



Illinois
Workers' Compensation
Commission

Medical Fee Schedule
Seminars

Greetings and Introductions

- Amy Masters, Acting Chairman, IWCC
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- Susan Piha, Manager of Research & Education, IWCC
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- Glen Boyle, Project Manager, True Course MDCS
glen.boyle@truecoursemdcs.com
- Guest Coder – To be announced @ each seminar.
- IWCC website: <http://www.iwcc.il.gov>
- Fee schedule: <http://iwcc.ingenixonline.com/IWCC.asp>
- FAMQ: <http://www.iwcc.il.gov/faqmed.htm>

Screen Shot IWCC Website – Fee Schedule

The screenshot shows the homepage of the Illinois Workers' Compensation Commission. The header includes the logo, the text "Illinois Workers' Compensation Commission", the website URL "www.iwcc.il.gov", and the name of the Governor, Pat Quinn. A navigation menu on the left lists various links, with "Fee Schedule" highlighted by a yellow arrow. The main content area features a "Welcome" message, a paragraph explaining the workers' compensation system, a scale of justice icon, and a table of commissioners. The right sidebar contains "IWCC Features" including "Case Status Information", "Employer Insurance Coverage Search", and "IWCC Medical Fee Schedule".

Navigation Menu (Left):

- IWCC Links
- Advisory Boards
- Annual Report
- Appellate Court Opinions
- Assessments
- Basic Info
- Benefit Rates
- Calendars, Call Sheets, & Chicago Trials
- Case Info
- Contact Information
- Fee Schedule**
- Forms
- Fraud

Main Content:

Welcome

Workers' compensation is a no-fault system of benefits paid by employers to workers who experience job-related injuries or diseases. The Commission operates the state court system for workers' compensation cases. A case is first tried by an arbitrator, whose decision may be reviewed by a panel of three commissioners.

Our staff will explain Commission procedures and case status information, but cannot answer specific legal questions regarding a case. For more information, [email us](#) or call us Monday - Friday, 8:30 a.m. - 5:00 p.m. (Please do not fax questions.)

Note: All visitors to the Chicago office must show a valid [photo ID](#).

Table:

Amy J. Masters, Acting			
Commissioners by panel:	Panel A	Panel B	Panel C

Right Sidebar (IWCC Features):

- September 8, 2009
- IWCC Case Status Information
- Employer Insurance Coverage Search
- IWCC Medical Fee Schedule

Fee Schedule Control Panel

Illinois Workers' Compensation Commission www.iwcc.il.gov

Pat Quinn, Governor
October 10, 2009

[IWCC Home](#)

Links **Fee Schedule**

Data Specifications

Fee Schedule

Frequently Asked Medical Questions

Instructions and Guidelines on or after 2/1/09

Instructions and Guidelines prior to 2/1/09

Rules on Medical Fee Schedule on or after 2/1/09

Rules on Medical Fee Schedule prior to 2/1/09

You may access the fee schedule in one of three ways. Please read the [Data Specifications](#) page before viewing / downloading the information:

1. You may look up an individual code in one or more geozips.
2. You may download all the codes in one or more service categories, in one or more geozips.
3. You may download the entire fee schedule (all the codes in all the service categories, in all the geozips).

Note: "POC76" means payment should be 76% of the provider's charge.

SELECT THE TREATMENT YEAR YOU WISH TO VIEW:

2006 2007 2008 2009 2009 (New MS-DRG hospital inpatient fee schedule 6/30/09)

SELECT THE TYPE(S) OF SERVICE CATEGORIES YOU WISH TO VIEW:

All types of service categories

Ambulatory Surgical Treatment Centers (For pre-2/1/09 reimbursement amount, refer to [Guidelines](#))

Anesthesia (00100-01999)

Dental (D0120-D9999) (For reimbursement amount, refer to [Guidelines](#))

Emergency Room (For reimbursement amount, refer to [Guidelines](#))

Healthcare Common Procedure Coding System (HCPCS) (A0021-V9364)

Hospital Inpatient-Rehabilitation hospitals - (For reimbursement amount, click [HERE](#). For pre-2/1/09 reimbursement amount, refer to [Guidelines](#))

Hospital Inpatient - Standard

Hospital Inpatient - Trauma Admissions (refer to inpatient guidelines before using Trauma schedule)

Hospital Outpatient (10021 - 97755; For other procedures codes, refer to [Guidelines](#))

Professional Services (10021 - 99607; including evaluation and management, surgery, physician, medicine, radiology, pathology and laboratory, chiropractic, physical therapy)

SELECT THE GEOZIP(S) (the three-digit zip code where the treatment was provided) YOU WISH TO VIEW:

<input type="checkbox"/> All	<input type="checkbox"/> 604	<input type="checkbox"/> 609	<input type="checkbox"/> 614	<input type="checkbox"/> 619	<input type="checkbox"/> 625
<input checked="" type="checkbox"/> 600	<input type="checkbox"/> 605	<input type="checkbox"/> 610	<input type="checkbox"/> 615	<input type="checkbox"/> 620	<input type="checkbox"/> 626
<input checked="" type="checkbox"/> 601	<input type="checkbox"/> 606	<input type="checkbox"/> 611	<input type="checkbox"/> 616	<input type="checkbox"/> 622	<input type="checkbox"/> 627
<input checked="" type="checkbox"/> 602	<input type="checkbox"/> 607	<input type="checkbox"/> 612	<input type="checkbox"/> 617	<input type="checkbox"/> 623	<input type="checkbox"/> 628
<input checked="" type="checkbox"/> 603	<input type="checkbox"/> 608	<input type="checkbox"/> 613	<input type="checkbox"/> 618	<input type="checkbox"/> 624	<input type="checkbox"/> 629

SELECT THE PARTICULAR PROCEDURE CODE(S) YOU WISH TO VIEW:
Please enter a single code or a range of codes for one service category, e.g. : A0021 or A0021-A0999

Results Page

http://iwcc.ingenixonline.com/download.asp?treatmentyear=2009&category=Professional&geozip=604, - Windows Internet Explorer

http://iwcc.ingenixonline.com/download.asp?treatmentyear=2009&category=Professional&geozip=604,600,605,601,602,603&codefield=99213&formaction=

Search the Web Search AIM 30 New AIM Express New IM IM This Page Set Status

http://iwcc.ingenixonline.com/download.asp?treatme...

Year	Category	Geozip	Code	Description	Total	Conversion Factor	PC Amount	TC Amount	Modifier
2009	Professional Services	600	99213		\$95.27				
2009	Professional Services	601	99213		\$92.72				
2009	Professional Services	602	99213		\$104.30				
2009	Professional Services	603	99213		\$94.82				
2009	Professional Services	604	99213		\$88.50				
2009	Professional Services	605	99213		\$91.65				

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Relative Value Guide (c) 2008 American Society of Anesthesiologists. All Rights Reserved

Data copyright 2009 Ingenix, Inc.

Done Internet 100%

start Welcome to the Offici... http://iwcc.ingenixonl... Microsoft PowerPoint ... Document1 - Microsof...

7:55 AM

Results Page Text Doc - Downloadable

The screenshot displays the Illinois Workers' Compensation Commission website. The header includes the logo and the text "Illinois Workers' Compensation Commission" on the left, and "www.iwcc.il.gov" and "Pat Quinn, Governor" on the right. A navigation bar contains "Links" and "Fee Schedule". A sidebar on the left lists various links such as "Data Specifications", "Fee Schedule", and "Frequently Asked Medical Questions". The main content area shows a message: "You have requested data for the following year: 2009" and "The data you requested is available in two formats:". A Notepad window titled "IWCCFeeSched[1] - Notepad" is open, displaying a table with the following data:

Year	Category	Geozip	Code	Desc	Total	Conv_Factor	PC_Amount	TC_Amount	Modifier
2009	Professional	600	99213		95.27				
2009	Professional	601	99213		92.72				
2009	Professional	602	99213		104.30				
2009	Professional	603	99213		94.82				

The Windows taskbar at the bottom shows the Start button, several open applications including "Welcome to the Off...", "http://iwcc.ingenix...", "Microsoft PowerPo...", "Document1 - Micros...", "Document2 - Micros...", and "IWCCFeeSched[1] ...", and the system tray with the time "8:15 AM".



Professional Services
Anesthesia
HCPCS
Fee Schedules

Fee Schedule Methodology

Defined in Section 8.2 of WC Act

- Use database with 12 million charges

Anesthesia, Prof Services, HCPCS: only Ingenix qualified. It created and hosts the website.

Facility FS: Except for Radiology, Pathology & Laboratory and Physical Medicine, all based on IL Dept of Public Health data.

- Use charges (not paid amounts) from 8/1/02 - 8/1/04.
- If insufficient data to calculate a fee, payment defaults to 76% of charge (POC76). Historical use of data limits FS to those codes existing in 2004. New codes since 2004 paid at POC76.
- Calculate fee for each of 29 geozips
- Fee based on site of treatment
- Payment shall be the LESSER of provider's charge OR fee schedule amount. This payment represents full payment.
- A contract prevails over the fee schedule.

Fee Schedule Methodology, Page 2

Step 1: Fee = 90% of the 80th percentile (8th of 10 data points)...

EXAMPLE

1	2	3	4	5	6	7	8	9	10
50	50	55	70	80	95	115	115	120	130

$$\text{Fee} = .90 \times \$115 = 103.50\dots$$

Fee Schedule Methodology, Page 3

Step 2: Adjust fee UP or DOWN by CPI-U

CPI Adjustments to Medical Fees		
Eff. Date	CPI-U	CPI-M
2/1/06	4.90%	4.37%
1/1/07	3.80%	4.26%
1/1/08	1.97%	4.52%
1/1/09	5.37%	3.26%
1/1/10	-1.48%	3.31%
Total	14.56%	19.72%

2010 Fee = .90 X 115 = 103.50 X 1.1456 = \$118.57

With CPI-M, fee would be 103.50 X 1.1972 = \$123.91

5% savings

Balance Billing

Balance billing = provider bills worker for unpaid medical charges

Effective July 20, 2005, balance billing is prohibited.

If employer notifies provider that it does not consider injury compensable, provider may bill worker.

If employee informs provider that claim is on file at IWCC, provider must stop billing worker.

While claim is pending, provider may mail employee reminders and request case information. If employee does not provide info within 90 days, provider may resume billing.

Upon final award, provider may be able to resume collection efforts from employee up to FS amt.

Case status info available at <http://www.iwcc.il.gov/caseinfo.htm>
Information staff can explain case status: toll-free 866/352-3033

Screen Shot IWCC Website – Case Status Info

The screenshot shows the homepage of the Illinois Workers' Compensation Commission. The navigation bar includes the IWCC logo, the text 'Illinois Workers' Compensation Commission', the website URL 'www.iwcc.il.gov', and the Governor's name 'Pat Quinn, Governor'. A date stamp indicates 'September 8, 2009'. On the left, a 'IWCC Links' menu lists various services. The main content area features a 'Welcome' section with a paragraph about the commission's role, a yellow arrow pointing to the 'Case Status Information' link in the 'IWCC Features' sidebar, and a table listing the commissioners by panel.

Navigation Bar: IWCC | Home | RSS | Mail | Print | Page | Safety | Tools | Help

Header: Illinois Workers' Compensation Commission | www.iwcc.il.gov | Pat Quinn, Governor

Date: September 8, 2009

Left Sidebar (IWCC Links):

- Advisory Boards
- Annual Report
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Welcome

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Right Sidebar (IWCC Features):

- IWCC Case Status Information** (highlighted with a yellow arrow)
- Employer Insurance Coverage Search
- IWCC Medical Fee Schedule

Table:

Amy J. Masters, Acting Chairman			
Commissioners by panel:	Panel A	Panel B	Panel C

Case Status Information: Settlement/Awards/Orders

12:41:51

CASE DOCKET---ICDW

*** YOU MUST ENTER CASE NUMBER; TO INQUIRE PRESS ENTER ***

More Info

Connected Cases

Court Reporter

CASE # WC

HEARING LOCATION

EMPLOYEE

HILTON GARDEN INN

EMPLOYER

455 RIVERSTONE PARKWAY-RM 1,2

SETTING KANKAKEE

KANKAKEE IL 60901

ARBITRATOR GIORDANO, JAMES

ACCIDENT DATE 04/09/08

COMMISSIONER N. A.

CASE FILED 05/06/08

BODY PART MULTIPLE PARTS N/A

EMPLOYEE ATTORNEY

EMPLOYER ATTORNEY

STEVEN A CRIFASE, LTD

LAW OFFICE OF LAWRENCE COZZI

8 S MICHIGAN AVE

27201 BELLA VISTA PARKWAY

SUITE 2000

SUITE 410

CHICAGO IL 60603

WARRENVILLE IL 60555

STATUS SETTLEMENT CONTRACT APPROVED

SETTLEMENT DATE 10/30/08

FOR INFORMATION ON SETTLEMENTS/AWARDS, CLICK WHITE BUTTON "MORE INFO."
QUESTIONS? CONTACT US AT 866/352-3033 OR INFOQUESTIONS.WCC@ILLINOIS.GOV.

Case Status Information: Settlement/Awards/Orders

12:46:47

CASE DOCKET---IC3W

PAGE 001

RETURN

CASE # 08

WC 020202

PET NAME

STATUS SC APPROVED

----- AWARDS/DECISIONS/ORDERS/SETTLEMENTS -----

I.D. LV NAME: TYPE SETT DATE ENTERED 12 - 29 - 08

OPT DOCUMENT DATE 10 - 30 - 2008 A/C 095 DOLLISON, GREGORY

OPEN MED N OPEN DIS N OPEN MED UP TO 00 - 00 - 00 NO. 000 YM

?	TYPE	AMOUNT (RATE)	WEEKS	PART BODY %	LOSS	RE- HAB	PART OF BODY/TYPE DESCRIPTION
	5R			00000			SUBROGATION RIGHTS RETAINED
	8AMX			00000			MED TO BE PAID TO DATE OF APPROVAL
	8BP	285.71	10.00	00000			TTD PAID PRIOR TO CONTRACT
	8E			53020	17.500		FOOT RIGHT SPECIFIC LOSS
	9	7515.20		00000			SETTLEMENT CONTRACT

NO MORE DOCUMENTS.

Anesthesia Services

Conversion factor created from total charges in a geozip

Geozip	Conversion factor
600	110.63
601	99.96

Base Value + Time Units + Modifying Units = Total Units
Total Units X Conversion Factor = Fee

Refer to ASA "2006 Relative Value Guide"

Anesthesia Bill Example

Procedure CPT 01744:

Anesthesia for open/surgical arthroscopic procedures—elbow

Geo-zip 600 Conversion factor = \$110.63

Time of Anesthesia Services: 1 hour 15 minutes

Physical Status: P1

Qualifying Circumstances: None

Base Value for 01744	5 units
Time (75 minutes divided by 15)	+ 5 units
Physical Status (P1)	+ 0 units
Qualifying Circumstances-none	<u>+ 0 units</u>
Total Units	10 units

10 Units X \$110.63 = \$1106.30

Anesthesia – Split Billing Example

The image shows two identical medical claim forms, likely Medicare, illustrating a split billing example for anesthesia. Each form has a table with columns for patient information, dates of service, procedure codes, and charges. The procedure code '00160' is highlighted in both forms, and arrows point to it from the center. The charges for this procedure are listed as '50000 63' in both forms. The forms are otherwise blank, with only the header and footer information visible.

LINE	DATE OF SERVICE	PROCEDURE	CHARGE
1	10 02 09	24 00160 QK	50000 63
2			
3			
4			
5			
6			
TOTAL			50000 000 50000

LINE	DATE OF SERVICE	PROCEDURE	CHARGE
1	10 02 09	24 00160 QX	50000 63
2			
3			
4			
5			
6			
TOTAL			50000 000 50000

Professional "Buried" on UB

11-02-2009 12:44:18PM.bmp - Paint

File Edit View Image Colors Help

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	
490	AMBUL SURG	64721RT	071709	1	3,138.00		
964	PROFEE/ANES CRNA	01810QX	071709	4	341.00		
250	PHARMACY	J0690	071709	1	20.00		
250	PHARMACY	J3010	071709	1	11.00		
250	PHARMACY	J2001	071709	1	11.00		
250	PHARMACY	J3490	071709	1	11.00		
250	PHARMACY	J2250	071709	1	16.00		
270	MED-SUR SUPPLIES	99070	071709	1	2.00		
270	MED-SUR SUPPLIES	99070	071709	1	27.00		
270	MED-SUR SUPPLIES	99070	071709	5	25.00		
0001 PAGE 1 OF 1					CREATION DATE 07/24/09	TOTALS 3,602.00	0.00
0251	PHARMACY GENERIC DRUGS		061009	3	67.76		
0258	IV SOLUTIONS		061009	1	18.47		
0272	STERILE SUPPLY		061009	2	144.25		
			061009	1	145.50		

For Help, click Help Topics on the Help Menu.

start Microsoft Office... My Documents Microsoft Office... Microsoft Office... Book1 Internet Explorer Paint 12:45 PM

Professional @ Bottom of UB

11-02-2009 12:44:18PM.bmp - Paint

File Edit View Image Colors Help

42 REV CD	43 DESCRIPTION	44 HCPCS RATE / PPS CODE			
0251	PHARMACY GENERIC DRUGS		061009	3	6776
0258	IV SOLUTIONS		061009	1	1847
0272	STERILE SUPPLY		061009	2	14425
0274	PROSTH/ORTH DEVICE	L1830	061009	1	14550
0278	SUPPLY/IMPLANTS		061009	4	439244
0360	OR SERVICES	29882LT	061009	1	400400
0370	ANESTHESIA		061009	7	117800
0636	DRUG/DETAIL CODE	J7120	061009	2	12924
0636	DRUG/DETAIL CODE	J2175	061009	2	4066
0636	DRUG/DETAIL CODE	J2060	061009	2	3848
0636	DRUG/DETAIL CODE	J0690	061009	2	2312
0636	DRUG/DETAIL CODE	J1100	061009	8	2138
0636	DRUG/DETAIL CODE	J0170	061009	1	2026
0636	DRUG/DETAIL CODE	J3010	061009	1	1952
0636	DRUG/DETAIL CODE	J2250	061009	2	1821
0636	DRUG/DETAIL CODE	J2765	061009	1	1812
0710	RECOVERY ROOM		061009	5	112900
0964	CRNA/ANESTHETIST	29882QZP2QS	061009	1	147400
				TOTALS	1288241
0001	PAGE 1 OF 1	CREATION DATE 072709			

0001 PAGE 1 OF 1 CREATION DATE 072709 TOTALS 1288241

For Help, click Help Topics on the Help Menu.

start Microsoft Office... My Documents Microsoft Office... Microsoft Office... Book1 Internet Explorer Paint 12:47 PM



Dental Services

- Fee schedule amounts could not be calculated so payment defaults to 76% of charges.
- If dental services are reported using CPT or HCPCS codes, those fees apply.

Emergency Room – Professional Services

ER doc's Professional Services:

If billed using doctor's tax ID#, follow Prof Serv FS.

If billed using hospital's tax ID#, POC76.

Facility fees addressed in Session 2
(POC76 plus FS for Rad/Path & Lab/Phys Med & Rehab)

HCPCS Level II

FS for Equipment, Ambulance, etc. (A0021-V5364)

Common Issues:

- Section 8.2 is silent on pharmacy. There is no prescription pharmacy FS. Pay U&C (not defined by IWCC). Don't use a code (e.g., J3490 unclassified drug) to get around this.
- Apply these codes to home healthcare (not skilled nursing facility) bills.

Professional Services

Key Components:

- Fee Schedule
- Instructions and Guidelines
- *Payment Guide to Global Days, Multiple Procedures, etc.*
- *National Correct Coding Initiative (Version 12.3)*

Gaps: follow common coding and reimbursement practices

I&G – Closer View

Illinois Workers' Compensation Commission

Links Instructions and Guidelines

Data Specifications
Fee Schedule
Frequently Asked Medical Questions
Instructions and Guidelines on or after 2/1/09
Instructions and Guidelines prior to 2/1/09
Rules on Medical Fee Schedule on or after 2/1/09
Rules on Medical Fee Schedule prior to 2/1/09

[Download Instructions and Guidelines](#)

Illinois Workers' Compensation Commission

Medical Fee Schedule

Instructions and Guidelines

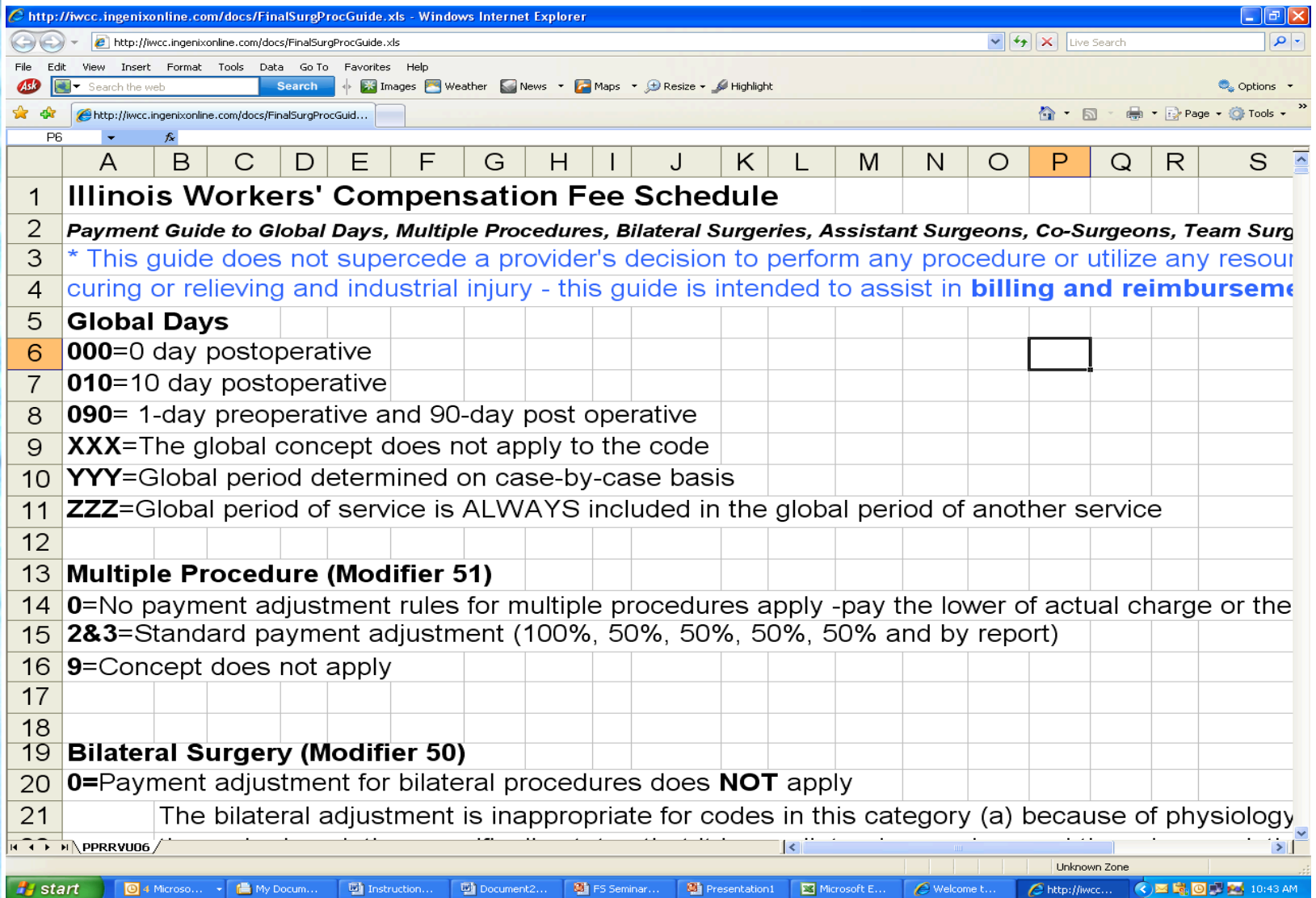
For treatment on or after 2/1/09

Table of Contents

- [Introduction and Purpose](#)
- [Reference Materials](#)
- [Section 1. Ambulatory Surgical Treatment Center \(ASTC\) Services](#)
- [Section 2. Anesthesia Services](#)
- [Section 3. Dental Services](#)
- [Section 4. Emergency Room Services](#)
- [Section 5. HCPCS\(Healthcare Common Procedure Coding System\) Level II](#)
- [Section 6. Hospital Inpatient Services: Standard and Trauma](#)
- [Section 7. Hospital Outpatient Services](#)
 - [A. Radiology](#)
 - [B. Pathology and Laboratory](#)
 - [C. Physical Medicine and Rehabilitation](#)
 - [D. Hospital Outpatient Surgical Facility](#)
 - [E. Cost Outliers](#)
- [Section 8. Professional Services](#)
 - [A. Evaluation and Management](#)
 - [B. Surgery](#)
 - [Payment GUIDE to Global Days, Multiple Procedures, Bilateral Surgeries, Assistant Surgeons, Co-Surgeons, and Team Surgery](#)
 - [C. Radiology Services](#)
 - [D. Pathology and Laboratory](#)
 - [E. Medicine Services](#)
 - [F. Modifiers](#)
 - [G. Removed Codes](#)
- [Section 9. Allied Health Care Professionals](#)
- [Section 10. Correct Coding](#)
- [Section 11. Independent Diagnostic Testing Facilities](#)
- [Section 12. Out-of-State Treatment](#)
- [Section 13. Rehabilitation Hospital Services](#)

Internet 150%

Payment Guide Key



The screenshot shows a Windows Internet Explorer browser window displaying an Excel spreadsheet. The spreadsheet is titled "Payment Guide Key" and contains the following content:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
1	Illinois Workers' Compensation Fee Schedule																		
2	Payment Guide to Global Days, Multiple Procedures, Bilateral Surgeries, Assistant Surgeons, Co-Surgeons, Team Surg																		
3	* This guide does not supercede a provider's decision to perform any procedure or utilize any resour																		
4	curing or relieving and industrial injury - this guide is intended to assist in billing and reimburseme																		
5	Global Days																		
6	000=0 day postoperative																		
7	010=10 day postoperative																		
8	090= 1-day preoperative and 90-day post operative																		
9	XXX=The global concept does not apply to the code																		
10	YYY=Global period determined on case-by-case basis																		
11	ZZZ=Global period of service is ALWAYS included in the global period of another service																		
12																			
13	Multiple Procedure (Modifier 51)																		
14	0=No payment adjustment rules for multiple procedures apply -pay the lower of actual charge or the																		
15	2&3=Standard payment adjustment (100%, 50%, 50%, 50%, 50% and by report)																		
16	9=Concept does not apply																		
17																			
18																			
19	Bilateral Surgery (Modifier 50)																		
20	0=Payment adjustment for bilateral procedures does NOT apply																		
21	The bilateral adjustment is inappropriate for codes in this category (a) because of physiology																		

The browser window shows the URL <http://iwcc.ingenixonline.com/docs/FinalSurgProcGuide.xls>. The taskbar at the bottom shows the Start button and several open applications, including Microsoft Office Word, My Documents, Instruction..., Document2..., FS Seminar..., Presentation1, Microsoft E..., Welcome t..., and the current browser window. The system clock shows 10:43 AM on 10/14/2006.

Payment Guide Sample

CPT/ HCPCS	MOD	GLOB DAYS	MULT PROC	BILAT SURG	ASST SURG	CO- SURG	TEAM SURG
49492		090	2	1	2	1	0
49495		090	2	1	2	1	0
49496		090	2	1	2	1	0
49500		090	2	1	2	1	0
49501		090	2	1	2	1	0



Payment Guide:
CPT 97010 (Hot/Cold Packs)

- NCCI publisher has clarified that 97010 is included in other physical medicine procedures and should not be unbundled.

New CPT Codes Not Found in *Payment Guide*

- By law, FS is tied to 2002-2004 charges
- For new codes, follow common coding and reimbursement practices EXCEPT if an updated guideline conflicts with a posted guideline, you must follow the posted guideline.

National Correct Coding Initiative

TABLE OF CONTENTS

Basic Documents
To download each document, click on the link below. Unless stated otherwise, all are pdf documents.

[Law](#)

[Rules for treatment on or after 2/1/09](#)
[Rules for treatment from 2/1/06 - 1/31/09](#)

[Instructions and Guidelines for treatment on or after 2/1/09](#)
[Instructions and Guidelines for treatment from 2/1/06 - 1/31/09](#)

[Payment Guide to Global Days \(Excel\)](#)

National Correct Coding Initiative Coding Policy Manual

[Ch. 1: General Correct Coding Policies](#)
[Ch. 2: Anesthesia Services \(CPT codes 00000-09999\)](#)
[Ch. 3: Surgery: Integumentary System \(CPT codes 10000-19999\)](#)
[Ch. 4: Surgery: Musculoskeletal System \(CPT codes 20000-29999\)](#)
[Ch. 5: Surgery: Respiratory, Cardiovascular, Hemic, Lymphatic \(CPT codes 30000-39999\)](#)
[Ch. 6: Surgery: Digestive System \(CPT codes 40000-49999\)](#)
[Ch. 7: Surgery: Urinary, Genital, Maternity Care \(CPT codes 50000-59999\)](#)
[Ch. 8: Surgery: Endocrine, Nervous, Eye, Auditory \(CPT codes 60000-69999\)](#)
[Ch. 9: Radiology Services \(CPT codes 70000-79999\)](#)
[Ch. 10: Pathology and Laboratory Services \(CPT codes 80000-89999\)](#)
[Ch. 11: Medicine, Evaluation and Management Services \(CPT codes 90000-99999\)](#)
[Ch. 12: Supplemental Services \(HCPCS Level II codes A0000-V9999\)](#)
[Ch. 13: Category III Codes \(CPT codes 0001T-0099T\)](#)

Definitions

[Base value](#)
[Conversion factor](#)
[Geozip](#)
[Modifier](#)
[POC76](#)

NCCI

Column One/Column Two & Mutually Exclusive Edits

“There are two NCCI edit tables:
“Column One/Column Two Correct
Coding Edit Table” and “Mutually
Exclusive Edit Table.” Each edit
table contains edits which are
pairs of HCPCS/CPT codes that in
general should not be reported
together...”

Version 12.3

I-1

NCCI

Column 1/Column 2: Example

Column1/Column 2 Edits					
Column 1	Column 2	* = In existence prior to 1996	Effective Date	Deletion Date *=no data	Modifier 0=not allowed 1=allowed 9=not applicable
29826	29805		20020101	*	1
29826	29806		20020701	20040630	1
29826	29815		19970101	20020331	1
29826	29819		19960101	19960101	9
29826	29820		19960101	*	1
29826	29821		19960101	19960101	9
29826	29822		19960101	19960101	9
29826	29822		20011001	*	1
29826	29823		19960101	19960101	9
29826	29825		19960101	*	1
29826	36000		20021001	*	1
29826	36400		20090401	*	1
29826	36405		20090401	*	1
29826	36406		20090401	*	1
29826	36410		20021001	*	1
29826	36420		20090401	*	1
29826	36425		20090401	*	1
29826	36430		20090401	*	1
29826	36440		20090401	*	1
29826	36600		20090401	*	1

NCCI

Mutually Exclusive Edits: Example

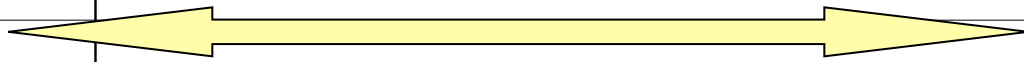
Mutually Exclusive Edits					
Column 1	Column 2	* = In existence prior to 1996	Effective Date	Deletion Date * = no data	Modifier 0 = not allowed 1 = allowed 9 = not applicable
29820	11012		19980101	*	1
29827	11010		20040701	*	1
29827	11011		20040701	*	1
29827	11012		20040701	*	1
29828	11010		20090401	*	1
29828	11011		20090401	*	1
29828	11012		20090401	*	1
29830	11012		19980101	*	1
29834	11012		19980101	*	1
29835	11012		19980101	*	1
29837	11012		19980101	*	1
29840	11012		19980101	*	1
29843	11012		19980101	*	1
29844	11012		19980101	*	1
29846	11012		19980101	*	1
29848	11012		19980101	*	1
29867	29866		20060401	*	1

Modifiers

Section 8F of Instructions and Guidelines

F. Modifiers

Modifier	AMA Description/Illinois Instructions	Payment Policy/ Documentation Requirements
21	<p>Due to copyright restrictions, the actual modifier descriptions are not listed. Please refer to <i>Current Procedural Terminology (CPT®)</i>, American Medical Association, 2006.</p> <p>Please refer to CPT.</p>	<p>125 percent of fee schedule amount.</p> <p>Appropriate documentation includes cover letter detailing how evaluation exceeded highest-level code.</p>
22	<p>Specific instructions for the Illinois fee schedule:</p> <p>Clinical examples include, but are NOT limited to following:</p>	<p>125 percent of fee schedule amount.</p> <p>Appropriate documentation includes cover letter and/or photos for documentation.</p>



Modifiers & POC76

- First determine/identify the actual full charge for a code, multiply by 76%, then make an adjustment for other factors (e.g., modifier 80):

$$\text{Payment} = \text{Full charge} \times 76\% \times 20\%.$$

- If bill has already been reduced to 20% of surgeon's charge, then just multiply by 76%.
- OK to reduce a bill if, say, an assistant surgeon submits a fee @ 25% of the primary surgeon's fee, reduce to 20% of the primary surgeon's fee, and then apply FS amount/POC76.



Modifier 59 (Distinct Procedure)

Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/ services that are not normally reported together, but are appropriate under the circumstances.

Modifier 59 (con.)

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf>

“From an NCCI perspective, the definition of different anatomic sites includes different organs or different lesions in the same organ. However, it does not include treatment of contiguous structures of the same organ. For example, treatment of the nail, nail bed, and adjacent soft tissue constitutes a single anatomic site. Treatment of posterior segment structures in the eye constitute a single anatomic site.”

Section 12 Exams (Independent Medical Exams)

- NOT treatment so not subject to FS
- Paid at amount agreed to by provider and payer
- CPT codes in FS are for consultations that are part of treatment



Allied Healthcare Professionals

Section 9, Instructions & Guidelines:

Allied health care professional, such as CRNA, PA, and NP, will be reimbursed at same rate as physician when performing same services as physician.

Out-of-State Treatment

IWCC has jurisdiction only on cases filed in Illinois

Section 12, Instructions and Guidelines:

Payment for out-of-state treatment on IL wc claims is the GREATER of
76% of the charged amount

OR

The amount set forth in that state's FS, if there is a FS

Subject to the other Instructions and Guidelines in FS

Pay 65% of charge for implants, etc.



Questions from the Attendees



Hospital/Facility Fee Schedules

Fee Schedule Methodology

- Facility fees were calculated the same way as Prof Serv FS
- IDPH data was used
- Professional Services and carve-out charges were removed before calculating Facility fees
- Pay Professional Services billed on hospital bills at POC76.

Carve-outs for implants, etc.

- Subtract and pay at 65% of charge for these revenue codes:
 - 0274 (prosthetics/orthotics)
 - 0275 (pacemaker)
 - 0276 (lens implants)
 - 0278 (implants)
 - 0540 and 545 (ambulance)
 - 0624 (investigational devices)
 - 0636 (drugs requiring detailed coding)
- **Except for carve-outs, do not apply FS on a line-item basis.**
- Charges shall be at a provider's normal rates under its standard chargemaster.

Ambulatory Surgical Treatment Center (ASTC) Services

- CMS code template used: if code not listed--not covered
- Facility fees only paid to ASTCs licensed by IDPH;
list at <http://www.idph.state.il.us/healthcarefacilities/astc.htm>
- FACILITY FS only: does NOT cover Professional Services, radiology, pathology and laboratory.
- Bill Professional Services charges separately
- Subtract carve-outs, pay at 65%, then apply FS
- Follow Sections 8(B) (only multiple and bilateral procedure modifiers apply) and 8(F) of Instructions & Guidelines
- No cost outlier provision for ASTC FS

ASTC Sample Bill

12 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
90	REPAIR INGUINAL HERNIA	49505 RT	07/30/09	1	6800.00		1
78	MESH PERFIX PLUG	A4649	07/30/09	1	380.00		2
							3
							4
							5
							6
							7
							8
							9
							10
							11
							12
							13
							14
							15
							16
							17
							18
							19
							20
							21
001	PAGE 1 OF 1	CREATION DATE	07/31/09	TOTALS	7180.00		22
PAYER NAME		51 HEALTH PLAN ID	52 RE	53 ASG	54 PRIOR PAYMENTS	55 EST. AMOUNT PAID	1051317614

ASTC FS Amount

Year	Category	Geozip	Code	Total
2009	ASTC	605	49505	\$7,868.75

ASTC FS Calculation (in absence of contract)

\$7,180.00	Total charges
<u>- 380.00</u>	Subtract rev code 278 charges
\$6,800.00	

Since \$6,800 < FS amt of \$7,868.75, pay **\$6,800**

Pay carve-out: \$380.00 @ 65% = **\$247.00**

Pay \$6,800.00
<u>+ 247.00</u>
\$7,047.00

Emergency Room Services

ER Facility: Pay POC76 + FS where available:

- Subtract carve-outs, pay at 65%, then apply FS
- Rad/Path & Lab/Phys Med & Rehab paid per Hospital Outpatient FS
- Prof Services
 - If billed by hospital with hospital tax ID: POC76
 - If billed by physician: Prof Services FS
- Urgent Care Centers
 - If billed by hospital with hospital tax ID: POC76
 - Otherwise: Prof Services FS

Emergency Room Bill Example

Rev.	Description	HCPCS/Rates	Serv.	Serv. Units	Total Charges/FS Amount
250	Pharmacy		091008	7	\$950.00
250	Pharmacy		091008	10	\$305.56
270	Med Sur-Supplies		091008	27	\$1,170.00
300	Laboratory	80048	091008	1	\$105.00/FS \$120.98
300	Laboratory	82962	091008	2	\$84.00/FS \$68.00
300	Laboratory	85025	091008	1	\$82.00/FS \$69.73
300	Laboratory	82962	091008	1	\$42.00/FS 34.00
312	Pathol/Histol	88304	091008	1	\$248.00/FS \$204.97
320	DX X-Ray	73090LT	091008	1	\$292.00/FS \$255.95
360	OR Services	24341LT	091008	1	\$1,459.00
360	OR Services	24341LT	091008	1	\$1,459.00
360	OR Services	20103LT	091008	1	\$1,459.00
370	Anesthesia		091008	1	\$259.00
450	Emerg Room	9928525	091008	1	\$676.00
450	Emerg Room	90765	091008	1	\$268.00
450	Emerg Room	90775	091008	1	\$165.00
710	Recovery Room		091008	5	\$501.00
762	Observation Rm		091008	15	\$705.00
762	Observation Rm		091008	6	\$94.00
	Total Charges				\$11,751.39

Emergency Room Bill FS Calculation

Billed	\$11,751.39	
Lab/Path/Rad charges	<u>- \$853.00</u>	
Remaining ER amount	\$10,898.39	
Fee schedule amount (\$10,898.30 X 76%)		\$8,282.78
Lab/Path/Rad fees (per FS)		<u>+ \$737.65</u>
	Paid	\$9,020.43

Hospital Inpatient Services

- DRG (Diagnosis-Related Group) and, as of 6/30/09, IWCC adopted MS-DRG system (delay due to regrouping, rule-making)
- Prof Services
 - If billed by hospital with hospital tax ID: POC76
 - If billed by physician: Prof Services FS
- Trauma FS applies only to rare trauma “Type 5” admissions at Level I & II trauma centers listed at <http://www.idph.state.il.us/ems/traumaregions.htm>

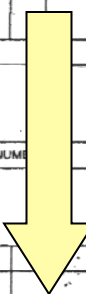
Hospital bill: Look for MS-DRG (6-30-09)

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0271	MEDICAL/SURGICAL SUPPLIE				4	30640	0.00
0272	MEDICAL/SURGICAL SUPPLIE				11	278870	0.00
0274	MEDICAL/SURGICAL SUPPLIE				1	95200	0.00
0278	MEDICAL/SURGICAL SUPPLIE				6	2904000	0.00
0302	LABORATORY - IMMUNOLOGY				3	12710	0.00
0320	RADIOLOGY - DIAGNOSTIC -				3	237850	0.00
0350	CT SCAN - GENERAL CLASSI				1	130000	0.00
0360	OPERATING ROOM SERVICES				310	1484900	0.00
0370	ANESTHESIA - GENERAL CLA				310	372000	0.00
0460	PULMONARY FUNCTION - GEN				1	5260	0.00
0710	RECOVERY ROOM - GENERAL				127	134620	0.00

0.001 PAGE 1 OF 1 CREATION DATE 102109 TOTALS 6293280 0.00

50 PAYER NAME	51 HEALTH OR AM ID	52 REL	53 ASD	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NP
57	OTHER PRV ID					
58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.		
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUM	65 EMPLOYER NAME				
66 DX	72252	Y				68
69 ADMIT DX	72252	70 PATIENT REASON DX		71 PPS CODE	460	73
74 PRINCIPAL PROCEDURE CODE	81 06	75 DATE	101309	76 ATTENDI		77 OPERATI
74 OTHER PROCEDURE CODE	80 51	75 DATE	101309			
74 OTHER PROCEDURE CODE	80 51	75 DATE	101309			



Standard vs. Trauma FS? Look at admission type

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4 TYPE OF BILL: 0111

5 FEL. TAX NV. STATEMENT COVERS PERIOD FROM THROUGH 7

8 PATIENT NAME a 9 PATIENT ADDRESS b

10 BIRTHDATE 11 SEX 12 DATE 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28 29 ACDT 30 STATE

31 OCCURRENCE DATE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 CODE OCCURRENCE SPAN THROUGH 36 CODE OCCURRENCE SPAN THROUGH 37

38a 39 CODE VALUE CODES AMOUNT 40 CODE VALUE CODES AMOUNT 41 CODE VALUE CODES AMOUNT

42 REV CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49

42 REV CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0111	ROOM & BOARD - PRIVATE (1125.00		2	225000	000	
0250	PHARMACY - GENERAL CLASS			109	245850	000	
0258	PHARMACY - IV SOLUTIONS			5	35360	000	
0260	IV THERAPY - GENERAL CLA			18	101020	000	
0271	MEDICAL/SURGICAL SUPPLIE			4	30640	000	
0272	MEDICAL/SURGICAL SUPPLIE			11	278870	000	
0274	MEDICAL/SURGICAL SUPPLIE			1	95200	000	
0278	MEDICAL/SURGICAL SUPPLIE			6	2904000	000	
0302	LABORATORY - IMMUNOLOGY			3	12710	000	
0320	RADIOLOGY - DIAGNOSTIC -			3	237850	000	
0350	CT SCAN - GENERAL CLASSI			1	130000	000	
0360	OPERATING ROOM SERVICES			310	1484900	000	
0370	ANESTHESIA - GENERAL CLA			310	372000	000	
0460	PULMONARY FUNCTION - GEN			1	5260	000	
0710	RECOVERY ROOM - GENERAL			127	134620	000	

5

For Help, click Help Topics on the Help Menu.

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Hospital Inpatient FS: Standard v. Trauma amounts

Year	Category	Geozip	Code	Description	Total
6/30/09	Hosp Inpat-Standard	606	493	Lower extrem & humer proc	\$49,116.15
6/30/09	Hosp Inpat-Trauma	606	493	Lower extrem & humer proc	\$74,238.63

Cost Outliers

Applies only to Hospital Inpatient & Outpatient Surgical

Formula:

- 1) Subtract Prof Serv and carve-out charges from bill
- 2) Cost outlier if remaining balance $>$ (FS amt X 2)
- 3) Pay FS amount
 - + (Excess amt X .76)
 - + Prof Serv
 - + Carve-outs
 - Total

Cost Outlier Example

Total hospital charge = \$31,000

Prof Serv = \$5,000

Carve-outs = \$1,000

FS Amt = \$10,000

1. Subtract PS & carve-outs: $\$31,000 - \$5,000 - \$1,000 = \$25,000$
2. Find FS amount for code: = \$10,000
3. Do outlier calculation: $\$25,000 > \$20,000$ ($\$10,000 \times 2$) so this is an outlier.
4. Subtract FS amt from balance: $\$25,000$ balance - $\$10,000$ FS amt = $\$15,000$
5. Pay excess amount at 76%: $\$15,000 \times .76 = \$11,400$
6. Pay Prof Serv at 76%: $\$5,000 \times .65 = \$3,800$
7. Pay carve-outs at 65%: $\$1,000 \times .65 = \650
8. Payment = $\$10,000 + \$11,400 + \$3,800 + \$650 = \$25,850$



Hospital Outpatient Services

No fees submitted from a hospital for outpatient services will be subject to the Professional Services or HCPCS fee schedules.

This schedule includes

- Radiology
- Pathology and Laboratory,
- Physical Medicine and Rehabilitation
- Scheduled Surgical Services performed in a hospital outpatient setting



Radiology

- FS sets the maximum payment for radiological services performed in a hospital outpatient setting for codes 70010 – 79999.
- Prof Services billed by hospital: POC76
Prof Services billed by physician: Prof Services FS

Example: One Use of H-Radiology FS

Rev.	Description	HCPCS/Rates	Serv.	Serv. Units	Total Charges/FS Amount
250	Pharmacy		091008	7	\$950.00
250	Pharmacy		091008	10	\$305.56
270	Med Sur-Supplies		091008	27	\$1,170.00
300	Laboratory	80048	091008	1	\$105.00/FS \$120.98
300	Laboratory	82962	091008	2	\$84.00/FS \$68.00
300	Laboratory	85025	091008	1	\$82.00/FS \$69.73
300	Laboratory	82962	091008	1	\$42.00/FS 34.00
312	Pathol/Histol	88304	091008	1	\$248.00/FS \$204.97
320	DX X-Ray	73090LT	091008	1	\$292.00/FS \$255.95
360	OR Services	24341LT	091008	1	\$1,459.00
360	OR Services	24341LT	091008	1	\$1,459.00
360	OR Services	20103LT	091008	1	\$1,459.00
370	Anesthesia		091008	1	\$259.00
450	Emerg Room	9928525	091008	1	\$676.00
450	Emerg Room	90765	091008	1	\$268.00
450	Emerg Room	90775	091008	1	\$165.00
710	Recovery Room		091008	5	\$501.00
762	Observation Rm		091008	15	\$705.00
762	Observation Rm		091008	6	\$94.00
	Total Charges				\$11,751.39

Pathology and Laboratory

- Sets the maximum payment for pathology and laboratory services performed in a hospital outpatient setting for codes 80048-89356.
- Prof Services billed by hospital: POC76
Prof Services billed by physician: Prof Services FS

Example: One Use of Path & Lab FS

Rev.	Description	HCPCS/Rates	Serv.	Serv. Units	Total Charges/FS Amount
250	Pharmacy		091008	7	\$950.00
250	Pharmacy		091008	10	\$305.56
270	Med Sur-Supplies		091008	27	\$1,170.00
300	Laboratory	80048	091008	1	\$105.00/FS \$120.98
300	Laboratory	82962	091008	2	\$84.00/FS \$68.00
300	Laboratory	85025	091008	1	\$82.00/FS \$69.73
300	Laboratory	82962	091008	1	\$42.00/FS 34.00
312	Pathol/Histol	88304	091008	1	\$248.00/FS \$204.97
320	DX X-Ray	73090LT	091008	1	\$292.00/FS \$255.95
360	OR Services	24341LT	091008	1	\$1,459.00
360	OR Services	24341LT	091008	1	\$1,459.00
360	OR Services	20103LT	091008	1	\$1,459.00
370	Anesthesia		091008	1	\$259.00
450	Emerg Room	9928525	091008	1	\$676.00
450	Emerg Room	90765	091008	1	\$268.00
450	Emerg Room	90775	091008	1	\$165.00
710	Recovery Room		091008	5	\$501.00
762	Observation Rm		091008	15	\$705.00
762	Observation Rm		091008	6	\$94.00
	Total Charges				\$11,751.39



Physical Medicine and Rehabilitation

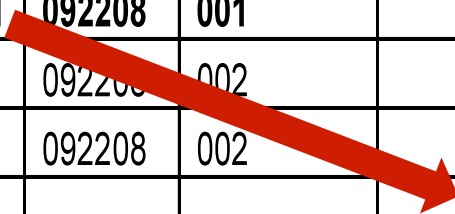
- Sets the maximum payment for physical medicine and rehab services performed in a hospital outpatient setting for codes 97001-97799.
- Does not apply when the bill type requires the application of the hospital inpatient or hospital outpatient surgical facility FS.
- Applies to all other hospital outpatient settings including ER visits.

Hospital Outpatient Surgical Facility

- Global FS for codes 10021 - 69990. Not for surgical sessions initiated as part of an ER visit (revenue codes 450 to 459)
- Follow multiple procedure and bilateral surgery modifiers in 8(B) and applicable modifiers in 8(F).
- When an outpatient surgical procedure is not recognized/found in the HOSF fee schedule, all charges are to be paid at 76% of the charged amount subject to the 65% carve-out categories discussed above.
- Professional Services (e.g., CRNA services)
 - If billed by a hospital---remove and pay POC76
 - If billed by professional—follow Prof Serv or HCPCS FS
- Cost outlier methodology applies.

Example #1: Hospital Outpatient Surgical Facility Fee Schedule (HOSFFS) Single Procedure With No Carve-outs— Geozip 616

Rev.	Description	HCPCS/Rates	Serv.	Serv. Units	Total Charges
250	Pharmacy		092208	003	\$61.80
258	IV Solution		092208	001	\$78.25
270	Med/Surg Supplies and De		092208	006	\$142.00
272	Sterile Supply		092208	006	\$525.00
300	Laboratory	81025	092208	001	\$116.00
300	Laboratory	36415	092208	001	\$14.00
360	Operating Room Services	64721RT	092208	001	\$2,627.00
370	Anesthesia		092208	002	\$2,446.00
710	Recovery Room		092208	002	\$247.00
	Total Charges				\$6,259.05



Example #1: FS Disposition

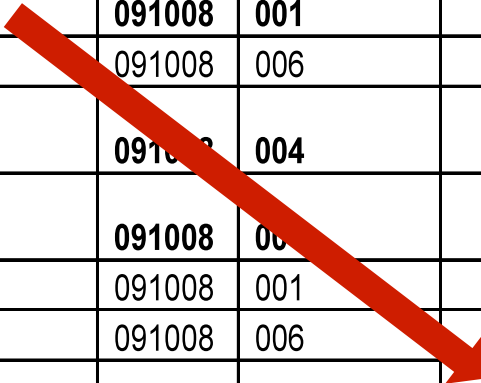
The relevant amount as contained in the HOSF fee schedule:

		Geozip 616
64721	Carpal Tunnel Surgery	5818.89

Billed: \$6,259.05
Paid \$5,818.89

Example #2: HOSFFS Single Procedure with Several Revenue Code Carve-outs – Geozip 616

Rev.	Description	HCP/CS/Rates	Serv.	Serv. Units	Total Charges
250	Pharmacy		091008	012	\$352.10
258	IV Solution		091008	014	\$1,368.50
270	Med/Surg Supplies and De		091008	023	\$1,238.00
272	Sterile Supply		091008	005	\$354.00
278	Other Implants		091008	005	\$2,664.00
360	Operating Room Services	29807RT	091008	001	\$6,207.00
370	Anesthesia		091008	006	\$4,748.00
636	Drugs Req Detailed Codin	J2405	091008	004	\$68.35
636	Drugs Req Detailed Codin	J3010	091008	001	\$17.50
637	Self Administratable Drugs		091008	001	\$3.65
710	Recovery Room		091008	006	\$1,485.00
	Total Charges				\$18,506.10



Example #2: FS Disposition

The relevant amount as contained in the HOSF fee schedule:

		Geozip 616
29807	Repair of SLAP Lesion	14833.43

Billed **\$18,506.10**
Minus carve-out **- \$2,749.85**
Amount to be applied to fee schedule **\$15,756.25**

Fee schedule amount **\$14,833.43**
Plus carve-out @ 65% **+ \$1,787.40**
Paid **\$16,620.83**

Example #3: HOSFFS Multiple Surgical Procedure with Carve-outs and Prof Serv– Geozip 606

Rev.	Description	HCPCS/Rates	Serv.	Serv. Units	Total Charges
250	Pharmacy				\$842.77
270	Med Sur-Supplies				\$2,208.00
312	Pathol/Histol	88304	092108	6	\$248.00
312	Pathol/Histol	88311	092108	42	\$82.00
360	OR Services	11044	092108	1	\$1,948.00
360	OR Services	14040	092108	1	\$1,948.00
360	OR Services	14040	092108	1	\$1,948.00
360	OR Services	15240	092108	1	\$1,948.00
370	Anesthesia		092108	1	\$259.00
636	Drug/Detail Code	J7030	092108	1	\$100.00
636	Drug/Detail Code	J7120	092108	1	\$100.00
636	Drug/Detail Code	J0690	092108	2	\$87.04
636	Drug/Detail Code	J1885	092108	2	\$75.00
636	Drug/Detail Code	J2250	092108	2	\$75.00
636	Drug/Detail Code	J3010	092108	3	\$75.00
710	Recovery Room		092108	3	\$229.00
730	EKG/ECG	93005	092108	1	\$145.00
964	Pro Fees Anesthesia CRNA		092108	115	\$2,415.00
985	Prof Fees EKG	93010	092108	1	\$25.00
	Total Charges				\$14,757.81

Example #3: FS Disposition

Per *Payment Guide* & modifiers, pay the most expensive procedure at 100%, the rest at 50%:

		Geozip 606	Adjusted
11044	Debridement, Skin, Partial Thickness	2,381.79	1,190.90
14040	Adj. Tissue Transfer	4,856.39	4,856.39
14040	Adj. Tissue Transfer	4,856.39	2,428.20
15240	Full Thickness Graft	4,856.39	2,428.20
		16,950.96	10,903.68

Billed	\$14,757.81
Minus Professional Services	- \$2,440.00
Minus carve-out	- \$512.04
Balance to be applied to FS	\$11,805.77
Pay lesser of Balance or FS	\$10,903.69
Professional Services @ 76%	+ \$1,854.40
Plus carve-out @ 65%	+ \$332.83
Paid	\$13,090.92

Example #4: HOSFFS One or More Procedures Not Found in FS – Entire Bill Minus Carve-outs Defaults to POC76

Rev.	Description	HCPCS/Rates	Serv.	Serv. Units	Total Charges
250	Pharmacy		090608	14	\$585.00
250	Pharmacy		090608	3	\$176.45
258	IV Solution		090608	6	\$560.50
270	Med/Surg Supplies and De		090608	17	\$1,014.00
272	Sterile Supply		090608	12	\$1,137.00
360	Operating Room Services	29826RT	090608	1	\$5,329.00
360	Operating Room Services	2981959RT	090608	1	\$0.00
360	Operating Room Services ★	2347259RT	090608	1	\$0.00
370	Anesthesia		090608	5	\$4,173.00
636	Drugs Req Detailed Codin	J2405	090608	4	\$68.35
636	Drugs Req Detailed Codin	J3010	090608	15	\$102.05
637	Self Administrable Drugs		090608	6	\$404.40
637	Self Administrable Drugs		090608	2	\$1.00
710	Recovery Room		090608	3	\$1,270.00
762	Observation Room		090608	25	\$858.00
	Total Charges				\$15,679.05

Example #4: FS Disposition—Code 23472 not listed

Year	Category	Geozip	Code	Description	Total
2009	Outpatient	600	29819		\$8,449.09
2009	Outpatient	600	29826		\$13,431.03

Billed	\$15,679.05
Minus carve-out (636 Rev Code)	- \$170.40
Amount applied to fee schedule	<u>\$15,508.65</u>

Paid at 76%	\$11,786.57
Plus carve-out paid @ 65%	+ <u>\$110.76</u>
Paid	\$11,897.33

Example #5: HOSFFS Multiple Bilateral Procedures – Entire Bill Minus Carve-outs – Geozip 600

Rev.	Description	HCP/CS/Rates	Serv.	Serv. Units	Total Charges
250	Pharmacy		60508	6	\$172.10
258	IV Solution		60508	1	\$90.75
270	Med/Surg Supplies and De		60508	3	\$593.00
272	Sterile Supply		60508	3	\$584.00
360	Operating Room Services	2739350	60508	1	\$30,727.00
360	Operating Room Services	2769150	60508	1	\$0.00
360	Operating Room Services	2769250	60508	1	\$0.00
370	Anesthesia		60508	3	\$3,237.00
636	Drugs Req Detailed Codin	J2405	60508	4	\$21.05
636	Drugs Req Detailed Codin	J3010	60508	1	\$18.90
637	Self Administrable Drugs		60508		\$3.70
710	Recovery Room		60508	7	\$1,820.00
	Total Charges				\$37,267.50

Example #5: FS Disposition

		Geozip 600
27393	Lengthening of hamstring tendon; single tendon	7039.55
27691	Transfer or transplant of single tendon, deep	11510.35
27692	Transfer or transplant of single tendon, each additional	11510.35

Bundling edits for 27692 block multiple procedure modifier.

Billed	\$37,267.50
Minus carve-out (Rev. Code 636)	- \$39.95
Balance applied to Fee Schedule	\$37,227.55
Fee Schedule Amount for 27691.50 (\$11,510.35 x 150%)	\$17,265.53
Fee Schedule Amount for 27692.50 (\$11,510.35 x 150%)	\$17,265.53
Fee Schedule Amount for 27393.50 (\$7,039.55 x 150% x 50%)	<u>\$5,279.66</u>
Total fee schedule amount allowed	\$39,836.69
Take lesser of Balance or FS amt	\$37,227.55
Plus carve-out paid @ 65% (65% x \$39.95)	+ <u>\$25.97</u>
	\$37,253.52



Independent Diagnostic Testing Facilities

All fees from independently operated diagnostic testing facilities (e.g., freestanding MRI centers) will be subject to the Professional Services and HCPCS fee schedules.

Rehabilitation Hospital Services

- Per diem (a fixed amount paid for all services provided during the course of the day) for ONLY the following three hospitals:

Marianjoy Rehabilitation Hospital
26W171 Roosevelt Road
Wheaton, IL 60187

Schwab Rehabilitation Center - Anixter Center
1401 S. California Ave.
Chicago, IL 60608

Rehabilitation Institute of Chicago
345 E. Superior St.
Chicago, IL 60611

Rehabilitation Hospital Services (cont.)

- Match the primary diagnosis code with a corresponding fee schedule amount. 2009 per diem amounts for each medical condition appear below.
- A list of ICD-9-CM diagnosis codes associated with each medical condition is available at <http://www.iwcc.il.gov/ICD9.xls>.
- Only issue to date: dialysis not normally part of service—how to pay? POC76

Geozip	ICD-9-CM Grouping	601	606
601	Amputation	POC76	POC76
601	Brain Injury	1,812.42	2,465.13
601	Burns	2,286.64	2,286.64
601	Congenital Deformities	2,144.57	2,269.31
601	Hip Fracture	1,511.60	2,039.42
601	Major Multiple Trauma	1,810.40	1,889.07
601	Neurological Disorders	1,723.71	2,272.56
601	Osteoarthritis	1,444.21	1,782.00
601	Rheumatoid Arthritis	1,800.59	1,800.59
601	Spinal Cord Injury	1,837.52	2,212.64
601	Stroke	1,664.89	2,193.54
601	Systemic Vasculidities	POC76	POC76
601	Joint Replacements	1,752.58	2,102.39
601	All Other	POC76	POC76



Questions from Attendees

Other Questions Submitted with Registrations

Does the fee schedule authorize denials based on utilization (e.g., " only 3 modalities per day per body part")?

FS only sets reimbursement levels per service unit. It does not address utilization of services: See Section 8.7 of the Act.

Other Questions Submitted with Registrations (cont.)

Why are hospitals and ASTCs paid differently for the same procedures in the same zip code?

ASTCs are paid roughly 80% of the hospital rate, based on the premise that services in an ASTC are less costly.

Other Questions Submitted with Registrations (cont.)

Can you negotiate medical costs?

Section 8.2(f) allows parties to contract for reimbursement levels different from the FS.

Other Questions Submitted with Registrations (cont.)

Is there anything I can do if we do not receive prompt medical payment?

Section 8.2(d) authorizes the medical provider to charge interest on unpaid amounts. Payments are due within 60 days of the date the payer receives substantially all the information needed to adjudicate a bill. Unpaid bills accrue interest of 1% per month. Proceed as you would with any other unpaid bill by submitting a statement for accrued interest as part of the overall bill.

Other Questions Submitted with Registrations (cont.)

Do all employers have to carry workers' compensation insurance?

Yes, with few exceptions. Almost everyone who is hired, injured, or whose employment is localized in Illinois is covered by Illinois law. Overall, it is estimated that 91% of Illinois employees are covered under the Act. For more info, see <http://www.iwcc.il.gov/insurance.htm>



Other Questions Submitted with Registrations (cont.)

How are work hardening, work conditioning, and functional capacity evaluations covered under the fee schedule?

These services are normally covered under the Professional Services FS. If provided in a hospital , then the Hospital Outpatient FS applies.



Other Questions Submitted with Registrations (cont.)

Is there a better way to access and match a service with a fee?

Currently, the IWCC website is the only way that services and fees can be matched.



Other Questions Submitted with Registrations (cont.)

Is there a resource for calculating FS amounts?

The IWCC does not have a calculation worksheet.

Other Inquiries Submitted with Registrations (cont.)

How are disputes regarding whether or not a payment was correct resolved?

The only way to obtain a binding legal decision on a dispute is for the employer or employee to take the issue before an arbitrator. Providers and insurance companies do not have standing to file a hearing, so they need to work through the employer/employee. The IWCC posts common questions at <http://www.iwcc.il.gov/faqmed.htm>