

***Workers' Compensation
Medical Services Review Committee
Meeting Minutes
August 12, 2016***

I. Call to order

Director Marx, acting as Chair of the Medical Services Review Committee, called the Committee to order at 8:59 am on Friday, August 12, 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. William Pfeifer

Dr. Robert Hall
Ross Newcombe

Tammi Lindsey

Members Beltrami, Scott and Smith were absent.

III. Approval of Agenda

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

IV. Approval of Minutes

A motion to adopt the minutes from the July 29, 2016 meeting was made by member Foland and seconded by member Lindsey. The July 29, 2016 minutes were unanimously adopted by the committee. Dr. Pfeifer was not present during approval of the minutes.

V. Planning Discussion

The committee agreed to address specific carve-out provisions. The committee discussed a carve-out provision for the permanent partial impairment (PPI) rating, which has a RVU of zero under Medicare rules. Carla Gee of Optum gave a general overview of how other states have addressed this issue. The particular codes for PPI ratings are 99455 (ratings conducted by treating physicians) and 99456 (ratings conducted by physicians other than an employee's treating physician).

Upon request by the committee, Sheila Hansen of Corvel gave clarifying information. She stated generally PPI ratings are billed in hourly units. Ratings conducted by non-treating physicians are expected to take longer as they require records review, and it is reasonable to expect those ratings to be reimbursed at a higher rate than those conducted by treating physicians, who are already familiar with the injured worker's medical history.

Member Hall, who himself has conducted PPI ratings, suggested a flat rate, rather than hourly billing for PPIs. He commented that physicians should not be allowed to "bill twice" (once for the rating and once for the records review).

The committee agreed to assign an RVU of 10.63 for code #99455.

The committee agreed to assign an RVU of 21.25 for code #99456.

Break from 9:55 – 10:15.

VI. Public Comment

Cindy Gallagher, Coventry Health Care

- Ms. Gallagher sought clarification on whether providers could bill under both 99455 and 99456, as she has seen some bill for both. She recommended one code be allowed for each date of service. She also sought clarification on the committee's intent concerning how lab services are reimbursed.

Director Marx stated the technical component of lab work was to be paid according to the lab fee schedule regardless of whether it was ordered by a physician or non-physician. Carla Gee of Optum stated the committee should clarify how the professional component of lab work is billed. Dr. Foland agreed to speak to her billing office to propose recommended coding to clarify this issue. Optum will also research this issue.

Misty Steed, PACBLU

- Ms. Steed stated that Modifier 90 indicates an outside lab, which may help clarify the issue raised by Ms. Gallagher.

VII. Continued Planning Discussion

Director Marx provided a general background of the "85% issue," specifically that the committee has clarified for services provided by non-physicians, reimbursement should be 85% of the physician reimbursement. There are two places in the regulation where the 85% catch-all provision applies: 1) services provided by non-physicians; and 2) services that are not identified by a specific CPT code, RVU or conversion factor. This second scenario is covered under 8 AAC 45.083(g).

Carla Gee of Optum provided an example: a rare surgery for which there is no specific code to accurately describe the surgery. Sheila Hansen clarified that under the previous fee schedule, billers used the 90% of the usual and customary charge in these instances. The committee agreed to leave 8 AAC 45.083(g) intact at this point and address issues as they arise.

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.

Director Marx agreed to research the definition of “practitioner” as it is used in the guidelines and determine whether it conflicts with the Alaska Workers’ Compensation Act.

Member Pfeifer raised the issue of the multiple procedure payment reduction. He will gather additional information and bring it to the committee’s next meeting.

Member Pfeifer requested the Director seek a legal opinion from the Department of Law on the question of whether considering chiropractors as non-physicians for fee schedule purposes violates the Alaska Workers’ Compensation Act. The Director clarified the regulations have gone through the full regulatory adoption process, including review by the Department of Law, and declined to seek an additional opinion.

Meeting Adjourned 11:10 am.