billed on Form CMS-1500” and rewording the phrase relating to hospital inpatient and emergency room pharmacy dispensing to “Pharmacy services provided during a hospital inpatient stay or emergency room visit shall be reimbursed by applying the appropriate hospital ratio.”

The WCA received public comment recommending contacting FAIR HEALTH, which the commenter described as a not-for-profit corporation, to enhance data based with better projects.

Response: After careful consideration, the WCA has opted not to adopt the recommendation at this time, although the WCA’s Economic Research & Policy Bureau has had previous contact with FAIR HEALTH.

The WCA received public comment recommending changing the proposed methodology for reimbursement of hospital outpatient and ambulatory surgery center surgeries back to APC Base Payment Rate x 1.3.

Response: After careful consideration, the WCA has opted to adopt the recommended suggestions by changing the methodology back to APC Base Payment Rate x 1.3 for Outpatient surgery performed in a free-standing ambulatory surgery center (FASC) or in a hospital. In addition, the heading has been changed to “Outpatient Surgery” as per recommendation.

The WCA received public comment recommending that the proposed change to the definition of assistant surgeon be struck.

Response: After careful consideration, the WCA has opted not to adopt the recommendation.

The WCA received public comment recommending removing the proposed addition of Anesthesiologist's Assistant.

Response: After careful consideration, the WCA has opted to adopt the recommendation.

The WCA received public comment recommending removing the proposed expansion of Assistant Surgeon including the addition of Physician Assistant, Nurse Practitioner, and Certified Nurse Specialist.

Response: After careful consideration, the WCA has opted not to adopt the recommendation. The WCA does not anticipate the increased cost due to the expansion and changes to the definitions as suggested by the commenter.

The WCA received public comment recommending removing the proposed addition of Certified Registered Nurse Anesthetist (CRNA).

Response: After careful consideration, the WCA has opted to adopt the recommendation.

The WCA received public comment recommending removal of the wording related to facility fees. The commenter stated that previous versions of the fee schedule excluded charges related to the use of an emergency, operating, or recovery room for inpatient or outpatient surgery.

Response: Previous versions of the fee schedule allowed reimbursement for an emergency, operating or recovery room for inpatient and outpatient surgery. The proposed wording serves to clarify such. After careful consideration, the WCA has opted not to adopt the recommendation.

The WCA received public comment regarding the addition of an explanation of the methodology used to calculate hospital ratios.

Response: Previous versions of the fee schedule did not include information on the methodology regarding calculation of the hospital ratio. After careful consideration, the WCA has opted to keep the methodology information in the 2019 Fee Schedule & Billing Instructions, and explained in the Director's Order.

The WCA received public comment recommending addition of inpatient treatment-related physical therapy, blood transfusions, dialysis, spirometry, cardiac catheters, psych services, etc., which are not addressed in the fee schedule.

Response: After careful consideration, the WCA has opted to not adopt the recommendation at this time. As inpatient services, they will be reimbursed using the hospital ratio.

The WCA received public comment recommending that "inpatient" be added to the Out-of-State hospital section.

Response: After careful consideration, the WCA has opted to not adopt the recommendation that "inpatient" be added to the out-of-state section. The proposed language "New Mexico injured workers *admitted to*" implies inpatient admission.

The WCA received public comment recommending adding language to allow reimbursement to hospitals for clinic fees.

Response: The WCA has opted to not adopt the recommendation. The WCA has not allowed clinic fee reimbursement to hospitals in the past as this is merely a room charge and the physician will bill for the actual services performed. Hospitals are not separately reimbursed for clinic fees.

The WCA received public comment recommending adding language to clarify appending modifier 51 by including language regarding add-on codes (Appendix D) and exempt codes (Appendix E).

Response: The WCA has opted to adopt the recommendation.

The WCA received public comment recommending providing a reimbursement amount for urine drug testing CPT codes 80305, 80306, and 80307 which are by report (BR).
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Response: The WCA has opted to not adopt the recommendation. These CPT codes do not have enough reimbursement data provided from surrounding states to use our current methodology for determining a maximum allowable payment; therefore, they remain BR.

The WCA received public comment recommending removing the proposed addition of section National Correct Coding Initiative (NCCI) Edits.

Response: The WCA has opted to not adopt the recommendation. The WCA follows the guidelines found in the AMA's CPT codebook regarding which codes can and cannot be used together. The WCA does not use the NCCI edits.

The WCA received public comment recommending removing proposed expansion and changes to the following definitions: Minimum Assist (-81); Non-Physician Assistant (-AS); and Co-Surgeon (-62).

Response: The WCA has opted to not adopt the recommendation. The WCA does not anticipate the increased cost due to the expansion and changes to the definitions as suggested by the commenter.

The WCA received public comment recommending removing any reference to "services billed on Form CMS-1500" and "billed on Form CMS-1450/UB-04".

Response: The WCA has opted to adopt the recommendation.

The WCA received public comment recommending removal of the proposed anesthesia service modifiers, descriptive modifiers and add-on codes.

Response: The WCA has opted to adopt the recommendation. The impact of the current proposal will, however, be studied in the future to evaluate the concerns expressed by the commenters.

The WCA received public comment recommending adding a section on Impairment Rating Evaluations to include a monetary conversion factor of \$125 per unit based on one unit equal to 15 minutes.

Response: The WCA has opted not to adopt the recommendation. At the moment, different payers reimburse at different rates; the WCA will study the implications of the recommendation and advise the Director for future action.

The WCA received public comment recommending adding a section on Prescription Monitoring Program Review to include a flat reimbursement fee of \$75.

Response: The WCA has opted to not adopt the recommendation. The WCA will study this recommendation with input from payers and make recommendations to the Director for future action.

The WCA received public comment recommending removing Attending Surgeon, Assistant Surgeon (-80), Minimum Assistant Surgeon (-81), and Assistant Surgeon (-82) from the Modifiers section.

Response: The WCA has opted to not adopt the recommendation. The recommendation is based on the claim that their inclusion will increase costs in this case. The WCA will study the commenter's claim and make recommendations to the Director in the future.

The WCA received public comment requesting a public hearing for the proposed fee schedule.

Response: The fee schedule is not subject to the public rule making hearing process and therefore no public hearing will be held. Refer to NMAC 11.4.7.9(A) 1-5 and §14-4-5.3 for the relevant information.



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Date: December 20, 2018