

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 establishes the fees to be paid by BWC to providers for medical and professional provider services for injured workers. The BWC adopted recommendations for this fee schedule are:

- a. Adopt Medicare 2018 payment updates
- b. Adopt BWC Base Methodology changes:
 - 1) Implement Medicare reimbursement reduction for multiple radiology services
 - 2) Implement payment parity approach for services performed by certified registered nurse anesthetists (CRNAs) and anesthesia assistants (AAs)
- c. Modify Ohio conversion factor (CF) for anesthesia services
- d. Adoption of new 2019 CPT and HCPCS codes and deletion of those that have been discontinued for 2019.

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

Not Applicable.

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. Since the procedure code changes reflect a very narrow update, the changes being recommended are not projected to have a measurable impact on reimbursement.

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's Managed Care Organizations (MCOs).