

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?** 5/1/2025
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:

o Adopt the following Benefit Changes

Adopt ten (10) new local service codes including 5 long term skilled nursing facility service codes, 2 adult day care service codes, 1 hospice service code, 1 prosthetic device code and 1 medication therapy management service code.

Modify and update language for other service coverage statuses.

Adopt new methodology for functional capacity evaluation (FCE) services reimbursement.

o Adoption of Medicare 2020 Professional Provider and Medical Services payment updates.

Adopt Medicare's updates to +15,000 service codes.

Adopt Medicare's requirement for skilled nursing facilities to report quality measures.

Adopt multiple procedure payment reduction for applicable endoscopic, diagnostic cardiovascular and diagnostic ophthalmologic procedures

o Maintain 120% payment adjustment factor for HCPCS service codes.

o Maintain current conversion factors for anesthesia, medical and surgical 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. 121.75, 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. **Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will increase expenditures.

23,210.00

Current recommendations will result in an estimated, minimum increase of 1.1%, of actually what was paid out in 2020.

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

15. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

Not Applicable.

III. Common Sense Initiative (CSI) Questions

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

17. 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).

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))

- 18. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing?

Not Applicable