



**Bureau of Workers' Compensation**

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**Stakeholder Feedback Recommendations for Changes to the Ambulatory Surgery Center Arthroplasty Center – O.A.C. 4123-6-02.22**

Line #	Rule #/Subject Matter	Stakeholder	Draft Rule Suggestions	Stakeholder Rationale	BWC Response	Resolution
1	General comments	Ohio Association of Ambulatory Surgery Centers (OAASC)	Section A.(7) of the rule indicates “The facility must have performed a procedure a minimum of ten times to receive bureau certification to perform and receive reimbursement for the procedure.” Seeking clarification on whether the requirement is for ten procedures for which they are seeking certification, or any ten arthroplasties.	Members are telling OAASC that some ASCs may not have previously performed ten surgeries for CPT 23470 and 23473 and therefore would not be able to demonstrate the requirement on an individual code basis.	BWC acknowledges this challenge and understands that an ASC may not have performed a specified procedure in their facility at least ten times. Our proposed rule includes several requirements to ensure each ASC has adequate experience with arthroplasties in order to participate in the program. As initially proposed, the rule requires the ASC to have a formal joint replacement program for at least one year. The rule also requires the surgeon performing the specified procedure to have performed that procedure in the facility within the past year. Given OAASC’s feedback, we believe that if an ASC demonstrates the two aforementioned	Change the language in the proposed rule: a) exclude the requirement for the ASC to have performed a specified procedure at least ten times; b) add a requirement for the ASC to have performed <u>any</u> arthroplasty procedure at least ten times.

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					<p>requirements and they have performed <u>any</u> ten arthroplasty procedures in their facility, then it would demonstrate their overall arthroplasty experience as well as their experience with the specific procedure.</p>	
2	General comments	Ohio Association of Ambulatory Surgery Centers (OAASC)	<p>As a starting point they are pleased to work with us on the program. The two initial arthroplasty procedures proposed are lower volume procedures in the ASC setting. They believe the other eight procedures would be a greater benefit to the program.</p>	<p>The additional eight procedures are already being performed for commercial insurance patients and the clinical outcomes and cost savings are phenomenal. Expanding the procedures to include the additional eight would be an innovative step forward for BWC and a huge benefit for the workers' compensation system as a whole, providing that our reimbursement is adequate, especially to ensure coverage of implant costs.</p>	<p>As the work group discussed, BWC plans to implement the program using the two codes designated by Medicare as safe to be performed in the hospital outpatient setting. Based on our bill data, we understand that these are lower volume procedures. Establishing reimbursement rates were easily established for these procedures since Medicare's ASC rates are closely tied to their hospital outpatient reimbursement rates.</p> <p>The other eight procedures, which Medicare deemed safe only when the patient is admitted to the hospital as an inpatient (i.e. "inpatient only procedures"), will be considered for coverage in</p>	<p>No action necessary at this time. BWC will implement the program with the two "hospital outpatient" procedures and continue to assess the administrative actions of adding the eight "inpatient only" procedures after implementation.</p>

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					<p>both the ASC and hospital outpatient settings in the future. Because reimbursement is currently based on Medicare's inpatient methodology, these procedures don't have an easily identifiable reimbursement rate for alternative settings. Due to the complexity of adding these codes for coverage in the ASC and hospital outpatient setting, BWC will require additional time and input of the OAASC and Ohio Hospital Association to establish appropriate rates.</p>	