

C. DEP FEE SCHEDULE (effective November 1, 2004)

1. BWC exams and file reviews

a. Medical File Reviews - This fee is for rendering a medical opinion based on review of a claim file. Fee includes consultations with BWC staff, and completion of report. Billing for one medical file review is not to exceed three (3) hours without prior approval by BWC.

W1110	\$20.00/ 10 mins.	BWC Medical File Review (except for C-92A); 10 min. = 1 unit of service, 18 units of service maximum.
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b. Drug File Reviews - This fee is for rendering a medical opinion regarding medical necessity and appropriateness of medications being reimbursed by BWC based on review of a claim file and pharmacy reimbursement reports. Fee includes consultations with BWC staff, and completion of report. Billing for one medical file review is not to exceed three (3) hours without prior approval by BWC.

*W1116	\$20.00/ 10 mins	BWC Drug File Review first claim; 10 min.=1 unit of service
*W1117	\$20.00/ 10 mins	BWC Drug File Review second claim same date of service; 10 min.=1 unit of service
*W1118	\$20.00/ 10 mins	BWC Drug File Review third claim same date of service; 10 min.=1 unit of service
*W1119	\$20.00/ 10 mins	BWC Drug File Review fourth claim same date of service; 10 min.=1 unit of service
*W1615	\$20.00/ 10 mins	Prior Authorization Drug File Review; 10 min.=1 unit of service

c. Medical File Reviews for Increase in Permanent Partial Impairment (C-92A) - This fee is for rendering a medical opinion based on review of a claim file using the current edition of the AMA Guides to the Evaluation of Permanent Impairment to determine the adequacy of medical evidence to support an increase in a permanent partial disability award. Fee also includes consultation with BWC staff and completion of report. Billing for one medical file review is not to exceed thirty (30) minutes without prior approval.

W1115	\$20.00/ 10 mins.	Permanent Partial Impairment Increase (C-92A) File Review; 10 min. =1 unit of service, 3 units of service maximum.
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*W1157	\$20.00/ 10 mins.	*C-92A file review, second claim, same injured worker, same day
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*W1158	\$20.00/ 10 mins.	*C-92A file review, third claim, same injured worker, same day
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*W1159	\$20.00/10 mins.	*C-92A file review, fourth claim, same injured worker, same day
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d. C-92 Permanent Partial Impairment Examinations - This fee is for completion of an examination to determine the percentage of permanent partial impairment. Fee includes the scheduling of exams, file review, report preparation, and an addendum, when needed.

W1120	\$170.00	Permanent Partial Impairment Examination (except C-92A); 1 unit of service maximum; fee includes exam, limited routine diagnostic testing, file review, report preparation, and an addendum, when needed.
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*W1165	\$170.00	*C-92 exam, second claim, same injured worked, same day
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d. C-92 Permanent Partial Impairment Examinations (continued)

*W1166	\$170.00	*C-92 exam, third claim, same injured worker, same day
*W1167	\$170.00	*C-92 exam, fourth claim, same injured worker, same day

e. C-92A Permanent Partial Impairment Examinations - This fee is for completion of an examination to determine an increase in the percentage of permanent partial impairment. Fee includes the scheduling of exams, file review, report preparation, and an addendum, when needed.

W1130	\$170.00	Permanent Partial Impairment Examination (C-92A); 1 unit of service maximum; fee includes exam, limited routine diagnostic testing, file review, report preparation, and an addendum, when needed
*W1126	\$170.00	*C-92A exam, second claim, same injured worker, same day
*W1127	\$170.00	*C-92A exam, third claim, same injured worker, same day
*W1128	\$170.00	*C-92A exam, fourth claim, same injured worker, same day

f. 90-Day Independent Medical Examinations- This fee is for completion of independent medical examinations for the 90-day exam. Fee includes scheduling of exams, and preparation of reports.

W1170	\$375.00	90-Day Independent Medical Examination; 1 unit of service maximum; fee includes exam, limited routine diagnostic testing, file review and report preparation), and an addendum, when needed.
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g. Independent Medical Examinations - This fee is for completion of independent medical examinations. Fee includes scheduling of exams, and preparation of reports.

W1600	\$375.00	BWC Independent Medical Examination (except 90-Day and C-92); 1 unit of service maximum; fee includes exam, limited routine diagnostic testing, file review and an addendum, when needed.
W2902	\$20.00/10 mins.	BWC requested addendum to an IME (each 10 minutes) \$20.00 per 10 minute unit. (maximum 4 units).

2. ADR exams and file reviews

a. Medical File Review for BWC Level Dispute Resolution - This fee is for rendering a medical opinion based on the BWC level dispute resolution under the Health Partnership Program. Fee includes consultations with BWC staff, and completion of report. Billing for one peer review is not to exceed three (3) hours without prior approval by BWC.

W1112	\$30.00/ 10 mins.	ADR File Review (BWC Requested) 10 mins. = 1 unit of service
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b. Independent Medical Examination for BWC Level Dispute Resolution - This fee is for completion of independent medical examinations for the BWC level dispute resolution under the Health Partnership Program. Fee includes scheduling of exams, and preparation of reports.

W1113	\$450.00	ADR IME (BWC Requested)
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3. Administrative Time and Letters (Non-Compliant Injured Worker)

This fee is for the completion of administrative paperwork associated with scheduling of exams where the injured worker fails to appear for the appointment. A letter documenting missed appointment must be sent to BWC by the DEP physician.

W1111	\$20.40	C-92 Administrative Time/Letter
*W1162	\$20.00	*C-92 Admin. Time/ letter, second claim, same injured worker, same day
*W1163	\$20.00	*C-92 Admin. Time/ letter, third claim, same injured worker, same day
*W1164	\$20.00	*C-92 Admin. Time/ letter, fourth claim, same injured worker, same day
W1114	\$50.00	ADR Administrative Time/Letter
W1171	\$40.00	90-Day and/or IME Administrative Time/ Letter

4. Diagnostic Testing

All bills for approved diagnostic testing done in conjunction with any BWC ordered examination must be submitted by the examining physician and will be reimbursed to the examining physician according to the attached fee schedule. It will be the responsibility of the examining physician to reimburse the testing facility. The injured worker should not be billed directly for these tests.

Diagnostic testing is not a routine part of an independent medical examination, or a 90-day examination and must be prior approved by the BWC Customer Service Team.

The BWC policy regarding diagnostic radiology performed in conjunction with a permanent partial impairment examination allows reimbursement for x-rays, under certain defined circumstances, without prior BWC approval. A complete copy of this policy is included in Chapter 7 of this manual.

Other diagnostic radiological studies such as MRI, CT scans, myelogram, arthrograms, or bone scans are usually not necessary when performing impairment examinations. **If additional diagnostic testing is necessary for a permanent partial impairment examination, prior approval must be obtained from the BWC Customer Service Team.**

The following fees must be used when billing for approved diagnostic tests as part of an independent medical examination:

W1131	\$115.00	Radiological examination - skull; complete, minimum of four views, with or without stereo.
W1132	\$77.00	Radiological examination - chest; complete, minimum of four views.
W1133	\$117.00	Radiological examination - spine, cervical; complete, including oblique and flexion, and/or extension studies.
W1134	\$106.00	Radiological examination - spine, thoracic; complete, including oblique, minimum of four views.
W1135	\$113.00	Radiological examination - spine, lumbosacral; complete, including bending views.
W1136	\$208.00	Radiological examination - upper extremity, complete.
W1137	\$155.00	Radiologic examination - lower extremity, complete.
W1138	\$42.00	Electrocardiogram - routine ECG with at least 12 leads, with interpretation and report.
W1139	\$250.00	Cardiovascular stress test; using maximal or sub-maximal treadmill or bicycle exercise, continuous ECG monitoring and/or pharmacological stress; with physician supervision, interpretation, and report.
W1140	\$71.00	Bronchospasm evaluation; spirometry pre and post bronchodilator
W1141	\$61.00	Basic comprehensive audiometry (pure tone, air and bone, and speech; threshold and discrimination).
W1142	\$55.00	Spirometry; including graphic record, total and timed vital capacity; expiratory flow rate measurement(s) and/or maximal voluntary ventilation.
W1143	\$160.00	Pulmonary stress testing, simple or complex.
W1144	\$60.00	Gases, blood; pH, pCO ₂ , pO ₂ , simultaneous.
W1145	\$43.00	Carbon monoxide diffusing capacity, any method.
W1146	\$239.00	Electromyography, two extremities and related paraspinal areas.

4. Diagnostic Testing (continued)

W1147	\$99.00	Nerve conduction, velocity and/or latency study; motor, each nerve.
W1148	\$386.00	Computerized axial tomography - head or brain, without contrast material.
W1149	\$717.00	Magnetic resonance (e.g., proton) imaging - brain (including brain stem); without contrast material.
W1150	\$53.00	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method
W1151	\$601.00	Computerized axial tomography - head or brain, without contrast material, followed by contrast material(s) and further sections.
W1152	\$692.00	Computerized axial tomography - thoracic spine, without contrast material, followed by contrast material(s) and further sections.
W1153	\$697.00	Computerized axial tomography - lumbar spine, without contrast material, followed by contrast material(s) and further sections.
W1154	\$913.00	Magnetic resonance (e.g., proton) imaging - spinal canal and contents; cervical with contrast.
W1155	\$913.00	Magnetic resonance; (e.g., proton) imaging, spinal canal and contents, thoracic with contrast.
W1156	\$902.00	Magnetic resonance; (e.g., proton) imaging, spinal canal and contents, lumbar with contrast material.
W1160	70.85	Static/kinetic Perimetry; extended examination of visual fields (Goldman) with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry (Octopus program or Humphrey visual field analyzer).
W1161	\$89.00	Psychological testing - includes psycho-diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities; (e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour.
W1168	\$32.19	Lung Volumes
W1169	\$100.00	Neuropsychological Testing – one (1) hour = 1 unit of service.
W1226	\$426.80	CT thorax without contrast material
W1228	\$608.94	CT without contrast material followed by contrast material(s) and further sections
W2903	\$200.00	High Resolution CT Scan (HRCT) of chest, interpretation
W2904	\$426.80	High Resolution CT Scan (HRCT) of chest, technical component