



State of New Mexico
WORKERS' COMPENSATION ADMINISTRATION

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Response to Public Comment

2020 Billing Instructions and Fee Schedule

The proposed changes to the WCA Healthcare Provider Fee Schedule & Billing Instructions were released for public comment on September 20, 2019. The public comment period was from September 20, 2019, through October 21, 2019.

The WCA received public comment regarding listed CPT codes. The commenter was concerned that some codes were missing in the Fee Schedule published for comment.

Response: The WCA only publishes CPT codes with changes compared to the previous year for comments. Codes that are not listed are those that have not been changed.

The WCA received public comment requesting that the Type of Failed Appointment for Psychotherapy and Psychological Testing be modified to include CPT codes 96116 through 96155.

Response: After careful consideration, the WCA has opted to expand the codes eligible for failed appointments. The CPT codes listed under the Type of Failed Appointment were originally changed to reflect the deletion of CPT codes 96101-96103, and their replacement with codes 96130-96139. The CPT codes 96116, 96125 and 96127 have been added to the Type of Failed Appointment for Psychotherapy and Psychological Testing list, in addition to those originally included in the proposed Billing Instructions.

The WCA received public comment regarding Free-Standing Ambulatory Surgery Center instructions. The commenter recommended adding a statement clarifying that Medicare Status Indicators do not apply.

Response: After careful consideration, the WCA has opted not to adopt the suggested wording. The Free Standing Ambulatory Surgery Center instructions convey this suggestion's intent with the current wording that includes, "no adjusted conversion factors or index values are to be applied".

The WCA received public comment regarding Free-Standing Ambulatory Surgery Center (FASC) instructions. Commenters recommended adding a statement indicating that "...base payment rate and payment rules as found in the Medicare Claims Processing Manual, Chapter 4, Sections 10.2.3 and 10.4 shall be utilized to calculate reimbursement amount for services performed."

Response: After careful consideration, the WCA has opted not to adopt the suggested wording. The WCA's intent in the proposed changes this year is to clarify the rules that govern FASCs, Outpatient Hospital care, and Inpatient Hospital care, not to change the WCA's existing payment structure for FASCs, nor to adopt Medicare processing rules.

The WCA received public comment regarding the removal of wording clarifying that pharmacy services provided during inpatient or emergency treatment shall be reimbursed by applying the appropriate hospital ratio. The commenter indicated that specific instruction on how these pharmacy services should be reimbursed would be helpful.

Response: The Hospital Inpatient rules specifically state that the hospital ratio shall be applied to all services provided, except two specific exceptions. Pharmacy services are not listed as an exception, and therefore, should be paid by applying the hospital ratio.

The WCA received public comment regarding Outpatient Hospital instructions. The commenter recommended adding a statement clarifying that Medicare Status Indicators do not apply.

Response: After careful consideration, the WCA has opted not to adopt the suggested wording. The Free Standing Ambulatory Surgery Center instructions already convey this suggestion's intent with the current wording that includes, "no adjusted conversion factors or index values are to be applied".

The WCA received public comment regarding Outpatient Hospital instructions. The commenter recommended adding a statement indicating that "...base payment rate and payment rules as found in the Medicare Claims Processing Manual, Chapter 4, Sections 10.2.3 and 10.4 shall be utilized to calculate reimbursement amount for services performed."

Response: After careful consideration, the WCA has opted not to adopt the suggested wording. The WCA's intent in the proposed changes this year is to clarify and simplify the rules that govern FASCs, Outpatient Hospital care, and Inpatient Hospital care, not to change the underlying payment structure for Outpatient Hospital care, nor to adopt Medicare processing rules.

The WCA received public comment regarding proposed wording regarding hospital venipuncture. The commenter expressed interest in the rationale for the change.

Response: The code for routine venipuncture, CPT code 36415 has always been classified as a surgical code in the AMA's CPT codebook, as opposed to being a laboratory/pathology code. The WCA's wording is intended to clarify that when performed in a hospital setting, this procedure should be paid according to the hospital ratio.

The WCA received public comment regarding the notation of New Mexico Gross Receipts Tax (NMGRT) on invoices. Comments included various methods for including this amount as a line item or comment on the form, especially in the event of electronic billing.

Response: After careful consideration, the WCA agrees that alternate methods of notation may be necessary under certain circumstances. The WCA has addressed this comment by adopting a third option for billing NMGRT, as follows:

"Another method, agreed upon in advance by both the Billing entity and the Payer, may be used, provided that in all cases, the invoice clearly identifies that NMGRT applies, and accurately includes the correct NMGRT rate that applies."

The WCA received public comment recommending adopting the National Correct Coding Initiative edits, and eliminating the wording that states the WCA does not follow these edits.

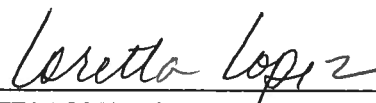
Response: After careful consideration, the WCA has opted not to adopt the recommendation. The WCA follows the guidelines found in the AMA's CPT codebook regarding which codes can and cannot be used together. The WCA does not use the NCCI edits.

The WCA received public comment recommending adding a section on Prescription Monitoring Program/Drug Screen Review, to include a maximum reimbursement rate of \$65.05.

Response: The WCA has opted to not adopt the recommendation. The WCA will study this recommendation with input from additional stakeholders and make recommendations to the Director for action with the 2021 Fee Schedule.

The WCA received public comment regarding the current methodology for calculating the Healthcare Provider Fee Schedule maximum allowable payments. The commenter expressed concern regarding the accuracy of WCA calculations, number of comparable jurisdictions used, use of 2019 RVU, CMS methodology, and reduced maximum allowable reimbursements calculated for neuropsychological evaluations.

Response: The 2020 Healthcare Provider Fee Schedule has been calculated according to established methodology that has been in place for several years. This methodology includes comparing NM maximum allowable reimbursements to other states by converting all states' fee schedules to a list of dollar amounts by CPT codes, using the current year's RVU as necessary. According to the established methodology, CPT codes for which there are at least 4 available comparison states are assigned a dollar maximum. Accuracy of the fee schedule calculations has been verified.



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Administration

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