

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 4123-6-08

Rule Type: Amendment

Rule Title/Tagline: Bureau fee schedule.

Agency Name: Bureau of Workers' Compensation

Division:

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I. Rule Summary

1. **Is this a five year rule review?** No
 - A. **What is the rule's five year review date?** 2/1/2020
2. **Is this rule the result of recent legislation?** No
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 4121.12, 4121.121, 4121.30, 4121.31, 4123.05
5. **What statute(s) does the rule implement or amplify?** 4121.12, 4121.44, 4121.441, 4123.66
6. **What are the reasons for proposing the rule?**

The Bureau is required to adopt annual changes to its fee schedules via Chapter 119. of the Revised Code rulemaking process. The rule establishes the fees to be paid by the Bureau to providers of medical and professional services for injured workers.

7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule provides the Bureau's fee schedule for medical and professional services.

The Medical Services Division is recommending the following changes to the current 2017 Professional Provider Fee Schedule:

Adopt Medicare 2017 payment updates

- Relative Value Unit's updates for all relevant Common Procedural Terminology (CPT) codes

- Establish fees for HealthCare Common Procedure Coding System (HCPCS)

Maintain twenty percent (20%) above Medicare rates for HCPCS

Adopt updates to Dental Fees

Modify Ohio BWC conversion factors (CFs)

- Increase Anesthesia services CF

- Maintain current CFs for other service specialties

Adopt benefit coverage changes for:

- Health Behavior Assessment and intervention (HBAI)

- Cancer Care services

- Detoxification services

- 8. Does the rule incorporate material by reference? No**
- 9. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.**

Not Applicable

- 10. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

- 11. As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.**

This will have no impact on revenues or expenditures.

0.00

The projected medical costs impacts for the 2018 proposed medical services and professional provider fee schedule is a slight increase in reimbursements of approximately 0.18% for a total estimated spend of \$246 million.

12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

The impacted business community consists of the providers of medical and professional services to injured workers, rendered both in the facility and non-facility setting, as well as self-insured employers administering the program.

The adverse impact will be providers' and employers' time in implementing the changes in order to comply with the rule. It is estimated that the time needed for implementation will be less than 20 hours.

13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No

14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

III. Common Sense Initiative (CSI) Questions

15. Was this rule filed with the Common Sense Initiative Office? Yes

16. Does this rule have an adverse impact on business? Yes

A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No

B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No

C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

To be paid for services, providers must submit fee bills for payment to the Bureau Managed Care Organizations (MCOs).