

COA 2015

Workers' Compensation Billing Issues:
How to Be Successful



Workers' Comp Strategies that IMMEDIATELY Increase Revenue

1. Submit Second Bill Reviews (SBRs)
to increase payments
2. Cancel / Renegotiate network discount
contracts
for maximum reimbursements
3. File Requests for Authorization (RFAs)
to guarantee payment



Table A February, 2007 Addendum: OMFS Physician Services Fees for Services Rendered on or after February 15, 2007

AMA Copyright Notice: The five character codes included herein were obtained from Current Procedural Terminology (CPT®), copyright 1996, except Physical Medicine Codes which were obtained from the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms for reporting medical services and procedures performed by physicians.

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FARS/DFARS apply. OMFS Section _____ OMFS Maximum _____

E&M	99201					90
E&M	99202					90
E&M	99203					96
E&M	99204					92
E&M	99205					92
E&M	99211					92
E&M	99212					92
E&M	99213					92
E&M	99214					92
E&M	99215					92

Codes with a professional and technical component will appear on three lines in the table. The first line represents the professional component, the second line represents the technical component and the third line represents the Global value. The OMFS RVU, Reduction Percent and the OMFS CF will only appear on the Global value line. When a code is 100% professional or 100% technical, it will appear on two consecutive lines. The first line will indicate whether it is professional or technical and the second line will give the Global value. The Reduction Percent and the OMFS CF will only appear on the Global value line.

OMFS Section	Code	Modifier	DESCRIPTION	RVU	Reduction Percent	OMFS Maximum
E&M	99201		Office/Outpt E/M New Pt. Pf Hx & Exam. Sf Mdm	90	-1.5%	38.50
E&M	99202		Office Visit E&M New Level 2 Of 5	90	0.0%	57.80
E&M	99203		Office Visit E&M New Pt; Level 3 Of 5	96	0.0%	76.50
E&M	99204		Office Visit E&M New Level 4 Of 5	92	0.0%	109.65
E&M	99205		Office Visit E&M New Level 5 Of 5	92	0.0%	145.35
E&M	99211		Office Visit E&M Estab Pt; Level 1 Of 5	92	-4.9%	22.62
E&M	99212		Office Visit E&M Estab Pt; Level 2 Of 5	92	0.0%	35.70
E&M	99213		Office Visit E&M Estab Pt; Level 3 Of 5	92	0.0%	47.60
E&M	99214		Office Visit E&M Estab Pt; Level 4 Of 5	92	0.0%	72.25
E&M	99215		Office Visit E&M Estab Pt; Level 5 Of 5	92	0.0%	110.50
E&M	99217		Observation Care Discharge/Admission/Obs Care	95	0.0%	76.71
E&M	99218		Init Obs Care E/M, Det/Compr Hx/Exam, Sf/Low Mdm	12.2	-5.0%	98.52
E&M	99219		Init Obs Care E/M, Compr Hx & Exam, Mod Mdm	17.3	-5.0%	139.70



OMFS is **NOT**
120% of Medicare
reimbursement
rates.



99214 OMFS Reimbursement Amount: DOS 1/1/14 - 2/28/15

DOS: 1/1/14-2/28/15		Medicare Reimbursement	OMFS % of Medicare
Locality	HCPCS	99214	
Marin/Napa/Solano	111203	\$122.39	102%
San Francisco	111205	\$128.96	97%
San Mateo	111206	\$128.33	98%
Oakland/Berkeley	111207	\$122.19	102%
Santa Clara	111209	\$127.65	98%
Rest of California	111299	\$112.04	112%
Ventura	118217	\$117.99	106%
Los Angeles	118218	\$117.26	107%
Anaheim/Santa Ana	118226	\$120.19	104%
Rest of California	118299	\$112.04	112%
California OMFS Reimbursement		\$125.14	
Minimum Medicare Reimbursement		\$112.04	
Maximum Medicare Reimbursement		\$128.96	



99214 OMFS Reimbursement Amount: DOS 3/1/2015 +

DOS: 3/1/2015-		Medicare Reimbursement	OMFS % of Medicare
Locality	HCPCS	99214	
Marin/Napa/Solano	111203	\$124.32	101%
San Francisco	111205	\$130.47	96%
San Mateo	111206	\$129.51	97%
Oakland/Berkeley	111207	\$122.96	102%
Santa Clara	111209	\$128.71	97%
Rest of California	111299	\$112.81	111%
Ventura	118217	\$118.56	106%
Los Angeles	118218	\$118.76	105%
Anaheim/Santa Ana	118226	\$120.93	103%
Rest of California	118299	\$112.81	111%
California OMFS Reimbursement		\$132.92	
Minimum Medicare Reimbursement		\$112.81	
Maximum Medicare Reimbursement		\$130.47	
3/1/2015 % Change in OMFS Reimbursement		6%	



99214 OMFS AVERAGE

Reimbursement: DOS 1/1/14 - 2/28/15

Claims Administrator Name	proc_code	Sum of Payments	Count of Payments	Average Reimbursement	OMFS Reimbursement DOS < 3/1/2015	Average Reimbursement as a % OMFS Reimbursement
SCIF - State Compensation Insurance Fund	99214	\$851,972	7770	\$109.65	\$125.14	88%
Sedgwick Claims Management Services (TPA)	99214	\$844,589	7495	\$112.69	\$125.14	90%
Gallagher Bassett	99214	\$402,611	4317	\$93.26	\$125.14	75%
Liberty Mutual Insurance	99214	\$237,203	2237	\$106.04	\$125.14	85%
York Risk Services Group (TPA)	99214	\$228,493	1930	\$118.39	\$125.14	95%
Zurich Insurance North America	99214	\$213,537	1911	\$111.74	\$125.14	89%
Broadspire	99214	\$190,292	1671	\$113.88	\$125.14	91%
Travelers	99214	\$177,378	1566	\$113.27	\$125.14	91%
AIG / Chartis	99214	\$133,087	1473	\$90.35	\$125.14	72%
ESIS	99214	\$138,013	1295	\$106.57	\$125.14	85%
The Hartford	99214	\$93,026	1205	\$77.20	\$125.14	62%
ICW - Insurance Company of the West	99214	\$120,988	1078	\$112.23	\$125.14	90%
York Risk (LA County 1000 Claims Only)	99214	\$73,298	807	\$90.83	\$125.14	73%
Keenan & Associates	99214	\$76,926	746	\$103.12	\$125.14	82%
Sedgwick (LA County 5000 Claims Only)	99214	\$79,675	710	\$112.22	\$125.14	90%
The Zenith	99214	\$84,195	692	\$121.67	\$125.14	97%
CIGA - California Insurance Guarantee Association	99214	\$69,944	674	\$103.77	\$125.14	83%
Employers Compensation Insurance Company	99214	\$55,587	496	\$112.07	\$125.14	90%
Tristar (City of Los Angeles Police Only)	99214	\$43,275	489	\$88.50	\$125.14	71%
Intercare Insurance Services (TPA)	99214	\$52,651	487	\$108.11	\$125.14	86%
Tristar (LA County 2000 Claims Only)	99214	\$43,173	459	\$94.06	\$125.14	75%
Intercare (LA County 3000 Claims Only)	99214	\$40,894	457	\$89.48	\$125.14	72%
LAC MTA - Los Angeles County Metropolitan Transit Authority	99214	\$41,379	432	\$95.78	\$125.14	77%
Tristar Risk Management (TPA)	99214	\$40,835	404	\$101.08	\$125.14	81%
CNA Insurance	99214	\$35,273	403	\$87.53	\$125.14	70%

Top 5 Claims Administrators 99214 AVERAGE Reimbursement DOS 1/1/14 - 2/28/15:

Claims Administrator Name	proc_code	Sum of Payments	Count of Payments	Average Reimbursement	OMFS Reimbursement DOS < 3/1/2015	Average Reimbursement as a % OMFS Reimbursement
SCIF - State Compensation Insurance Fund	99214	\$851,972	7770	\$109.65	\$125.14	88%
Sedgwick Claims Management Services (TPA)	99214	\$844,589	7495	\$112.69	\$125.14	90%
Gallagher Bassett	99214	\$402,611	4317	\$93.26	\$125.14	75%
Liberty Mutual Insurance	99214	\$237,203	2237	\$106.04	\$125.14	85%
York Risk Services Group (TPA)	99214	\$228,493	1930	\$118.39	\$125.14	95%

DOS: 1/1/14-2/28/15		Medicare Reimbursement	OMFS % of Medicare
Locality	HCPCS	99214	
Marin/Napa/Solano	111203	\$122.39	102%
San Francisco	111205	\$128.96	97%
San Mateo	111206	\$128.33	98%
Oakland/Berkeley	111207	\$122.19	102%
Santa Clara	111209	\$127.65	98%
Rest of California	111299	\$112.04	112%
Ventura	118217	\$117.99	106%
Los Angeles	118218	\$117.26	107%
Anaheim/Santa Ana	118226	\$120.19	104%
Rest of California	118299	\$112.04	112%
California OMFS Reimbursement		\$125.14	
Minimum Medicare Reimbursement		\$112.04	
Maximum Medicare Reimbursement		\$128.96	



Five Lowest Paying Claims Administrators: Sorted by Average Reimbursement

Claims Administrator Name	proc_code	Sum of Payments	Count of Payments	Average Reimbursement	OMFS Reimbursement DOS < 3/1/2015	Average Reimbursement as a % OMFS Reimbursement
The Hartford	99214	\$93,026	1205	\$77.20	\$125.14	62%
CNA Insurance	99214	\$35,273	403	\$87.53	\$125.14	70%
Tristar (City of Los Angeles Police Only)	99214	\$43,275	489	\$88.50	\$125.14	71%
Intercare (LA County 3000 Claims Only)	99214	\$40,894	457	\$89.48	\$125.14	72%
AIG / Chartis	99214	\$133,087	1473	\$90.35	\$125.14	72%

DOS: 1/1/14-2/28/15		Medicare Reimbursement	OMFS % of Medicare
Locality	HCPCS	99214	
Marin/Napa/Solano	111203	\$122.39	102%
San Francisco	111205	\$128.96	97%
San Mateo	111206	\$128.33	98%
Oakland/Berkeley	111207	\$122.19	102%
Santa Clara	111209	\$127.65	98%
Rest of California	111299	\$112.04	112%
Ventura	118217	\$117.99	106%
Los Angeles	118218	\$117.26	107%
Anaheim/Santa Ana	118226	\$120.19	104%
Rest of California	118299	\$112.04	112%
California OMFS Reimbursement		\$125.14	
Minimum Medicare Reimbursement		\$112.04	
Maximum Medicare Reimbursement		\$128.96	



Downcoding Costs You Big Money



CPT	OMFS Reimbursement DOS: 1/1/14-2/28/15	Downcode Reimbursement	Amount of Downcode Lost Revenue	Percentage Revenue Reduced
99201	\$50.87			
99202	\$86.95	\$50.87	-\$36.08	-41%
99203	\$125.38	\$86.95	-\$38.43	-31%
99204	\$191.11	\$125.38	-\$65.73	-34%
99205	\$237.67	\$191.11	-\$46.56	-20%
99211	\$23.90			
99212	\$51.32	\$23.90	-\$27.42	-53%
99213	\$84.98	\$51.32	-\$33.66	-40%
99214	\$125.14	\$84.98	-\$40.16	-32%
99215	\$167.15	\$125.14	-\$42.01	-25%



Downcoding 99214: DOS on and after 1/1/2014

Claims Administrator Name	proc_code	Count of Payments	Count of Payments Discounted by 20%+	Percent of Payments Discounted by 20%+
SCIF - State Compensation Insurance F	99214	8222	1833	22%
Sedgwick Claims Management Services	99214	7830	932	12%
Gallagher Bassett	99214	4526	2467	55%
Liberty Mutual Insurance	99214	2391	846	35%
Zurich Insurance North America	99214	2003	27	1%
York Risk Services Group (TPA)	99214	1988	40	2%
Broadspire	99214	1767	29	2%
Travelers	99214	1650	36	2%
AIG / Chartis	99214	1511	975	65%
ESIS	99214	1339	338	25%
The Hartford	99214	1270	987	78%
ICW - Insurance Company of the West	99214	1098	163	15%
York Risk (LA County 1000 Claims Only)	99214	858	527	61%
Keenan & Associates	99214	763	324	42%
Sedgwick (LA County 5000 Claims Only)	99214	741	20	3%
The Zenith	99214	734	3	0%
CIGA - California Insurance Guarantee	99214	687	180	26%
Tristar (City of Los Angeles Police Only)	99214	511	337	66%
Intercare Insurance Services (TPA)	99214	501	111	22%
Employers Compensation Insurance Co	99214	498	78	16%
Intercare (LA County 3000 Claims Only)	99214	480	316	66%
Tristar (LA County 2000 Claims Only)	99214	474	222	47%
LAC MTA - Los Angeles County Metrop	99214	440	227	52%
Tristar Risk Management (TPA)	99214	414	153	37%
CNA Insurance	99214	409	280	68%

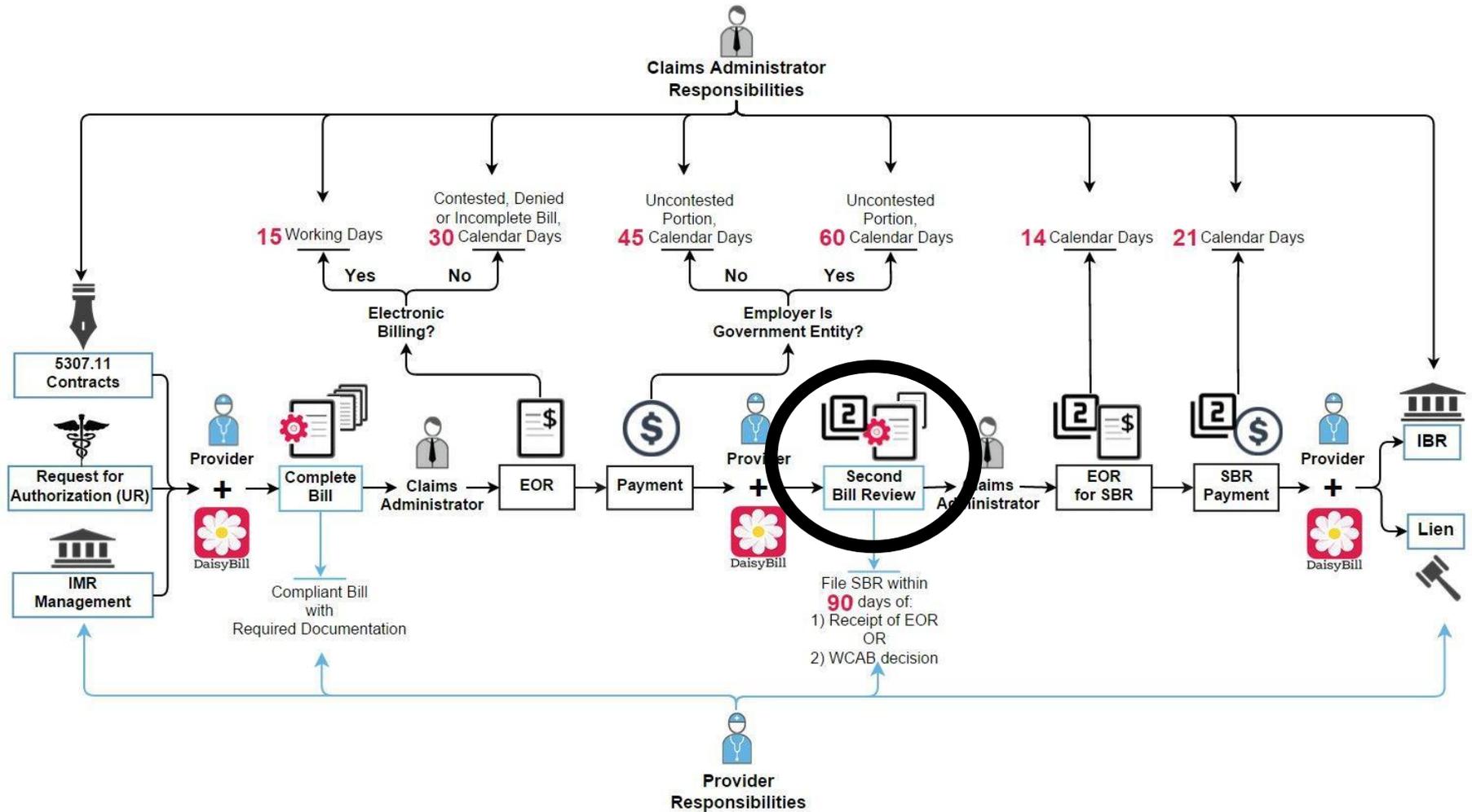


Systematic Downcoding 99214

Claims Administrator Name	proc_code	Count of Payments	Count of Payments Discounted by 20%+	Percent of Payments Discounted by 20%+
The Hartford	99214	1270	987	78%
CNA Insurance	99214	409	280	68%
Tristar (City of Los Angeles Police Only)	99214	511	337	66%
Intercare (LA County 3000 Claims Only)	99214	480	316	66%
AIG / Chartis	99214	1511	975	65%
York Risk (LA County 1000 Claims Only)	99214	858	527	61%
Gallagher Bassett	99214	4526	2467	55%
LAC MTA - Los Angeles County Metrop	99214	440	227	52%
Tristar (LA County 2000 Claims Only)	99214	474	222	47%
Keenan & Associates	99214	763	324	42%
Tristar Risk Management (TPA)	99214	414	153	37%
Liberty Mutual Insurance	99214	2391	846	35%
CIGA - California Insurance Guarantee	99214	687	180	26%
ESIS	99214	1339	338	25%
SCIF - State Compensation Insurance F	99214	8222	1833	22%
Intercare Insurance Services (TPA)	99214	501	111	22%
Employers Compensation Insurance Co	99214	498	78	16%
ICW - Insurance Company of the West	99214	1098	163	15%
Sedgwick Claims Management Services	99214	7830	932	12%
Sedgwick (LA County 5000 Claims Only)	99214	741	20	3%
York Risk Services Group (TPA)	99214	1988	40	2%
Broadspire	99214	1767	29	2%
Travelers	99214	1650	36	2%
Zurich Insurance North America	99214	2003	27	1%
The Zenith	99214	734	3	0%



Mandatory Life Cycle of a Workers' Comp Bill





Non-Electronic Bills: SBR-1 Form

State of California
Department of Industrial Relations
 Home Labor Law Cal/OSHA - Safety & Health Workers' Comp Self Insurance Ap

Division of Workers' Compensation (DWC)

Independent Bill Review; Standardized Paper Billing and Payment; Electronic Billing and Payment regulations

Final forms

- Provider's Request for Second Bill Review
- Request for Independent Bill Review

PRINT CLEAR

State of California
 Division of Workers' Compensation
Provider's Request for Second Bill Review
California Code of Regulations, title 8, section 9792.5.6

The Medical Provider signing below seeks reconsideration of the denial and/or adjustment of the billed charges for the medical procedures, goods, or services provided to the injured employee.

Employee Information

Employee Name (Last, First, Middle): Doe, John, E
 Date of Birth (MM/DD/YYYY): 05/05/1978 Social Security Number: 123456789
 Date of Injury (MM/DD/YYYY): 01/10/2012 Claim Number: WC1234567

Provider Information

Provider Name: Associated Foot Specialists Contact Name: Sally Smith
 Address: 123 Grand Street City: Anytown State: CA
 Zip Code: 91234 Phone: 310-555-5555 Fax Number: 310-555-1234
 E-mail Address: anyemail@email.com NPI Number: 1234567890

Claims Administrator Information

Claims Administrator Name: Zurich Contact Name: Sue Jones
 Address: PO Box 968005 City: Schaumburg State: IL
 Zip Code: 60196-8005 Phone: 310-123-4567 Fax Number: 310-987-6543
 E-mail Address: name@email.com Employer Name: Company ABC

Bill Information

Provider's or Claims Administrator's Bill Identification Number (if any): ZU1-ZNCA-2739879
 Was Billed Service Authorized? Yes No
 Date Explanation of Review Received by Provider: 1/9/13
 List of disputed procedures, goods, services (attach additional pages if necessary):

Date of Service	Treatment/Service/Item in Dispute (include modifier, if any)	Amount Billed	Amount Paid	Amount in Dispute	Additional Supporting Information/Documentation Attached?
01/01/13	99214, 93	98.53	50	48.53	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Requesting Second Bill Review and Description of Supporting Documentation:

Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Requesting Second Bill Review and Description of Supporting Documentation:

Provider Signature: _____ Date: _____

DWC Form SBR-1 (Effective 2/2014) Page 1



Tristar (LA County) 99214 Downcoded

Submissions

02/11/2015 ✓ Original
03/13/2015 ✓ Second Review

Bill		Patient	
Date of Service	02/02/2015	Name	[REDACTED]
Place of Service	[REDACTED]	Date of Birth	[REDACTED]
Rendering Provider	[REDACTED]	SSN	[REDACTED]
Diagnosis Codes	72610, 7262, and 72633	Injury	
		Employer	County Of Los Angeles
		Date of Injury	[REDACTED]
		Claims Administrator	Tristar (LA County 2000 Claims O...
		Claim Number	[REDACTED]

Procedure	Units	Charge	Allowed	Expected	Total Allowed	% OMFS Allowed	Write Off	Balance
WC002 ⓘ	1.0	\$23.82	\$10.12	\$11.91	\$10.12	85%	\$1.79	\$0.00
99214:25 ⓘ	1.0	\$250.28	\$72.24	\$125.14	\$106.37	85%	\$18.77	\$0.00
Total		\$274.10	\$82.36	\$137.05	\$116.49	85%	\$20.56	\$0.00

Claims Administrator Name	proc_code	Count of Payments	Count of Payments Discounted by 20%+	Percent of Payments Discounted by 20%+
The Hartford	99214	1270	987	78%
CNA Insurance	99214	409	280	68%
Tristar (City of Los Angeles Police Only)	99214	511	337	66%



State of California
Division of Workers' Compensation
Provider's Request for Second Bill Review

California Code of Regulations, title 8, section 9792.5.6

The Medical Provider signing below seeks reconsideration of the denial and/or adjustment of the billed charges for the medical services or goods, or medical-legal services, provided to the injured employee.

Employee Information

Employee Name (Last, First, Middle): [REDACTED]
 Date of Birth (MM/DD/YYYY): [REDACTED] Claim Number: [REDACTED]
 Date of Injury (MM/DD/YYYY): [REDACTED] Employer Name: **County Of Los Angeles**

Provider Information

Provider Name: [REDACTED] Contact Name: [REDACTED]
 Address: [REDACTED] cs, CA [REDACTED]
 Phone: [REDACTED] Fax Number: [REDACTED]
 E-mail Address: [REDACTED] NPI Number: 1 [REDACTED]

Claims Administrator Information

Claims Administrator Name: **Tristar (LA County 2000 Cl...** Contact Name: [REDACTED]
 Address: **P.O. Box 11967, Attn: Tristar, Santa Ana, CA 92711-1967**
 Phone: [REDACTED] Fax Number: [REDACTED]

Bill Information

Provider's or Claims Administrator's Bill Identification Number (if any): [REDACTED]
 Date Explanation of Review Received by Provider: **03/02/2015**

List of disputed services or goods (attach additional pages if necessary).

Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
02/02/2015	99214:25	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$250.28	\$72.24	\$52.90	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Requesting Second Bill Review and Description of Supporting Documentation:
Procedure code 99214-25 is a valid code & it shouldn't be down coded. Fee Schedule allows \$125.14. Review this bill accordingly, see attached documents. Reprocess code for additional payment.





\$34.13 Additional Payment Received from Second Bill Review

Submissions

02/11/2015 ✓ Original 03/13/2015 ✓ Second Review

Bill

Date of Service: 02/02/2015

Place of Service: [Redacted]

Rendering Provider: [Redacted]

Diagnosis Codes: [Redacted]

Patient

Name: [Redacted]

Date of Birth: [Redacted]

SSN: [Redacted]

Injury

Employer: County Of Los Angeles

Date of Injury: [Redacted]

Claims Administrator: Tristar (LA County 2000 Claims O...)

Claim Number: [Redacted]

Procedure	Units	Charge	Allowed	Expected	Total Allowed	% OMFS Allowed	Write Off	Balance
WC002 ⓘ	1.0	\$23.82	\$0.00	\$11.91	\$10.12	85%	\$1.79	\$0.00
99214:25 ⓘ	1.0	\$250.28	\$34.13	\$125.14	\$106.37	85%	\$18.77	\$0.00
Total		\$274.10	\$34.13	\$137.05	\$116.49	85%	\$20.56	\$0.00





Second Bill Review ALL Incorrect Reimbursements

Submissions

03/09/2015 ✓ Original 03/25/2015 ✓ Second Review

Bill

Date of Service 03/06/2015

Place of Service Santa Ana

Rendering Provider Ron Goldstein

Diagnosis Codes 72.14, 3542, 3541, and 3540

Patient

Name [REDACTED]

Date of Birth [REDACTED]

SSN [REDACTED]

Injury

Employer [REDACTED]

Date of Injury [REDACTED]

Claims Administrator SCIF - State Compensation Insura...

Claim Number [REDACTED]

Procedure	Units	Charge	Allowed	Expected	Total Allowed	% OMFS Allowed	Write Off	Balance
99215 ⓘ	1.0	\$267.88	\$150.44	\$178.59	\$160.73	90%	\$17.86	\$0.00
WC002 ⓘ	1.0	\$18.02	\$10.72	\$12.01	\$10.81	90%	\$1.20	\$0.00
Total		\$285.90	\$161.16	\$190.60	\$171.54	90%	\$19.06	\$0.00





State of California
Division of Workers' Compensation
Provider's Request for Second Bill Review
 California Code of Regulations, Title 8, section 9792.5.6

The Medical Provider signing below seeks reconsideration of the denial and/or adjustment of the billed charges for the medical services or goods, or medical-legal services, provided to the injured employee.

Employee Information

Employee Name (Last, First, Middle): [REDACTED]
 Date of Birth (MM/DD/YYYY): [REDACTED] Claim Number: [REDACTED]
 Date of Injury (MM/DD/YYYY): [REDACTED] Employer Name: [REDACTED]

Provider Information

Provider Name: [REDACTED] Contact Name: [REDACTED]
 Address: [REDACTED]
 Phone: [REDACTED] Fax Number: [REDACTED]
 E-mail: [REDACTED] NPI Number: [REDACTED]

Claims Administrator Information

Claims Administrator Name: SCIF - State Compensation ... Contact Name: [REDACTED]
 Address: P.O. Box 8192, Pleasanton, CA 94588-9998
 Phone: (888) 782-833846 Fax Number: [REDACTED]

Bill Information

Provider's or Claims Administrator's Bill Identification Number (if any): [REDACTED]
 Date Explanation of Review Received by Provider: 03/19/2015
 List of disputed services or goods (attach additional pages if necessary):

Date of Service	Service/Good in Dispute (include modifier, if any)	Service/Good Authorized?	Amount Billed	Amount Paid	Amount in Dispute	Supporting Documentation Attached?
03/06/2015	99215	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$267.88	\$150.44	\$28.15	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason for Requesting Second Bill Review and Description of Supporting Documentation: The fee schedule has changed as of 3/01/15 dates of service. The correct reimbursement amount for this code as of 03/01/15 is \$178.59. You have reviewed using the old fee schedule. Please correct and pay the difference promptly.						
03/06/2015	WC002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$18.02	\$10.72	\$1.29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Reason for Requesting Second Bill Review and Description of Supporting Documentation:
The fee schedule has changed as of 3/01/15 dates of service. The correct reimbursement amount for this code as of 03/01/15 is \$12.01. You have reviewed using the old fee schedule. Please correct and pay the difference promptly.





\$10.38 Additional Payment Received from Second Bill Review

Submissions

03/09/2015 ✓

03/25/2015 ✓

Original

Second Review

Bill

Date of Service 03/06/2015

Place of Service

Rendering Provider

Diagnosis Codes

Patient

Name

Date of Birth

SSN

Injury

Employer

Date of Injury

Claims Administrator SCIF - State Compensation Insura...

Claim Number

Procedure	Units	Charge	Allowed	Expected	Total Allowed	% OMFS Allowed	Write Off	Balance
99215 ⓘ	1.0	\$267.88	\$10.29	\$178.59	\$160.73	90%	\$17.86	\$0.00
WC002 ⓘ	1.0	\$18.02	\$0.09	\$12.01	\$10.81	90%	\$1.20	\$0.00
Total		\$285.90	\$10.38	\$190.60	\$171.54	90%	\$19.06	\$0.00





Second Bill Review = \$3+ Million ADDITIONAL Dollars Collected





Discount Contracts = HUGE Loss of Revenue

Submissions

02/11/2015 ✓ Original
03/13/2015 ✓ Second Review

Bill
Date of Service: 02/02/2015
Place of Service
Rendering Provider
Diagnosis Codes

Patient
Name
Date of Birth
SSN

Injury
Employer: County Of Los Angeles
Date of Injury
Claims Administrator: Tristar (LA County 2000 Claims O...
Claim Number

Procedure	Units	Charge	Allowed	Expected	Total Allowed	% OMFS Allowed	Write Off	Balance
WC002 ⓘ	1.0	\$23.82	\$0.00	\$11.91	\$10.12	85%	\$1.79	\$0.00
99214:25 ⓘ	1.0	\$250.28	\$34.13	\$125.14	\$106.37	85%	\$18.77	\$0.00
Total		\$274.10	\$34.13	\$137.05	\$116.49	85%	\$20.56	\$0.00

Submissions

03/09/2015 ✓ Original
03/20/2015 ✓ Second Review

Bill
Date of Service
Place of Service
Rendering Provider
Diagnosis Codes

Date of Injury
Claims Administrator: SCIF - State Compensation Insura...
Claim Number

Procedure	Units	Charge	Allowed	Expected	Total Allowed	% OMFS Allowed	Write Off	Balance
99215 ⓘ	1.0	\$267.88	\$10.29	\$178.59	\$160.73	90%	\$17.86	\$0.00
WC002 ⓘ	1.0	\$18.02	\$0.09	\$12.01	\$10.81	90%	\$1.20	\$0.00
Total		\$285.90	\$10.38	\$190.60	\$171.54	90%	\$19.06	\$0.00



Discounts Apply to all CPT Codes

Claims Admin Name	proc code	Sum of Payments	Count of Payments	Average Reimbursement	OMFS Reimbursement	Average Reimbursement as a % OMFS Reimbursement	Percent of Payments Discounted by 20%+
The Zenith	99214	\$84,195	692	\$121.67	\$125.14	97%	0%
Zurich Insurance North America	99214	\$213,537	1911	\$111.74	\$125.14	89%	1%
York Risk Services Group (TPA)	99214	\$228,493	1930	\$118.39	\$125.14	95%	2%
Broadspire	99214	\$190,292	1671	\$113.88	\$125.14	91%	2%
Travelers	99214	\$177,378	1566	\$113.27	\$125.14	91%	2%
Sedgwick (LA County 5000 Claims Only)	99214	\$79,675	710	\$112.22	\$125.14	90%	3%





Discount Networks and Contracts

Anthem
BBC
Blue Cross
CorCare
Coventry
First Health
Harbor Health
HealthSmart
Interplan
Multiplan
Procura
Rockport
Russell
Signature
WellComp

Discount Network Name	Network
Anthem Blue Cross	Athem
Anthem PPO Contract	Athem
Anthem Worker's Comp	Athem
Athem Network	Athem
BBC	BBC
BBC Pend And Transmit	BBC
Blue Cross-CA	Blue Cross-CA
CorCare	CorCare
CorCare II WC	CorCare
MPN-Corvel Corp Bridge	Corvel
Coventry	Coventry
Coventry Healthcare PPO	Coventry
Coventry Integrated Network	Coventry
Coventry Owned Contract	Coventry
First Health	First Health
First Health P&T	First Health
First Health Pend and Transmit	First Health
Harbor Health MPN	Harbor Health
HealthSmart	HealthSmart
IHP-HealthSmart/HPO	HealthSmart
Interplan	Interplan
InterPlan (P04)	Interplan
Interplan 2003	Interplan
MultiPlan (aka IHP)	MultiPlan
Procura (PPOID: 25)	Procura
Procura IHP IHG	Procura
Procura/Anthem Blue Cross	Procura
Rockport Healthcare Group	Rockport
Rockport IHG	Rockport
Russell Reimbursement Advisors	Russell
Signature Networks Plus 18%	Signature
WellComp MPN	WellComp





First Health Discount for a Single Provider

Discount Contract Tracking

Showing 1 to 6 of 6 entries (filtered from 88 total entries)

Discount Name	Claims Administrator	Percent
First Health	Sedgwick Claims Management Services (TPA)	85
First Health	Gallagher Bassett	95
First Health	County of San Bernardino	85
First Health	CNA Insurance	95
First Health	CCMSI - Cannon Cochran Management Services	95
First Health Pend and Transmit	Adminsure	85





Discount Contract Tracking

Showing 1 to 18 of 18 entries (filtered from 88 total entries)

First Pr

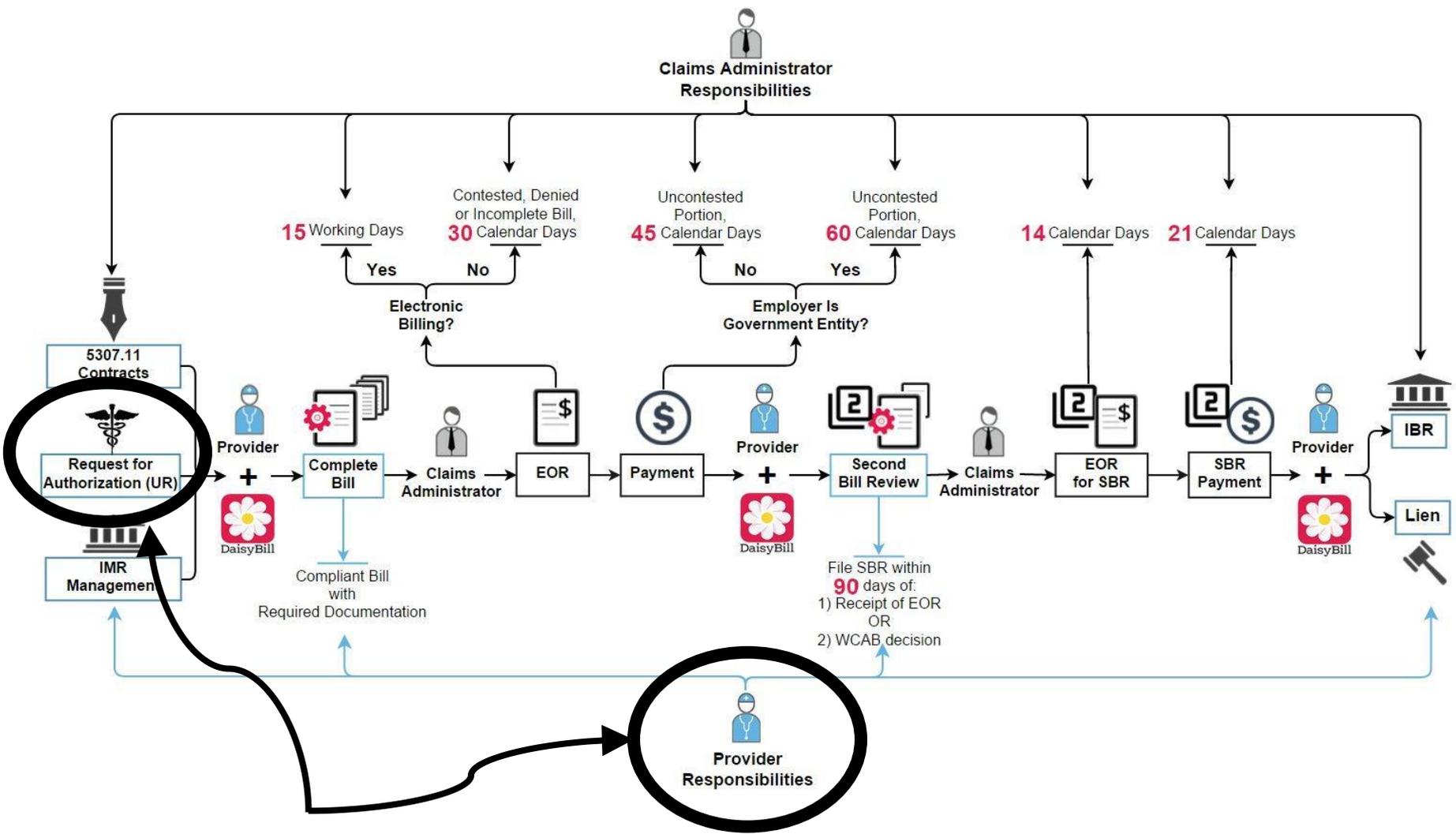
Discount Name	Claims Administrator	Percentage
HealthSmart	Sedgwick Claims Management Services (TPA)	84
Anthem Blue Cross	Sedgwick Claims Management Services (TPA)	85
Anthem Worker's Comp	Sedgwick (Dignity Health / Marian Medical Center)	85
Coventry	Sedgwick Claims Management Services (TPA)	85
Coventry Healthcare PPO	Sedgwick Claims Management Services (TPA)	85
Coventry Integrated Network	Sedgwick Claims Management Services (TPA)	85
Coventry Owned Contract	Sedgwick (Dignity Health / Marian Medical Center)	85
Coventry Owned Contract	Sedgwick Claims Management Services (TPA)	85
First Health	Sedgwick Claims Management Services (TPA)	85
HealthSmart	Sedgwick Claims Management Services (TPA)	85
Coventry	Sedgwick Claims Management Services (TPA)	90
Coventry Owned Contract	Sedgwick Claims Management Services (TPA)	90
HealthSmart	Sedgwick Claims Management Services (TPA)	90
HealthSmart	Sedgwick Claims Management Services (TPA)	93
Coventry	Sedgwick (LA County 5000 Claims Only)	95
Coventry Integrated Network	Sedgwick Claims Management Services (TPA)	95
Coventry Owned Contract	Sedgwick Claims Management Services (TPA)	95



Say NO to Discount Contracts



Mandatory Life Cycle of a Workers' Comp Bill



AUTHORIZATION GUARANTEES PAYMENT!



State of California
CA.gov | CA

CA.GOV
Department of Industrial Relations

Home Labor Law Cal/OSHA - Safety & Health Workers' Comp Self Insurance

Division of Workers' Compensation (DWC)

▶ Answers to frequently asked questions about utilization review (UR) for claims administrators

Q. Does sending the requesting physician an approval of an RFA mean that payment must be made for the authorized service?

A. Yes. Authorization means "assurance that appropriate reimbursement" for the treatment specified will be paid.
The California Labor Code **provides** that once an employer (or its insurer or URO) authorizes medical treatment, that authorization shall not be rescinded or modified for any reason after the medical treatment has been provided based on the authorization, even if the employer later determines the physician was not eligible to treat (e.g. was not an MPN provider). Under the **UR regulations**, treatment is "authorized" when the decision to approve the RFA is communicated to the requesting physician.





Request for Authorization Form

“Request for Authorization of Medical Treatment,” DWC Form RFA, contained in section 9785.5

[PRINT CLE](#)

State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

New Request Resubmission – Change in Material Facts
 Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
 Check box if request is a written confirmation of a prior oral request.

Employee Information		
Name (Last, First, Middle):		
Date of Injury (MM/DD/YYYY):	Date of Birth (MM/DD/YYYY):	
Claim Number:	Employer:	
Requesting Physician Information		
Name:		
Practice Name:	Contact Name:	
Address:	City:	State:
Zip Code:	Phone:	Fax Number:
Specialty:	NPI Number:	
E-mail Address:		
Claims Administrator Information		
Company Name:	Contact Name:	
Address:	City:	State:

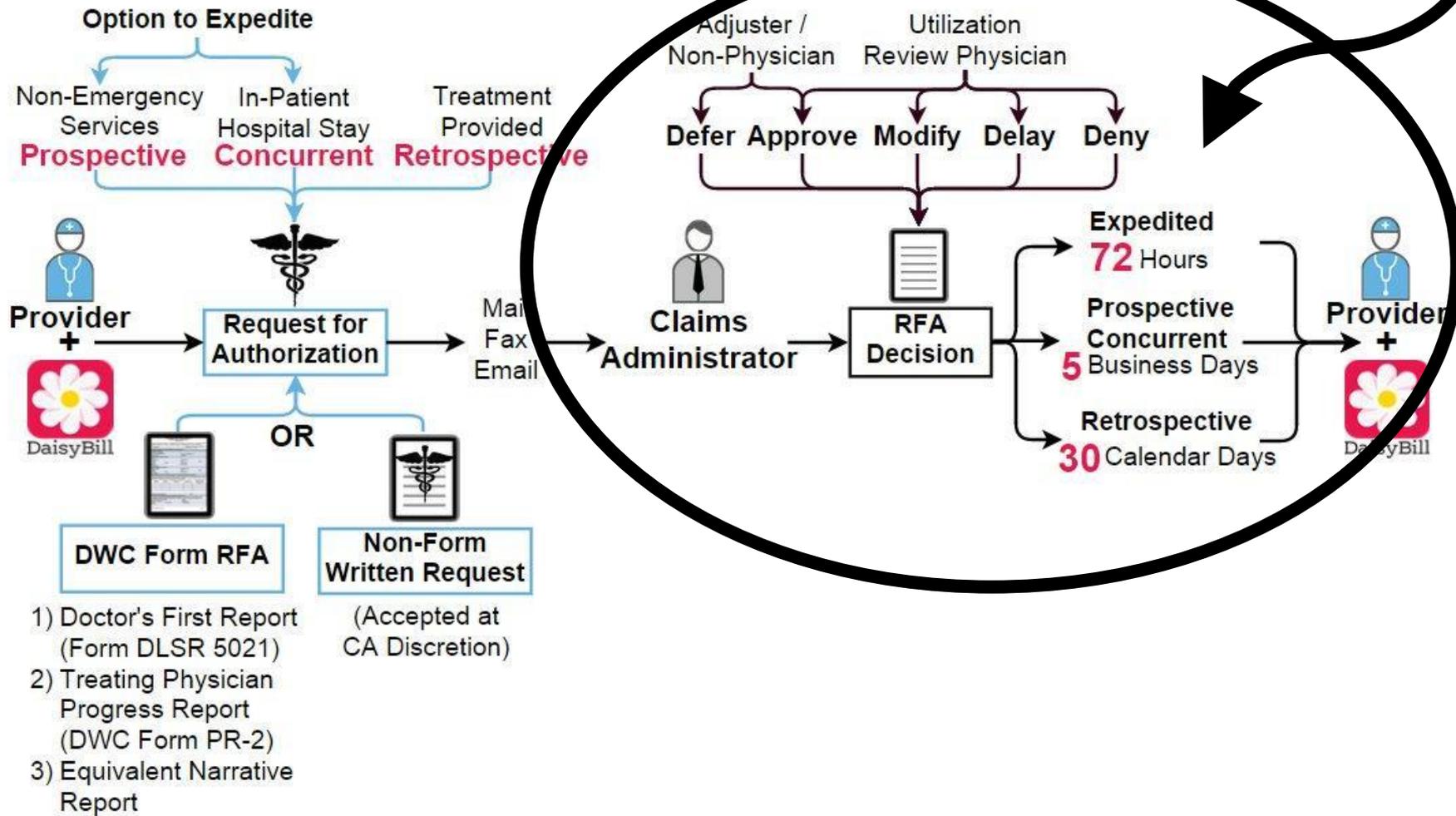
Instructions for Request for Authorization Form

Warning: Private healthcare information is contained in the Request for Authorization for Medical Treatment, DWC Form RFA. The form can only go to other treating providers and to the claims administrator.





RFA Workflow





An Untimely UR Decision Is an Invalid Decision

In the WCAB's recent ***Dubon v. World Restoration*** decision (10/6/2014)

... an untimely UR decision is invalid.

As discussed above, a defendant's UR decision will be deemed invalid only if it is untimely or suffers from material procedural defects that undermine the integrity of the UR decision.





Is Utilization Review Required?

State of California
CA.GOV
Department of Industrial Relations
CA.gov | C

Home Labor Law Cal/OSHA - Safety & Health Workers' Comp Self Insuran

Division of Workers' Compensation (DWC)

▶ Answers to frequently asked questions about utilization review (UR) for claims administrators

Q. Is utilization review required in every case?

A. Yes. The California Supreme Court **held** that utilization review must be used for every medical treatment request in the California workers' compensation system. The court also held that approving requested treatment without physician review is part of utilization review (UR), and only reviewing physicians may decide to delay, deny or modify requested treatment. The **UR regulations** allow an employer to reduce the cost of physician review in UR by designing a "prior authorization" program within the employer's UR plan. (See below: [About prior authorization.](#))



Workers' Comp Strategies that IMMEDIATELY Increase Revenue

1. Second Bill Reviews (SBRs) increase revenue
2. Cancel / Renegotiate network discount contracts
3. Requests for Authorization (RFAs) guarantee payment



Workers' Compensation Billing Issues : How to Be Successful

Questions?

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