



Bureau of Workers' Compensation

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Stakeholder Feedback Recommendations for Changes to the 2016 Professional Provider Fee Schedule – O.A.C. 4123-6-08

Line #	Rule #/Subject Matter	Stakeholder	Draft Rule Suggestions	Stakeholder Rationale	BWC Response	Resolution
1.	Clarification question regarding the Physical Medicine/Always Therapy tab	Dr. Edward J. Aube, PT Rehab Professionals of Cleveland, Inc.	Stakeholder was confused as to why CPT code 97014 was included on the overall fee schedule but was not listed on the Physical Medicine Tab.	On the Fees tab of the Provider Fee Schedule, Code 97014 (Electrical Stimulation Unattended) is listed with a reimbursement rate of \$21.76. However, the code is not listed in the Physical Medicine tab. Is this a clerical error?	BWC explained to the stakeholder that the codes listed on the Physical Medicine tab are known as always therapy services, meaning that when more than one of these services is furnished by a single provider to an injured worker on a single date of service, the second and subsequent services are paid at a reduced rate. BWC's intent is to remain consistent with Medicare's list of always therapy codes. This code is not on the 2016 list, but it is included in BWC's overall fee schedule as a covered service.	After receiving this inquiry, BWC plans to change the name of this tab from "Physical Medicine" to "Always Therapy" to avoid similar confusion among other providers. Maintain the current recommendations for the placement of CPT code 97014.
2.	Decreases in four MRI/radiology fees	Christopher Crancer Director of State Legislative Policy CDI, Insight Imaging	Stakeholder expressed concern with the proposed fee reductions for radiology services - especially for the following CPT codes: 73721, 72148, 70553, and 72141.	Stakeholder feels that the proposed cuts will have negative effects on the care of injured workers in Ohio. He stated that this is the third consecutive year that these radiology fees have been decreased. Further, he proclaimed	BWC explained to the stakeholder that the Resource-Based Relative Value Scale (RBRVS) is used to determine fees. This approach is based on a strong, empirical research methodology and is reviewed by the Centers for Medicare and Medicaid	Maintain the current recommendations

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				<p>that this trend is unsustainable for providers and could end up limiting injured workers' provider options and potentially delaying their recovery and return to work.</p>	<p>Services (CMS) annually.</p> <p>After conducting further research on why CMS chose to decrease the fees associated with these codes, BWC discovered that all four codes were re-valued by the Relative Value Update Committee (RUC). The committee's recommendations led to fee reductions based on findings of lower practice expenses (e.g., overhead, supplies, equipment, staff time, etc.) associated with these four services.</p> <p>At this time, BWC feels it is appropriate to remain consistent with Medicare's methodology and will continue with the current recommendations that have been proposed.</p>	
3.	Timing of notification of proposed updates to prosthetic payment methodology	<p>Craig Jackman, CPO</p> <p>Hanger Clinic</p> <p>Clinical Specialist, OH Valley</p>	Stakeholder expressed concern regarding when he received notification of the proposed updates to the prosthetic payment methodology	Notice of the proposed payment methodology and request for comments by the Orthotics and Prosthetic community was not received until September 9th, 2015, while the due date for comments was September 4th.	<p>BWC informed the stakeholder that a number of prosthetics providers, as well as the current executive director of the Ohio Orthotics & Prosthetics Association, were included on the Agency's stakeholder and interested parties email distribution list. An notification e-mail was sent to this distribution list on August 21st indicating that the proposed 2016 fee schedule had been posted on the BWC website for public comment.</p> <p>Further, since BWC was aware of the Association's interest in these proposed changes, and having not heard from the executive director, an additional email was sent to her. In this e-mail, BWC briefly explained the</p>	No changes required

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					<p>proposed prosthetics pricing methodology, provided the link where the fee schedule was posted, and requested that she forward the email on to their members. BWC also indicated that comments would still be accepted.</p> <p>Finally, having not heard from her, a phone call on September 9th was conducted with the director, during which the recommendations were discussed and notice provided that while the comment period had closed, BWC would still accept any forthcoming comments.</p>	
4.	Prosthetic pricing methodology for codes L5999, L7499 and L8499.	<p>Craig Jackman, CPO</p> <p>Hanger Clinic</p> <p>Clinical Specialist, OH Valley</p>	<p>Two concerns were raised:</p> <ol style="list-style-type: none"> 1. Injured workers will not receive the most appropriate, medically appropriate devices. 2. Injured workers will encounter delays in getting devices, impacting their quality of life and ability to work. 	<ol style="list-style-type: none"> 1. "This will occur because prosthetics providers will not offer the technology to injured workers due to prohibitive reimbursement, or they will offer it and the pricing offered by the MCO/BWC will never be agreed upon, so it will not be provided." 2. "This proposal has a negotiation built into the process with a cap on the reimbursement at 50% for upper limb and 35% for lower limb. If the previous methodology was 20% working up with negotiations, how is this any better?" 	<p>Compared to the current process, BWC believes this proposed methodology will decrease delays for injured workers requiring these more complex prosthetic devices. Requiring submission of the manufacturer's invoice will provide a standardized and appropriate baseline cost at which negotiations can begin; BWC expects this to expedite negotiations.</p> <p>Further, BWC also disagrees with the assertion that this new methodology may impede injured workers' access to appropriate, medically necessary prosthetic devices. BWC believes the proposed methodology will improve the process of getting these devices to injured workers through the creation of a standardized approach.</p> <p>The MCOs are currently required to negotiate with prosthetic providers to</p>	Maintain the current recommendations

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					<p>agree on a reimbursement amount, which has led to inconsistency in how these negotiations are approached. Some begin negotiations at 20% above the quoted or invoiced amount, while others will not pay beyond 20% above the quoted or invoiced amount. Thus, BWC believes this will bring more consistency, and in some cases, providers will receive higher reimbursement under this methodology.</p> <p>Additionally, BWC has a process whereby if there is a major issue with an MCO approving a device or negotiating an appropriate reimbursement rate, such issue is presented to a Medical and Health Services leadership team to address. Also, when there is substantial rationale for payment above these maximum percentages, Medical Services will consider and approve those requests as appropriate.</p> <p>The Agency's plan is to closely monitor this methodology over the next year, and BWC is willing to make adjustments in the future if determined to be necessary.</p>	
5.	Labor and repair costs and shipping cost concerns	Diane Farabi, Executive Director Ohio Orthotics and Prosthetics Association	Two questions were asked: 1. How will repair and labor costs be handled? 2. How will shipping costs be handled?	1. The stakeholder wanted to ensure that providers would be reimbursed for these costs. 2. The stakeholder indicated that shipping	1. Once an item is delivered and repair is needed to address something that is not warranted, labor costs would be covered as needed per BWC fee schedules. Moreover, BWC should have current HCPCS codes which would cover this type of billing.	Maintain the current recommendations

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				<p>costs are not generally included on an invoice and can be relatively high if there is a need to expedite shipping.</p>	<p>2. BWC could not get clarity as to just what this issue was, and the director's plan was to work with some of her members and send BWC some example invoices. BWC indicated to the director a willingness to work with the group to address any issue with shipping.</p> <p>The Agency's plan is to closely monitor the impacts of this methodology over the next year, and BWC is willing to make adjustments in future years if determined to be necessary.</p>	