

**MINUTES OF THE ILLINOIS WORKERS' COMPENSATION COMMISSION
MEDICAL FEE ADVISORY BOARD MEETING
THOMPSON CENTER – 100 WEST RANDOLPH STREET, ROOM 9-039
CHICAGO, IL 60601
HELD ON DECEMBER 8, 2015**

Present at the meeting:

Chairman Joann Fratianni
Diana Alvarez
Bill McAndrew
David Menchetti
Barb Molloy

Participating via telephone:

Jason Keller
Dianne McGuire

Not present at the meeting:

Dr. Avi Bernstein
Kim Moreland
Dr. Michael Vender

IWCC staff present:

Ron Rascia, General Counsel
Darlene Senger, Chief Financial Officer
Mike Arnold, Deputy General Counsel
Brendan O'Rourke, Manager of Research and Education
Annette Roti, Administrative Assistant
Glen Boyle, IWCC Project Manager

Chairman Fratianni called the meeting to order at 10:30 a.m. and noted the presence of a quorum. Mr. Andrew moved to approve the minutes from the April 20, 2015 meeting. Ms. Molloy seconded the motion, and the motion carried unanimously. Chairman Fratianni introduced Darlene Senger, the Commission's new Chief Financial Officer.

With respect to Old Business, Mr. McAndrew reported that from the medical provider community, there does not appear to be a problem with the shift to ICD-10 codes. Lisa Anne Forsythe from Aetna/Coventry reported that for a two-month period, her employer received 21,674 bills and of these 18,348 were voluntarily submitted with ICD-10 codes, 3,357 were submitted with ICD-9 codes, and only 31 contained a mix of both codes and thus had to be rejected and sent to provider relations for correction.

General Counsel Rascia reminded members to complete their annual ethics training.

With respect to New Business, Glen Boyle described a number of issues relating to the fee schedule. He analyzed the number of applicable ICD-10 codes connected to rehab hospitals,

and the number of codes increased to about 4,000, up from about 1,000 codes that applied under ICD-9. He also reported that the fee schedule is currently being updated with a .2% multiplier. Further, there is an ambiguity regarding the billing for implants in an emergency room setting, as some providers believe that the implant rule applies and others believe that the emergency room general rule applies. He thus proposes a rule change in the future that applies the implant rule in surgical inpatient/outpatient as well as emergency settings.

Ms. Molloy asked whether the rule change would mean an increase in cost to employers. Mr. Boyle responded that it depends on the implant and that he has not investigated the payment impact. He suspects that overall it will be a wash in terms of cost changes and that the majority of providers are billing in alignment with the proposed rule anyway. Rather, the rule change would be an administrative simplification. Mr. McAndrew stated that he would discuss this issue with the hospital community and report back. Ms. McGuire inquired whether the rule change would lead to fewer implant recommendations, and Ms. Molloy and Mr. McAndrew responded that this should not affect treatment decisions.

Mr. Menchetti asked whether the proposed rule would treat the specific codes set forth in Section 8.2(a) the same as implants, given that they appear to be defined by that provision as implants. However, one of them is for “ambulance”, though this is plainly not an implantable object. General Counsel Rascia said he will direct Commission staff to look into the issue.

Mr. Boyle also stated that he is proposing that the Commission explicitly recognize ICD-10 codes for rehab hospitals.

Chairman Fratianni informed members that she would soon circulate a schedule of proposed 2016 meeting dates and that members should provide her with feedback if there are any conflicts.

Ms. Molloy moved to adjourn the meeting. Mr. McAndrew seconded the motion, and the motion carried unanimously.