

Rule Summary and Fiscal Analysis (Part A)**Bureau of Workers' Compensation**

Agency Name

Division

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Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Bureau fee schedule.**RULE SUMMARY**

1. Is the rule being filed consistent with the requirements of the RC 119.032 review? **No**

2. Are you proposing this rule as a result of recent legislation? **No**

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**

4. Statute(s) authorizing agency to adopt the rule: **4121.12, 4121.121, 4121.30, 4121.31, 4123.05**

5. Statute(s) the rule, as filed, amplifies or implements: **4121.44, 4121.441, 4123.66**

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

The rule is being amended to adopt a new provider fee schedule, as indicated in the appendix to the rule.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; if the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

The text of the rule changes the effective date of the provider fee schedule from

November 1, 2009, to October 25, 2010. The rule contains a new appendix with a revised and updated fee schedule.

The major substantive changes proposed for the professional provider fee schedule in the appendix are as follows:

1. Adopting Medicare's 2010 RVUs for all relevant CPT codes.
2. Maintaining the current conversion factors.
3. Adding the following additional HCPCS codes:
 - a. HCPCS code S0630, removal of sutures by another qualifying medical professional, other than the physician that placed the sutures.
 - b. HCPCS code S0209, for wheelchair van mileage. This code is being added to provide a specific reimbursement for wheelchair van mileage.
 - c. HCPCS code S5199, Personal care items and HCPCS code S8301 infection control supplies.
4. Adding a category of service titled "Never Covered (NC)."
5. Modifying the title of the category of service currently titled "Non-Covered" to "Not Routinely Covered (NRC)."

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

This response left blank because filer specified online that the rule does not incorporate a text or other material by reference.

10. If the rule is being **rescinded** and incorporates a text or other material by

reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so:

Fee amounts were added for those codes published in the CMS version of the physician fee schedule which did not contain a Relative Value Unit (RVU) for the global and/or technical components of a service. There were 85 codes included in this correction. The fees for the technical and/or global portion were obtained from the Ohio Medicare carrier (Palmetto). The reimbursement amounts were recalculated using the appropriate BWC conversion factor.

Making these revisions increased the financial impact by less than .10% (from \$9,175,133 to \$9,173,959), and the overall change remains a 2.9% increase from the 2009 professional provider fee schedule.

12. 119.032 Rule Review Date: **2/1/2014**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

0

n/a

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

n/a

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

The financial impact to the BWC State Insurance Fund is estimated to increase by approximately 2.9% or \$9,175,133. The addition of the new codes will increase the ease of access to injured worker to receive appropriate services. Further, the addition of the new codes will reduce challenges which providers have faced in rendering and receiving reimbursement for related services. Lastly, the recommended changes will bring additional clarity to benefits which are covered, or which can be covered.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**