

**SUMMARY OF 2015 NEGOTIATED RULEMAKING SESSIONS
DOCKET NO. 17-0209-1502**

PHYSICIAN FEE SCHEDULE

WRITTEN COMMENTS:

- [David Peterman, MD \(Primary Health Medical Group\), 5-27-15:](#)
 - Opposes freeze.
 - RVUs decreased 4.67% in 2013.
 - Work comp patients require 30% more time in clinic.
 - CPI/medical costs increased 2.5%.
- [T.J. Kemp, MD \(Idaho Orthopedic Society\), 5-27-15:](#)
 - Opposes freeze.
 - Requests a 6% increase in the conversion factor.
- [Teresa Cirelli \(Idaho Medical Association\), 6-05-15:](#)
 - The [only modifier \(-22\)](#) allowing additional payment is not applicable to E/M codes.
- [Tracy Morris, Ex. Dir. \(Primary Health Medical Group\), 6-12-15:](#)
 - Requests a 6% increase to Medicine Group 2 due to reduction in the RVU over the past two years.
- [Wayne Hammon, CEO \(Idaho Association of General Contractors\), 6-23-15:](#)
 - The fact that Idaho has risen from 34th to 14th highest premium rates in the nation is alarming and is directly tied to medical fees which make up 67% of total benefit costs in Idaho compared to 59% nationwide.
 - All workers' compensation medical fees should remain at current levels until brought into alignment with those across our region.
- [Susie Pouliot, CEO \(Idaho Medical Association\), 6-30-15:](#)
 - Physicians have averaged a 4.67% reduction due to RVU decrease.
 - The treatment time for one work comp patient equals the time for two to four patients with commercial health plans.
 - IMA policy is to support reducing the conversion factor disparity between Surgery and Medicine.
 - Requests a 3% increase to reduce disparity and offset RVU decrease.
 - Recommends adoption of a process similar to Colorado to reduce paperwork burden. Treating physician complete an initial injury report setting up estimated treatment period, diagnosis, treatment plan, etc., which eliminates the need for physician to send in medical records and additional prior authorizations once the injury report and treatment plan are accepted by the surety.

MEETING DISCUSSION:

- Primary Care physicians reimbursed at lower rates than surgeons.
- From 2008-2013, the fee schedule for E/M was increased 30%.
- Current E/M fee schedule is \$142.80 for most frequently billed 99213.
- WCRI report shows Idaho has 2nd highest fee schedule allowable for E/M in the nation.
- [NCCI report](#) shows average 99213 payment is \$123.
- SIF data: 80% of individual providers bill below the current allowable. The weighted average charge of top 5 providers was \$132.53.

WHY AREN'T PROVIDERS BILLING AT FEE SCHEDULE LEVELS?

- Lack of physician education of the work comp fee schedule.
- Most family physicians don't treat work comp on a regular basis.
- Billing systems only support one charge which is set at commercial rates.

POSSIBLE SOLUTIONS:

- Make use of available higher-level office visit CPT codes that allow higher reimbursement for additional time spent.
- Provider education.

FUTURE CONSIDERATIONS:

- Explore options for paperwork reduction.
- Alternative payment methodology.
- Benchmarking off commercial rates if data becomes accessible.

HOSPITALS AND AMBULATORY SURGERY CENTERS

WRITTEN COMMENT:

- [Ruth Jackson-Ford \(CorVel\), 6-05-15:](#)
 - General discussion and comparison of inpatient policies for Colorado and Idaho.
 - Spreadsheet comparing fee schedule allowable of Idaho to Colorado for common outpatient surgical procedures. Idaho allowable ranged 12%-50% higher than Colorado's.
- [Wayne Hammon, CEO \(IAGC\), 6-23-15:](#)
 - The fact that Idaho has risen from 34th to 14th highest premium rates in the nation is alarming and is directly tied to medical fees which make up 67% of total benefit costs in Idaho compared to 59% nationwide.
 - All workers' compensation medical fees should remain at current levels until brought into alignment with those across our region.
- [Kathy Ball \(St. Lukes\), 6-26-15:](#)
 - Recommended clarification to definition of charge.
 - Adoption of a separate lab fee schedule similar to the schedule used by Colorado (Exhibit #8, Pathology Laboratory Maximum Fees).
 - If J1 is primary, then discount subsequent T codes by 50%
 - If J1 is primary, then discount subsequent Q codes by 50%

MEETING DISCUSSION:

- Agreement to eliminate separate standard for rehabilitation hospitals.
- Agreement to allow payment at 100% for Ts and Qs when no J1 appears on the same claim, and 50% reductions to Ts and Qs when on the same claim as a J1. Would make payments comparable to Big 3 commercial; an "honest compromise."
- Lab charges are increasingly bundled and possibly not adequately compensated.
- Colorado specifies lab charges to pull out from status indicator 'N'; e.g. [Colorado Rule 18, Exhibit #8](#).
- St. Lukes can do an assessment on what's paid by insurance companies for lab services (has not been submitted to IIC for consideration).
- Add language to follow CMS coding guidelines to Facilities section .032 of the rule.

FUTURE CONSIDERATIONS:

- Explore appropriate reimbursement for packaged hospital outpatient laboratory services, possibly modeled after [Colorado's Rule 18, Exhibit #8](#).