

FL WorkComp Billing Guidelines

“Everything you always wanted to know and then some.” - Part 3





Agenda

Recap of Last Year

FL WC Fee Schedule Changes

Contracting 101

Recap of 2016

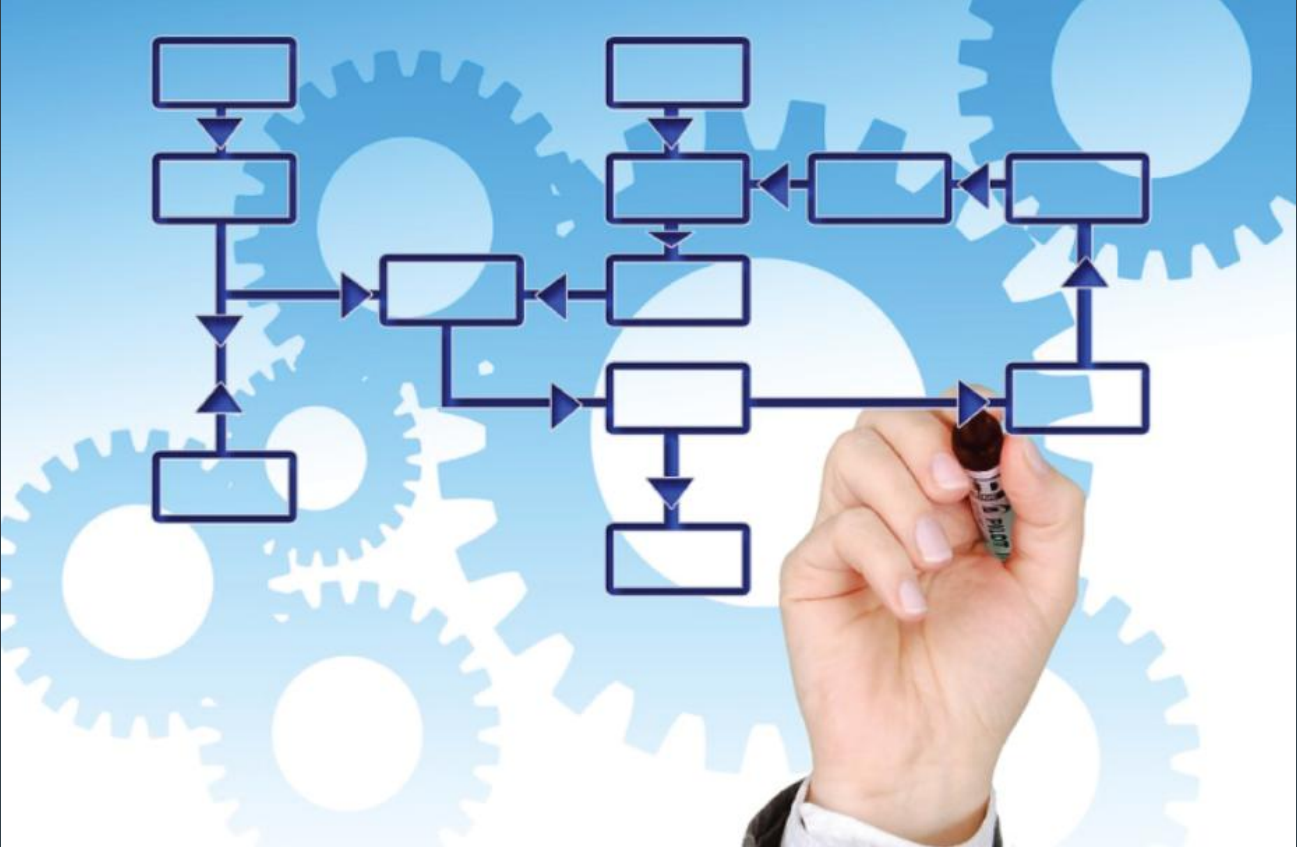
- Fee Schedule Changes
 - New ASC FS 1/1/16
 - New Physician FS 7/1/16
- State Appeal Process (waiting on approval)

Recap of 2016

- How to Read an EOR (New Codes Added)
- New Code 11 = Not Related to the Compensable Condition
- Implants (No Changes)

How the process works...

FL WC Fee
Schedule Changes



FL WC Fee
Schedule Changes

- New Physician Fee Schedule effective **7/1/17**
- Hospital Fee Schedule **not** approved by FL Congress
- ASC Fee Schedule **not** approved by FL Congress

NEW PHYSICIAN FS – HIGHLIGHTS

FL WC Fee
Schedule Changes

- 2016 CPT codes
- Updated MRAs
- Compound Changes
- Home Health Changes

FL WC Fee
Schedule Changes

NEW PHYSICIAN FS – COMPOUNDS

Medicinal drugs may be compounded by a pharmacist or a physician when the drug formulation prescribed is not commercially available. Dispensing compound drugs is identified as a specialty service under paragraph 440.13(3)(i), F.S. Compounded drugs may not have an NDC number.

Requires 10-Day Authorization

FL WC Fee
Schedule Changes

NEW PHYSICIAN FS – HOME HEALTH

A Home Health Agency must have a signed order outlining the Home Health Plan of Care from the authorized, treating physician in order to obtain carrier authorization of home health services. The Home Health Plan of Care must be renewed every thirty (30) calendar days and submitted to the carrier for approval before further services may be authorized by the carrier.

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- Knowledge of Language you are agreeing too.
 - *Percent off Fee Schedule (Most Common)*
 - *Percent off Billed Charges (Default)*
 - *Percent off Usual & Customary*
 - *Daily Rate*
 - *Rate Pages*

Contracting 101

- Understanding of the Work Comp Process
 - Specialty Forms (DWC-25 Mandatory)
- Getting Patient to MMI (Maximum Medical Improvement)
- Return Employee To Work

Contracting 101

Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form - PAGE 1

BEFORE COMPLETING THIS FORM, PLEASE CAREFULLY REVIEW THE INSTRUCTIONS BEGINNING ON PAGE 3

NOTE: Health care providers shall legibly and accurately complete all sections of this form, limiting their responses to their area of expertise.

1. Insurer Name:	2. Visit/Review Date:	FOR INSURER USE ONLY
3. Injured Employee (Patient) Name:	4. Date of Birth:	5. Social Security #:
6. Date of Accident:	7. Employer Name:	8. Initial visit with this physician? <input type="checkbox"/> a) NO <input type="checkbox"/> b) YES

SECTION I CLINICAL ASSESSMENT / DETERMINATIONS

9. No change in Items 9 - 13d since last reported visit. If checked, GO TO SECTION II.

10. Injury/ Illness for which treatment is sought is:
 a) NOT WORK RELATED b) WORK RELATED c) UNDETERMINED as of this date

11. Has the patient been determined to have Objective Relevant Medical Findings? Pain or abnormal anatomical findings, in the absence of objective relevant medical findings, shall not be an indicator of injury and/or illness and are not compensable.
 a) NO b) YES c) UNDETERMINED as of this date
If YES or UNDETERMINED, explain: _____

12. Diagnosis(es): _____

13. Major Contributing Cause: When there is more than one contributing cause, the reported work-related injury must contribute more than 50% to the present condition and be based on the findings in Item 11.
a) Is there a pre-existing condition contributing to the current medical disorder?
 a₁) NO a₂) YES a₃) UNDETERMINED as of this date
b) Do the objective relevant medical findings identified in Item 11 represent an exacerbation (temporary worsening) or aggravation (progression) of a pre-existing condition?
 b₁) NO b₂) exacerbation b₃) aggravation b₄) UNDETERMINED as of this date
c) Are there other relevant co-morbidities that will need to be considered in evaluating or managing this patient?
 c₁) NO c₂) YES
d) Given your responses to the Items above, is the injury/illness in question the major contributing cause for:
 d₁) NO d₂) YES the reported medical condition?
 d₃) NO d₄) YES the treatment recommended (management/treatment plan)?
 d₅) NO d₆) YES the functional limitations and restrictions determined?

SECTION II PATIENT CLASSIFICATION LEVEL

14. LEVEL I - Key issue: specific, well-defined medical condition, with clear correlation between objective relevant physical findings and patients' subjective complaints. Treatment correlates to the specific findings.

15. LEVEL II - Key issue: regional or generalized deconditioning (i.e. deficits in strength, flexibility, endurance, and motor control. Treatment: physical reconditioning and functional restoration.

16. LEVEL III -Key issue: poor correlation between patient's complaints and objective, relevant physical findings, indicating both somatic and non-somatic clinical factors. Treatment: interdisciplinary rehabilitation and management.

17. LEVEL UNDETERMINED AS OF THIS DATE.

SECTION III MANAGEMENT / TREATMENT PLAN

18. No clinical services indicated at this time. If checked, GO TO SECTION IV

19. No change in Items 20a - 20g since last report submitted. If checked, GO TO SECTION IV

20. The following proposed, subsequent clinical service(s) is/are deemed medically necessary.
*** THIS IS A PROVIDER'S WRITTEN REQUEST FOR INSURER AUTHORIZATION OF TREATMENT OR SERVICES. ***

a) Consultation with or referral to a specialist. Identify principal physician: _____
Identify specialty & provide rationale:
 a₁) CONSULT ONLY a₂) REFERRAL & CO-MANAGE a₃) TRANSFER CARE

b) Diagnostic Testing: (Specify) _____

c) Physical Medicine. Check appropriate box and indicate specificity of services, frequency and duration below:
 c₁) Physical/Occupational therapy, Chiropractic, Osteopathic or comparable physical rehabilitation.
 c₂) Physical Reconditioning (Level II Patient Classification)
 c₃) Interdisciplinary Rehabilitation Program (Level III Patient Classification)
Specific instruction(s): _____

d) Pharmaceutical(s) (specify): _____

e) DME or Medical Supplies: _____

f) Surgical Intervention - specify procedure(s): _____
 f₁) In-Office: _____
 f₂) Surgical Facility: _____
 f₃) Injectable(s) (e.g. pain management): _____

g) Attendant Care: _____

Contracting 101

- Know your contact person
- Know your Network Name (required on each EOR)

Q&A
Don't Be Shy

Opportunity to get answers to Billing Questions relating to FL

Work Comp rules.

- Frustrations
- Fee Schedule Updates
- Reimbursement Disputes



Contact Info

Marco Wyszkowski

CorVel Corporation

855-555-5555



Contact Info

Marco Wyszkowski

CorVel Corporation

407-547-3944

Marco_Wyszkowski@corvel.com

Resources

WWW.MYFLORIDACFO.COM/DIVISION/WC