

State of South Carolina

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Workers' Compensation Commission

August 22, 2017

Medical Services Provider Manual 2017 Effective September 1, 2017

At the Business Meeting on August 21, 2017, the Commission approved revisions to the Medical Services Provider Manual (MSPM) to reflect 2017 Resource Based Relative Values (RBRVS) issued by the Center for Medicare/Medicaid (CMS) and the American Medical Association's Current Procedural Terminology (CPT) Codes. The Conversion Factor will remain at \$50. The effective date is September 1, 2017.

The Commission also approved the following:
(*the page numbers referenced are in the 2016 MSPM*)

Travel Reimbursement (pages 32, 367, & 417)

Physicians may be reimbursed for travel associated with depositions or other medical testimony at actual cost.

Drug Screening (pages 289-290)

Includes services codes and guidelines for presumptive drug testing pursuant to the CMS and provides a link to the CMS Local Coverage Decision (LCD) revision 8.

Biofeedback (page 368)

Biofeedback training (CPT Codes 90901 and 90911) may be provided when it is medically necessary and approved by the employer/carrier, with limitations. Language is included to clarify CPT codes do not include a time element and they should be used once to identify all modalities of biofeedback training performed for that date of service, regardless of the time increments or number of modalities.

Over-the-Counter Preparations (page 368)

Language added to clarify over-the-counter (proprietary) preparations dispensed by the provider must be preauthorized prior to dispensing.

Initial Assessment (page 412)

Providers CPT codes for billing initial evaluation for physical therapy evaluation or occupational therapy evaluation.

Multiple Procedure Reduction (page 413)

Provides codes subject to the multiple procedure reduction.

CPT Modifiers – 51 Multiple Procedures (page 413)

Provides South Carolina specific instruction and CPT codes for second and subsequent procedures therapy.

Air/Ground Ambulance Transportation Service (page 421)

The Commission will follow CMS guidelines and Ambulance Fee Schedule for air and ground ambulance transportation services. Reimbursement is based upon the lesser of the submitted charge or current Medicare rate.

Compound Drugs (page 611)

Includes language to require preauthorization for each dispensing of compound drugs.

Anesthesiology Rates (page 54)

CMS approved additional modifiers to anesthesia rates in May 2017. The following additional anesthesia claims modifiers will be included in the MSPM:

AD	Medical Supervision by a physician; more than 4 concurrent anesthesia procedures
G8	Monitored anesthesia care (MAC) for deep complex, complicated or markedly invasive surgical procedures
G9	Monitored anesthesia care for patient who has a history of severe cardio-pulmonary condition
QS	Monitored anesthesia care service
QY	Medical direction of one <i>qualified non-physician</i> anesthetist by an anesthesiologist
QC	These services have been performed by a resident under the direction of a teaching physician

The Commission approved creating an ad hoc advisory committee to review the current state and federal regulations regarding the use of telemedicine in workers' compensation and recommend if any changes are needed to the MSPM.

The Commission also approved an evaluation and update to the fee schedule to include the 2018 Relative Values and CPT Codes to be completed no later than May 31, 2018. The anesthesiology rates will be reviewed at that time.

Upon publication by Optum, the MSPM will be available at the following link: (<https://www.optum360coding.com/Product/46611/>).

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