

PROPOSED CHANGES TO KANSAS WORKERS COMPENSATION SCHEDULE OF MEDICAL FEES 2019

The Kansas Workers Compensation Schedule of Medical Fees incorporates portions of the following documents:

1. The Current Procedural Terminology, Fourth Edition, copyright 2017 (a.k.a. CPT 2018) by the American Medical Association
2. The CDT (Current Dental Terminology) Companion, CDT 2018, copyright 2017, published by the American Dental Association
3. The 2018 Relative Value Guide, copyright 2015, developed by the American Society of Anesthesiologists
4. The 2018 Essential RBRVS, a comprehensive listing of RBRVS values for CPT and HCPCS Codes, copyright 2017 Ingenix
5. The January 2016 HCPCS allowances that were obtained from the DMEPOS Fee Schedule of the Centers for Medicare & Medicaid Services (CMS).
6. Medicare Severity Diagnosis Related Groups (MS-DRGs) Definitions Manual, Version 34.
7. Outpatient Payment System Payment by HCPCS Code for 2018

Some of the most important revisions that have been incorporated within this Schedule of Medical Fees are as follows:

1. 3% increase to Anesthesia, Surgery, Radiology, Pathology/Laboratory, Medicine, Evaluation and Management, Acupuncture, Chiropractor, Education, and Physical Rehabilitation.
2. 5% increase to Dental codes.
3. **ICD-10** is mandated by Kansas Workers Compensation for 2018.
4. Surgical CPT code 36415 has been moved to the Pathology and Laboratory Section of the fee schedule.
5. Invoices shall not be required to reimburse implantables if they are billed less than \$5000 and shall be reimbursed at 50%. Implantables billed at more than \$5000 require an invoice and shall be reimbursed at cost plus 25%.
6. Reimbursement for Nursing Homes, Intermediate Care, and Assisted Living Facilities has changed from billed charges less 15% to billed charges less 20% and radiology, Pathology or Laboratory charges are carved out and paid at the maximum allowable fees for the respective CPT code.

7. Air ambulance services shall be reimbursed at the amount most commonly charged for the same or similar services in a given area.
8. Compound drugs and physician dispensed medications shall be reimbursed the same as pharmacies, based on the original manufacturer NDC but must be preapproved by the payer.
9. An inpatient stay requires documentation of official admission to the hospital pursuant to an order for inpatient admission by a physician or other qualified practitioner and the order must be present in the medical record.
10. Outpatient surgeries will be paid at the maximum allowable fees for the respective CPT code, ambulatory surgical centers will also be reimbursed for grafts, and outpatient hospital centers will not be reimbursed for supply codes 270-279. Nonsurgical medical outpatient services will be reimbursed at the peer group discount depending on the facility location.
11. Modifier 95 has been added for Telemedicine.

All rights reserved. No part of this publication may be reproduced or transmitted, stored or retrieved in any form or by any means, except as allowed by law, without the express written permission of the publisher.

First Edition Printed - November 1993
First Revision - May 1996
Second Revision - September 1997
Third Revision - October 1999
Fourth Revision - December 2001
Fifth Revision - December 2003
Sixth Revision - December 2005
Seventh Revision – January 2008
Eighth Revision – January 2010
Ninth Revision – January 2011
Tenth Revision – January 2012
Eleventh Revision – January 2014
Twelfth Revision – January 2015
Thirteenth Revision – January 2017
Fourteenth Revision – January 2019

It is the policy of The American Medical Association (AMA) that is similarly applied to other jurisdictions that publish medical fee schedules for Workers Compensation to prohibit the fee schedule inclusion of individual CPT code descriptions. For the applicable CPT 2018 Code descriptions, refer to the Current Procedural Terminology, copyright 2018 (a.k.a. CPT 2017), available through the American Medical Association.

Although the American Dental Association does not prohibit the inclusion of CDT code descriptions, those descriptions will not be included within the fee schedule, so as to maintain a uniform presentation format for all codes employed to obtain reimbursement for services