



State of New Mexico
WORKERS' COMPENSATION ADMINISTRATION

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Response to Public Comment

2021 WCA Health Care Provider Fee Schedule and Billing Instructions (HCP Fee Schedule)

The proposed changes to the WCA Health Care Provider Fee Schedule and Billing Instructions (HCP Fee Schedule) were released for public comment on October 8, 2020. The public comment period was from October 8, 2020 through November 10, 2020.

The WCA received comments regarding additions to the HCP Fee Schedule defining Healthcare Common Procedure Coding System (HCPCS) and clarifying that the HCP Fee Schedule is based on American Medical Association (AMA) Current Procedural Terminology (CPT©) codes and not HCPCS.

Response: After consideration, the WCA has removed proposed language regarding HCPCS.

The WCA received comments regarding the Telemedicine requirement that medical records must include locations of the provider and the patient, the time of each service, and detail to how the services were rendered.

Response: After consideration, the WCA has removed this requirement. Billing information includes sufficient detail regarding the location and type of service.

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

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

The WCA received public comment requesting clarification regarding whether the Type of Failed Appointment for Physical Impairment Rating includes or is intended to include Mental Impairment Rating Assessments as well.

Response: The Physical Impairment Rating Assessment section of the Failed Appointment table is not intended to include Mental Impairment Rating assessments. A separate row addressing Mental Impairment Rating Assessments has been added to the Failed Appointment table.

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

Response: After consideration, the WCA has opted not to expand the codes eligible for Failed Appointments.

The WCA received public comment recommending adding a section on Prescription Monitoring Program/Drug Screen Review to the Billing Instructions of the HCP Fee Schedule, to include a maximum allowable reimbursement rate of \$65.05 and prohibiting billing in conjunction with an Evaluation & Management Service

Response: The WCA has opted to not adopt the recommendation.

The WCA received public comment recommending adding an Explanation of Benefits (EOB) code to indicate that payment has been denied or reduced due to the provider's failure to obtain required prior authorization.

Response: After consideration, the WCA has opted to not adopt the recommendation as it would require an additional public comment period. The WCA will consider this recommendation in future changes to the HCP Fee Schedule.

The WCA received an offer to work with the Agency to discuss late billing issues in the coming year.

Response: The WCA thanks commenter for bringing these concerns to light. The WCA has noted this comment, and will consider this comment in future changes to the HCP Fee Schedule.

The WCA received a comment discussing the nature of Psychological and Neuro-Psychological evaluations of injured workers, and whether or not those appointments should be considered forensic rather than clinical. Further comment was received regarding whether standards other than the AMA 6th Edition Guidelines should apply to Psychological and Neuro-Psychological evaluations.

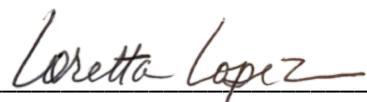
Response: The WCA thanks commenters for bringing these concerns to light. The WCA has noted concerns, and will consider these comments in future changes to the Fee Schedule.

The WCA received a comment recommending adoption of a flat rate for Impairment Rating Assessment codes for 99455 (treating physician) of \$450 and 99456 (non-treating physician) of \$500.

Response: The HCP Fee Schedule currently lists both 99455 and 99456 codes as By-Report (BR) codes. The WCA has noted concerns regarding a flat rate adoption, and will consider these comments in future changes to the Fee Schedule.

The WCA received a comment recommending moving to an industry-standard fixed payment methodology such as a Medicare-based fee schedule with a multiplier for Facility Services such as Inpatient/Outpatient hospital, Emergency, and Ambulatory Surgery Center services

Response: The WCA thanks commenters for bringing these concerns to light. The WCA has noted concerns, and will consider these comments in future changes to the Fee Schedule.



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Date: December 11, 2020