

2017 Fee Schedule Issues

Suzanne Honor-Vangerov, Esq.

CPC, CPC-I, CMSP

When Are Reports Payable?

- Reg 9785: Only PTP and Consultation reports are payable. Must meet criteria.
- DFR – not separately reimbursable, included in the payment for the office visit.
- PR-3 – PTP P&S Report dates of injury prior to 2005
- PR-4 – PTP P&S Report dates of injury after 2005

PR-2

- (1) The employee's condition undergoes a previously unexpected significant change;
- (2) There is any significant change in the treatment plan reported
 - (A) an extension of duration or frequency of treatment,
 - (B) a new need for hospitalization or surgery,
 - (C) a new need for referral to or consultation by another physician,
 - (D) a change in methods of treatment or in required physical medicine services,
 - (E) a need for rental or purchase of durable medical equipment or orthotic devices;
- (3) The employee's condition permits return to modified or regular work;
- (4) The employee's condition requires him or her to leave work, or requires changes in work restrictions or modifications;

PR-2 – cont.

- (5) The employee is released from care;
- (6) The primary treating physician concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury;
- (7) The claims administrator reasonably requests appropriate additional information that is necessary to administer the claim. “Necessary” information is that which directly affects the provision of compensation benefits as defined in Labor Code Section 3207.
- (8) When continuing medical treatment is provided, a progress report shall be made no later than forty-five days from the last report of any type under this section even if no event described in paragraphs (1) to (7) has occurred. If an examination has occurred, the report shall be signed and transmitted within 20 days of the examination.

California Specific Codes

- WC001 – Not reimbursable - DFR
- WC002 - \$ 12.29 – PR-2
- WC003 - \$39.89 -for first page \$24.54 each additional page. Maximum of six pages absent mutual agreement (\$162.59) – PR-3
- WC004 - \$39.89 for first page \$24.54 each additional page. Maximum of seven pages absent mutual agreement (\$187.13) – PR-4
- WC005 - \$39.89 for first page \$24.54 each additional page. Maximum of six pages absent mutual agreement (\$162.59) – Psych report

- WC007 - \$39.89 for first page \$24.54 each additional page. Maximum of six pages absent mutual agreement (\$162.59) – Consult report
- WC008 - \$10.58 for up to the first 15 pages. \$0.25 for each additional page after the first 15 pages. – Chart Notes
- WC009 - \$10.58 for up to the first 15 pages. \$0.25 for each additional page after the first 15 pages. – Duplicate Reports
- WC010 - \$5.29 per x-ray
- WC011 - \$10.58 per scan
- WC012 - No Fee Prescribed / Non Reimbursable absent agreement

Face-to-Face Prolonged Service Codes 99354 - 99357

- Must be used on the same date as an E/M code.
- Time doesn't have to be continuous.
- Standard E/M office visit time doesn't count towards the prolonged service time.
- 99354 or 99356 are used to report the first hour. 99355 or 99357 are used for each additional 30 minutes.
- First 30 minutes of prolonged service not separately reimbursable.
- Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported.
- Maximum of 4 units of 99355 or 99357 per day.

Non-Face-to-Face Prolonged Service

Codes 99358 - 99359

- Prolonged service of less than 30 minutes total duration on a given date is not separately reported.
- Code 99358 is used to report the first hour.
- Code 99359 is used to report each additional 30 minutes beyond the first hour regardless of the place of service. It may also be used to report the final 15 to 30 minutes of prolonged service on a given date.
- Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.
- Codes 99358, 99359 may be reported when related to other non-face-to-face services codes that have a published maximum time (eg, telephone services).
- Maximum of 2 units of 99359 per day.

NCCI Edits and the MUE

- National Correct Coding Initiative edits and the Medically Unlikely Edits control what codes can be billed together and how often you can bill particular codes on the same date of service.
- NCCI is updated annually and the MUE is updated quarterly.
- Copies of the MUE are available on DWC's website.

Common Errors Related to NCCI

- The NCCI edits are comprised of two different types of rules:
 - Codes that can never be billed together
 - Codes that can be billed together with the correct modifier
- Inappropriate use of Modifiers.
- Modifiers used for NCCI edits: E1, E2, E3, E4, FA, F1, F2, F3, F4, F5, F6, F7, F8 , F9, LC, LD, LM, RC, RI, LT, RT, TA, T1, T2, T3, T4, T5, T6, ^7, T8, T9, XE, EP, XS, XU, 24, 25, 27, 57, 58, 59, 78, 79 and 91

Code	Description
99205	<p>office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a c ...</p> <p>CCI Validation Results:</p> <div data-bbox="600 294 1586 436" style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <p>No CCI edit; Check CPT® coding guidelines to make sure code is allowed.</p> </div> <p>+ Lay Terms</p> <p>+ Articles</p>
95834	<p>Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands</p> <p>CCI Validation Results:</p> <div data-bbox="600 786 1586 1172" style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <p>Code 95834 is a column 2 code for 99205, These codes cannot be billed together in any circumstances.</p> <p>Code 95834 is bundled into code 99205 Code 95834 cannot be billed with 99205.</p> <p>CCI edit Rule:</p> <p>Standards of medical / surgical practice</p> </div>

29870

Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)

CCI Validation Results:

Code 29870 is a column 2 code for 29873 , but a modifier is allowed in order to differentiate between the services provided.

*Use modifier with code 29870

CCI edit Rule:

CPT "separate procedure" definition

Note*: Always use modifier (if allowable) with column 2 code.

The current NCCI-associated modifiers are: E1, E2, E3, E4, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, LC, LD, LM, RC, RI, LT, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, XE, XP, XS, XU, 24, 25, 27, 57, 58, 59, 78, 79, and 91. Read about modifiers for [CPT](#) and [HCPCS](#) codes

 Lay Terms

 Articles

29873

Arthroscopy, knee, surgical; with lateral release

CCI Validation Results:

No CCI edit; Check CPT[®] coding guidelines to make sure code is allowed.

Current Procedural Terminology (CPT) codes, descriptions and other data only are copyright 2016 American Medical Association. All rights reserved.

CPT® is a registered trademark of the American Medical Association.

Applicable FARS\DFARS Restrictions Apply to Government Use.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained or not contained herein.

HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
97602	0	3 Date of Service Edit: Clinical	CMS Policy
97605	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
97606	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
97607	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
97608	1	3 Date of Service Edit: Clinical	Nature of Service/Procedure
97610	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
97750	8	3 Date of Service Edit: Clinical	Clinical: Data
97755	8	3 Date of Service Edit: Clinical	Clinical: Data
97760	6	3 Date of Service Edit: Clinical	Clinical: Data
97761	6	3 Date of Service Edit: Clinical	Clinical: Data
97762	4	3 Date of Service Edit: Clinical	Clinical: Data
97802	8	3 Date of Service Edit: Clinical	Clinical: Data
97803	8	3 Date of Service Edit: Clinical	Clinical: Data

QUESTIONS?

Contact Information

- Suzanne Honor-Vangerov

suehonor@hotmail.com

sue@honorconsult.com

<http://www.honorsystemconsulting.com>

<http://www.honorconsult.com>

650-735-5939