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Workers' Compensation Commission

July 19, 2016

Medical Services Provider Manual 2016 Proposed Changes Effective Date: September 1, 2016

The SC Workers' Compensation Commission received a draft of the 2016 Medical Services Provider Manual (MSPM) at the Business Meeting on July 18. The effective date of the new fee schedule is September 1, 2016. The matter will be placed on the agenda for the Commission's Business Meeting on August 15. The Commission requests interested parties email comments on the proposed changes by July 29 to Kim Ballentine at kballentine@wcc.sc.gov.

The maximum allowable payment (MAP) and other fees in the 2016 MSPM are calculated utilizing the 2016 Resource Based Relative Value Scale (RBRVS) produced by the Center for Medicare/Medicaid Services (CMS), the American Medical Association's Current Procedural Terminology (CPT) Codes and a \$50 conversion factor.

In 2015 the General Assembly enacted legislation which placed statutory limitations in the change in the value of each CPT codes to no more than 10% increase or a 10% decrease. Any increase or decrease greater than 10% would allow a party to challenge the MSPM in the Administrative Law Court. In order to comply with these limitations, the proposed fee schedule was developed with no increase or decrease greater than 10%.

As a result of the changes in the CMS RBRVS and maintaining the \$50 conversion factor, the overall average change for all categories is 2.58%. The MSPM is divided into eight sections. Each Section has relevant policies and procedures and the CPT codes with the corresponding Maximum Allowable Payment allowed. The percent change by individual category is reflected in the chart below.

	Average %
Evaluation & Med	0.02%
HCPCS	5.12%
Lab/Pathology	7.59%
Medicine	1.01%
Physical Medicine	0.59%
Radiology	-0.20%
Special Reports	3.32%
Surgery	-0.10%
Grand Total	2.58%

Drug Screening

Last year the MSPM utilized HCPCS G code to reimburse for drug screening services. Those codes were deleted for 2016. The Centers for Medicare and Medicaid Services (CMS) no longer recognizes the CPT codes for drug screening and definitive testing. Instead CMS opted to use HCPCS codes and have developed seven new codes (three for screening and four for definitive drug testing) in the G section of HCPCS.

Independent Medical Examination (IME) – Multiple Sections

The IME payment in the current fee schedule varies and is based on Individual Consideration (IC) or negotiation between the carrier and provider. The proposed fee for IME in 2016 is based on the number of body parts/areas examined.

1 body part/area	\$ 800
2 body parts/areas	\$1,000
3 body parts/areas	\$1,200
4 body parts/areas	\$1,500

Consultation with a Nurse Case Manager (Section 1 Evaluation and Management (E/M) Services)

The proposed language added in this section follows:

Physician consultations with a nurse case manager of less than 30 minutes must be reported with the appropriate CPT code (99366-99368) and a modifier of 52. The reimbursement may be reduced to the lesser of billed charges or 80 percent of the MAP to represent a service that is less than the code description of “30 minutes or more.”

Physical Medicine – Section 7

Functional Capacity Assessment

The maximum amount for a functional capacity assessment is subject to the Multiple Procedure Reduction. CPT Code 97750 is increased to \$48.00 per unit, with a MAP of \$444.00 (Total of 12 units, 1 x \$48.00 plus 11 units x \$36.00).

Multiple Procedure Reduction

New language added to this section

The reduction for the second and subsequent procedures is 75 percent of the MAP amount. Reimbursement will be the lesser of MAP x 75% or billed amount.

The codes subject to the multiple procedure reduction are listed below.

92507	92508	92521	92522	92523	92524	92526
92597	92607	92609	96125	97001	97002	97003
97004	97012	97016	97018	97022	97024	97026
97028	97032	97033	97034	97035	97036	97110
97112	97113	97116	97124	97140	97150	97530
97533	97535	97537	97542	97750	97755	97760
97761	97762	G0281	G0283	G0329		

Special Reports and Services – Section 8

Payment for a special report for a checklist-type is increased to \$55.00 and payment for a written report or completing the Commission’s Form 14B is increased to \$70.00

The Commission requests interested parties email comments on the proposed changes to the MSPM to Kim Ballentine, kballentine@wcc.sc.gov, by July 29, 2016. The Commission will consider approving the fee schedule at the Business Meeting on August 15.