



## **2017 PA Auto and WC Code Letter**

The Pennsylvania Chiropractic Association is pleased to publish the 2017 edition of the Pennsylvania Auto and Workers' Compensation fee chart as an exclusive benefit for PCA members only.

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Chiropractic offices will find the chart useful in assuring that Auto and Workers' Compensation insurance carriers pay services correctly.

Workers' Compensation carriers are required to use the 2017 fee schedule for services provided as of January 1, 2017. Unlike Workers' Compensation, auto insurance fees are based on the current year's Medicare rates. The Auto Insurance regulations require carriers to begin use of the 2017 Medicare fee schedule within 30 days of the publication date or of the effective date, whichever is later, of the 2017 Medicare fee schedule. The current fee schedule took effect on January 1, 2017. Therefore, auto accident related services must be paid with the 2017 fee schedule after January 30, 2017. Prior to that date the 2016 or 2017 fee schedule may be used. To use the chart, you must know the charge class (geographic region) in which your practice is located. Charge classes for both Auto and Workers' Compensation are not changed from last year. Your Auto class corresponds to your practice's 2017 Medicare charge class. It will be 01 if your practice is located in Philadelphia, Bucks, Chester, Delaware or Montgomery County or 99 if it is located anywhere else in the State.

There are four Workers' Compensation charge classes. They correspond to Medicare charge classes as they existed several years ago. If you are unsure of your practice's Workers' Compensation charge class you can find it by looking up your practice's Zip Code on the Workers' Compensation Web site at:

<http://www.dli.pa.gov/Businesses/Compensation/WC/HCSR/FeeReview/Pages/default.aspx>

The Auto figures represent 110% of the 2017 Medicare participating allowable amount as supplied by Pennsylvania's Medicare provider, Novitas Solutions, Inc. The Workers' Compensation figures are determined by the Pennsylvania Workers' Compensation Bureau. They reflect a 1.7% increase from the 2016 figures, the increase in the statewide average weekly wage.

We have listed many of the codes that are commonly used by a chiropractic practice. If you need a value for a Workers' Compensation code and it is not found in the chart, you can access the Part B fee schedule from the Workers' Compensation Website at: (Currently not updated from 2016 but expect it to be updated soon)

<http://www.dli.pa.gov/Businesses/Compensation/WC/HCSR/FeeReview/Fee%20Schedule/Pages/Part%20B/Part-B-Fee-Schedules.aspx>

If you don't have Web access, the amounts may also be obtained by phoning the Pennsylvania Bureau of Workers' Compensation at (717) 787-3486. For Auto codes you can obtain 2017 Medicare participating values by using the Physician Fee Schedule Calculator on Novitas Solution's Website at:

[http://www.novitas-solutions.com/webcenter/portal/MedicareJL/FeeLookup?\\_afLoop=1442917434656000#!%40%40%3F\\_afLoop%3D1442917434656000%26\\_adf.ctrl-state%3Dgs2oq9hqb55](http://www.novitas-solutions.com/webcenter/portal/MedicareJL/FeeLookup?_afLoop=1442917434656000#!%40%40%3F_afLoop%3D1442917434656000%26_adf.ctrl-state%3Dgs2oq9hqb55)

Alternatively you can obtain Medicare participating fee information by calling Novitas Solution's interactive voice response customer service line at 877-235-8073. Remember that you must increase the Medicare participating fee that you obtain online or by phone by 10% to calculate the 2017 Auto fee.

98943 (Extremity Manipulation) does not have and never did have a Medicare equivalent so reimbursement under both Auto and Workers' Compensation should be at 80% of the UCR fee as provided by the laws. The value for a few codes is available for one type of insurance but is not available for the other type. In this situation the chart will show the notation "#N/A". There are two codes that describe unattended electrical stimulation, 97014 and G0283. G0283 should be used to bill auto insurers for this service. If you bill auto insurers using 97014 you may not be paid or your code may be switched to G0283. Workers' Compensation does not recognize G0283 so bill using 97014.

The PCA Insurance Committee has had many inquiries from member doctors and their staff as to why payments received from insurance companies are sometimes less than the statutory fee schedule. There are two situations where this may occur. The first is that the doctor may be participating in a network that offers a further reduction to the insurance carrier. Sometimes it is not clear only from the EOB what that network is since the discount often comes from a second network and the doctor's participation in the second network may be because of participation in a third network. It may take several phone calls and some good detective work to determine where these discounts are actually coming from. Once you have determined this, you can then look into whether it makes sense or not for your practice to continue to participate in a particular network.

The other common reason for payments to be made below the statutory fee schedule amounts applies only to Auto. In this instance on the EOB you will likely find an explanation that refers to Multiple Procedure Payment Reduction (MPPR) or something to that effect. This refers to a Medicare policy that was extended by Medicare to apply to physical medicine services on January 1, 2011. The policy provides for a reduction of the fee when multiple therapy charges are performed on the same day. Therapy charges that come under this policy in Medicare, such as timed therapy procedures, receive a 50% reduction of the practice expense component of the Medicare allowance. This was increased from 20% on April 1, 2013. One unit of therapy, the one with the highest practice expense component, is paid at 100% of the fee schedule. Subsequent therapy units, such as the second, third or thereafter, are then paid at the reduced rate. Pennsylvania Auto Insurers (Act VI) are picking this up and applying the reductions since reimbursement is based directly on the amount compensated by Medicare. You can learn more about MPPR here:

<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8206.pdf>