

**MINUTES OF THE ILLINOIS WORKERS' COMPENSATION COMMISSION  
MEDICAL FEE ADVISORY BOARD MEETING  
THOMPSON CENTER – 100 WEST RANDOLPH STREET, ROOM 9-034  
CHICAGO, IL 60601  
HELD ON JULY 25, 2014**

**Present at the meeting:**

Chairman Michael Latz  
Barb Molloy  
Bill McAndrew  
David Menchetti  
Dr. Michael Vender

**Participating via telephone:**

Kim Moreland  
Jason Keller

**Not present at the meeting:**

Dr. Avi Bernstein  
Dianne McGuire  
Diana Alvarez

**IWCC staff present:**

Ron Rascia, General Counsel and Acting Secretary  
Mike Arnold, Deputy General Counsel  
Brendan O'Rourke, Executive Assistant  
Susan Piha, Manager of Research and Education  
Glen Boyle, Project Manager

Chairman Latz called the meeting to order at 2:00 p.m. Dr. Vender's motion to approve the minutes of the last meeting, which was seconded by Mr. McAndrew, carried unanimously. Chairman Latz then opened the floor for a continued discussion of old business.

Dr. Vender brought up the issue of certain surgicenter codes, such as for arthroscopy and implant removal, that have been left off the medical fee schedule. Ms. Molloy explained that these codes likely dropped off the schedule because they became secondary or add-on codes and the schedule generally only reimburses for primary codes. Mr. McAndrew stated that physicians are able to be reimbursed for their work performed in connection with these codes, but facilities are not able to be reimbursed for the additional time and resources spent on these procedures.

Chairman Latz then recommended that members propose any changes to these codes based on an access to care issue. Mr. McAndrew followed up on this and asked whether Mr. Boyle could identify any other situations where physicians were being reimbursed for a procedure but the facility is not.

Ms. Molloy explained that it is unfair to payers to simply request an increase in the facility fee because payers were already on the hook when the code for the physicians went from

50% to 100% reimbursement. Mr. Menchetti replied that perhaps the codes should go back to where they once were and allow for 50% to both physicians and facilities. Chairman Latz stated that the issue should be studied further but that the Board should consider facility reimbursement overall. It is possible that facilities may not be getting reimbursed for certain secondary or add-on codes, but in the context of all other codes associated with a patient's procedure, the facility is being fairly compensated for the staffing and resources it expends.

Chairman Latz then informed the Board that the Commission unanimously voted to follow the Board's recommendation regarding the E&M code increase in line with Mr. Boyle's recommendation. Dr. Vender inquired when the Board would consider taking additional steps to increase these codes. Chairman Latz responded that any additional action would require evidence that there is still an access to care issue surrounding these (or other) codes.

Chairman Latz began a discussion of the new opioid drug, Zohydro, that just came onto the market. There is much concern in the workers' compensation world about the potential for abuse of this drug, which can be six to ten times stronger than oxycontin. Several state attorneys general, including Illinois Attorney General Lisa Madigan, have written to the FDA to recommend that it rescind its approval of Zohydro. Chairman Latz proposed that members consult their constituencies and return at a later meeting to discuss whether the issue warrants additional analysis. David Porter from the Illinois State Medical Society asked if the Board was the appropriate body to discuss this issue, and Chairman Latz stated that the Board was an appropriate advisory body due to the expertise of its membership.

Chairman Latz next introduced an item of new business. Rockford Orthopedic Surgery Center inquired whether providers can charge upfront for workers' compensation-related services regardless of whether the patient has filed a claim with the commission. Mr. Menchetti offered his analysis that a patient can voluntarily agree to pay an amount up to the fee schedule amount, but that the provider is supposed to bill the employer/insurer directly and cannot conduct any collection activities against the patient after the fact. Moreover, the provider runs afoul of the Act if he or she attempts to charge an amount above the fee schedule amount, regardless of whether the patient agrees.

Finally, Chairman Latz entertained a motion to adjourn. Ms. Molloy so moved, Dr. Vender seconded the motion, and the motion carried unanimously.