

***Workers' Compensation
Medical Services Review Committee
Meeting Minutes
August 19, 2016***

I. Call to order

Director Marx, acting as Chair of the Medical Services Review Committee, called the Committee to order at 9:00 am on Friday, August 19, 2016, in Anchorage, Alaska.

II. Roll call

Director Marx conducted a roll call. The following Committee members were present, constituting a quorum:

Dr. Mary Ann Foland

Dr. Robert Hall

Tammi Lindsey

Dr. William Pfeifer

Ross Newcombe

Pam Scott

Vince Beltrami

Kevin Smith

III. Approval of Agenda

A motion to adopt the agenda was made by member Beltrami and seconded by member Newcomb. The agenda was adopted unanimously.

IV. Approval of Minutes

A motion to adopt the minutes from the August 12, 2016 meeting was made by member Foland and seconded by member Hall. Dr. Pfeifer requested the August 12, 2016 minutes be amended to note he was not present during approval of the July 29, 2016 minutes. He also requested the minutes be amended to clarify his comments regarding chiropractic services and status code carve outs. After discussion, the meeting minutes were modified to state:

The committee turned to a discussion of how chiropractic services are reimbursed under the new regulations. Member Pfeifer stated chiropractic services are severely restricted to reimbursement for manipulation of the spine under Medicare. He stated while chiropractors are physicians under Medicare and can provide all services, they are limited in coverage of those services. Member Pfeifer made a motion to include a statement in the guidelines that "other states have used which states, 'Notwithstanding Medicare payment policies, Chiropractors may be reimbursed for services provided within the scope of their practice act.'" Member Pfeifer stated that chiropractors are considered physicians under the Alaska Workers' Compensation Act and statute does not restrict coverage of specific physicians, if services are medically necessary, and therefore chiropractors should not be subject to Medicare coverage limitations. There was no second to the motion, and the motion failed to advance.

Member Pfeifer requested specific carve-outs for specific N and I status codes that Medicare does not cover (N), or where Medicare uses a different code (I) related to chiropractic care. The committee agreed codes 97810, 97811, 97813, 97814 (dealing with acupuncture); 98943 (extraspinal manipulation); and 97014 (electrical

stimulation) should be included as status code carve-outs. Optum will work on drafting language to include these codes as carve-outs in the guidelines.

All members who were in attendance at the prior meeting unanimously voted to adopt the minutes, as amended.

V. Planning Discussion

Director Marx relayed she had researched the definition of “practitioner” and noted it did not appear in the Alaska Workers’ Compensation Act and therefore should be replaced by “provider” in the fee schedule.

Member Scott raised an issue concerning why “T-codes” were specified as a carve-out. CMS has a system to bundle T-codes with J-1 codes. After review, she believes they should not have been designated as a carve-out. Eric Anderson of Optum gave background on Medicare’s rules concerning J-1 codes, noting the system works well for hospitals but not for ambulatory surgical centers (ASC). He suggested the Committee consider a change to 8 AAC 45.083(k)(2)-(3), to clarify these carve-outs only apply to hospital outpatient clinics and that ASCs should follow ASC methodology. Members Scott and Lindsey indicated this would address their concerns. The Committee agreed this carve-out should not apply to ASCs. Optum will provide language in the guidelines addressing this carve out.

Member Foland provided clarification concerning laboratory billing issues raised at the prior meeting and noted modifier 59 addresses the concern and no changes are necessary.

Member Pfeifer read a letter regarding MPPR Imaging and Therapy into the record.

Break 10:00 – 10:15 am

VI. Public Comment

Cindy Gallagher, Coventry Health

- Ms. Gallagher requested the Division issue an interpretive bulletin outlining and clarifying the Committee’s newest recommendations.

Lisa Andreozzi, Med-Data

- Ms. Andreozzi expressed concern because she believes the information provided by Optum is flawed and misleading. She expressed her support for the OPPS and ASC recommendations and noted ASCs in Alaska are currently being reimbursed 20% more than they would be under Medicare rules. She encouraged the Committee to look at specific data. Concerning therapy codes, she recommended the multiple procedure payment reduction (MPPR) rules remain in place.

VII. Planning Discussion, contd.

Member Pfeifer made a motion to exempt MPPR rules for therapy and imaging. Dr. Hall seconded. The Committee noted that under the 2010 fee schedule the MPPR rules applied for

radiology but not to therapy. A vote was called, with seven members voting no and one member (Dr. Pfeifer) voted yes. The motion failed.

Member Foland presented two letters from neurodiagnostic and rehabilitation clinics noting they have seen a 49% reduction in payment for EMG studies since the new fee schedule came into effect. Director Marx encouraged the public and specific constituency groups to send information on new issues as they arise to the Division.

The Committee reviewed the new language proposed by Optum in response to issues raised in prior meetings. Carla Gee of Optum recommended clarification language of what chiropractors are allowed to bill. The Committee clarified its intent that the carve-outs for specific codes (e.g., for acupuncture) were specific to chiropractors, not to all providers. Member Pfeifer disagreed that that had been the Committee's intent.

Member Hall moved to include codes 97810, 97811, 97813, 97814 and 97014 for all providers, not only chiropractors. Member Beltrami seconded. Upon calling the vote, the motion unanimously passed. Member Scott had left early and was not present for the vote.

Member Smith requested further discussion of treatment guidelines. Director Marx indicated treatment guidelines may be discussed at later meetings, and may require legislative changes.

Meeting Adjourned 11:55 am.