

## Ann Young

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**From:** Allison Sargent <asargent1@mvhospital.net>  
**Sent:** Friday, May 17, 2024 11:31 AM  
**To:** Ann Young; Kelly Weisert  
**Subject:** Re: Idaho workers' compensation fee schedule - Possible adjustments

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Hi Ann,

Thank you for reaching out. I feel like the reimbursement we should be receiving based on the regulations currently outlined in IDAPA is definitely fair and appropriate. At this point, I'm fairly comfortable with calculating the allowable for facility bills, but it was definitely a learning curve to get there. As for physician bills, I'm still unsure with some of the regulations.

I continue to see insurances and PPO networks struggle to process correctly per IDAPA. I wonder if updating the regulations to include more specific situations and/or status indicators would help? Or maybe that would make it too complicated?

**Here are some of the most common issues/confusion I am seeing:**

-Processing facility bills based on the total charges rather than on a line-by-line basis. Even if the charge for a surgery code is less than the payment rate, we should still be receiving that full payment rate as long as it does not exceed the total charges, not just a percentage of the line billed.

-Allowing J2 and S codes when billed with other status indicators. Insurance continually bundles both of these items, especially when billed with a J1 code.

-Specifying that therapies on facility bills are reimbursed based on the RBRVS RVU and conversion factor found in the physician bills section.

-Specifying the allowable for a 50 modifier in the facility section. Some insurances argue that bilateral procedures on facility bills are not eligible for a 150% allowable due to that regulation is only listed in the physician section.

-Determining if Code range 80000-89999 is allowed on physician bills or not, rather than continuing to be listed with a conversion factor of "To Be Determined".

-If the charge on a physician bill is generally allowed based on the status indicator and is not included in the code ranges that have been assigned a conversion factor, are they allowed per the billed charge as indicated in IDAPA 17.01.01.803.02.e? Or is this regulation only appropriate for particular status indicators or situations?

-Are there charges on the physician bill that would be allowed even if the status indicator would determine it is not payable?

-Per IDAPA 17.01.01.803.02.f, "Reimbursement to physicians for any medicine shall not exceed the acceptable charge calculated for that medicine as if provided by a Pharmacy under Subsection 04 of this rule without a dispensing or compounding fee." Subsection 04 indicates the acceptable charge shall be the AWP. Obviously, if the AWP is more than our billed charge, the reimbursement would be based on the billed charge. However, I have seen insurances pay an even lesser amount but I am unable to figure out the calculation they are utilizing to determine the reimbursement. I'm assuming they are using a formula to break down the AWP into units of some sort and then reimbursing based on how many units we billed, but I haven't been able to configure a formula that produces matching results concerning the insurance's reimbursement.

-Processing bills, replying to said processing, responding to provider replies, etc. within 30 days as outlined in Subsection 06 is often a struggle. Would it be possible to extend the time limit of these actions to at least 45 days instead?

-Is there a timely filing limit on bills for Work Comp that would determine the provider is ineligible for payment? I understand that bills submitted to the insurance more than 120 days past the date of service are ineligible to utilize the dispute resolution procedures, however, some insurances have tried to deny payment as timely for bills submitted after 120 days as well.

I hope this is helpful and valuable input. I apologize if this is more than you were asking for or if these questions have simple explanations/answers that only I am not understanding due to inexperience.

I appreciate all you do for us, Ann!

Thank you,

*Allison Sargent*

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**From:** Ann Young <ann.young@iic.idaho.gov>  
**Sent:** Friday, May 17, 2024 10:24 AM  
**To:** Kelly Weisert <kweisert@mvhospital.net>; Allison Sargent <asargent1@mvhospital.net>  
**Subject:** [External Email] Idaho workers' compensation fee schedule - Possible adjustments

Good morning Kelly and Allison,

We are reviewing the Idaho workers' compensation fee schedule in preparation for the upcoming IDAPA negotiated rulemaking for FY25.

I am reaching out to you asking if you have any adjustments you would like to see in the current rules. (Conversion factors or anything affecting your reimbursement)

I have attached a copy of the IDAPA rules for your review.

Thank you for your valuable input.

Ann

**Ann Young, COC-A, CIWCS**

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