

Michigan Department of Labor and Economic Opportunity
Workers' Disability Compensation Agency

**HEALTH CARE SERVICES ADVISORY COMMITTEE
MINUTES**

Meeting Date: October 30, 2019
Time: 1:30 p.m.

Workers' Disability Compensation Agency
2501 Woodlake Circle
Okemos, Michigan

Members Present: Gordon White, Chair; Jayson Chizick; Patrick Harrington; Paul Kauffman; Katie Mason; Gina Otterbein, PT; Holly Secord; Kurt Titze, DC

Members Absent: William Borch; Shannon Gedert; Barry Leshman, D.O.; Sharon Meadows; George Metropoulos, MD; Steven Pollok;

WCA Representatives: Mark Long, Director
Dave Campbell, Manager RR&R Division
Kris Kloc, Medical Claims Analyst
Beth VanElls

Guests Present: See attached list

1. CALL TO ORDER/INTRODUCTIONS

Gordon White called the meeting to order at 1:32 p.m.

2. APPROVAL OF MINUTES

Gordon White asked for additions or corrections to the minutes of the October 17, 2018 and May 15, 2019 meetings, and there was not any provided. There being none, a motion was made by Paul Kauffman and seconded by Pat Harrington to accept the minutes as written. Motion passed.

3. OLD BUSINESS

Dave Campbell provided an update on Rule Set 2019-027 LR. Due to the administration change, procedural issues have arisen which have delayed the movement of the rule set. Rule changes will include all the proposed changes from the May meeting except for the source code documents. Since it is so close to 2020, it would be best wait on those changes and incorporate the 2020 source document changes next year.

4. DIRECTOR'S REPORT

Mark explained executive order 2019-13 effective August 12, 2019 moves the now named Workers' Disability Compensation Agency to the Department of Labor and Economic Opportunity along with several other LARA bureaus. The Board of Magistrates and Workers' Disability Compensation Appeals Commission are now under the Agency umbrella. Unemployment and workers' compensation appeals were split into separate appellate bodies. Luke McMurray is the chair of the Board of Magistrates and Daryl Royal is the chair of the Appeals Commission. The rules for these entities need to be moved to separate rules from the MAHS rule set. Mark provided additional information on the rule promulgation process related to these administration changes.

5. NEW BUSINESS

Ground Ambulance

Kris Kloc explained that ground ambulance reimbursement is currently "by report", meaning reimbursement is based on the provider's usual and customary charge or a reasonable amount, whichever is the less. They have noticed an increase in filings of 104-B forms from ground ambulance entities, with a wide range of reimbursement practices among carriers. Carriers have been reimbursing on average around 200% of Medicare. Would this necessitate a fee schedule or is this not an issue? Katie Mason indicated that Ford reimburses 100% of billed charges and has been doing so since approximately 1993. Paul Kauffman indicated that AF Group pays the 80th percentile of Fair Health database amounts, which translates to about 175-200% above Medicare. There was discussion regarding the definition of Fair Health. Per the current Health Care Services Rules, air ambulance service is reimbursed at 140% above Medicare. For consistency sake, Paul thought similar rules would be appropriate for ground ambulance reimbursement. Mark indicated it would be appropriate to research other state practices and draft a rule set that can be included with the current ruleset. This will be brought back to the committee if deemed appropriate.

Optometry Billing Practices

Jeff Towns, Executive Director, of the Michigan Optometric Association (MOA) introduced his colleagues: Grant Williams, MOA Legal Counsel; Dr. Lynette Burgess, Dr. Elizabeth Becker and Dr. Anthony Sesto. Mr. Williams explained the interpretation of optometry rules by some carriers has changed recently, even though the rules did not change related to optometry reimbursement. The MOA is proposing changes to Rule 208 to remove the current limitations on codes an optometrist may utilize for billing purposes. Current rule language only allows optometrists to bill codes in the 92000 series and excludes other services within an optometrists' scope of practice, which may limit access to care. Billing for extraction and rehabilitation services needs to be allowed and the practice of optometry not limited to codes in the 92000 series.

Dr. Becker provided a presentation on low vision treatment which relates to adaptability to every-day tasks associated with eye disease or trauma. This treatment does not fall within the 92000 series of codes. These are specialized services that general optometry does not handle. There are only a few providers that deal with this specialty. Dr. Burgess handles the rehabilitation aspect of optometry related to traumatic brain injury. This area of eyecare deals with visual processing where there are not issues related to the health of the eye, but rather how the information is processed by the brain. She also prescribes therapeutic lenses for treatment of this condition. Dr. Burgess receives referrals from many other areas of practice because of her specialized expertise. Other medical providers in other specialties do not offer this type of treatment. This particular area of medicine has developed over the last 20 years and the current rules and fee schedule do not account for these advances in treatment. For prior workers' compensation claims, Dr. Burgess always provided documentation to support the treatment and the procedures were approved and paid by insurance carriers. The recent rule interpretation change by some carriers has led to patients not receiving necessary treatment due to lack of reimbursable billing codes.

The proposed changes remove reference to specific codes from Rule 208(4) to not limit treatment and inserts language "that most accurately reflect the services rendered including those for rehabilitative care and extraction." Mr. Williams feels this will resolve the majority of billing issues. Additionally, he requested scope of practice for rehabilitative services under MCL 333.17401 and R338.301 be included in Rule 208(5). Mr. Williams presented the optometry scope of practice as it existed in 1992 and outlined the subsequent changes to the scope of practice since 1992. He pointed out that the requested rule changes would be in compliance with Section 315 of the Act, which limits reimbursement for optometry to the definition of the practice of optometry under the public health code as of May 20, 1992.

Paul Kauffman indicated AF Group would be willing to pay for this treatment if is beneficial, but he would like medical research that documents the effectiveness. He indicated he will reach out to AF Group specialists for further discussion. Discussion ensued about removal of foreign objects from the eye and an optometrist's inability to treat because of absence of billing framework for their profession.

Jason Chizick expressed concern that the rule changes may be too general and possibly invite more denials by insurance companies because of the lack of specificity. Should we include something more detailed to reduce denials?

Mark is open to making a rule change in some form to bring the codes up-to-date with current treatment. This subject, along with ground ambulance payment, will be discussed at the next meeting.

Proposed Meeting Dates

Dave presented proposed 2020 meeting dates. The next meeting will be in February. Mark reiterated the requirement that we meet two times per year.

6. GENERAL PUBLIC COMMENT

None

7. ADJOURNMENT

The meeting was adjourned at 2:35 p.m.

8. NEXT MEETING DATE

February 12, 2020

APPROVED BY COMMITTEE ON _____
with modifications indicated.

Gordon White, Chair