

# State of South Carolina

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## Workers' Compensation Commission

March 18, 2020

### Medical Services Provider Manual Proposed Changes Effective April 1, 2020

At the Business Meeting on March 16, 2020 the Commission approved the following changes to the text in the Medical Services Provider Manual (MSPM), the 2020 CPT and HCPCS Codes approved by the Center for Medicare and Medicaid Services (CMS) and the Conversion Factor. The new Conversion Factor is \$50.30. The changes will be effective April 1, 2020. FAIR Health (<https://fairhealth.org>) is the organization distributing the updated MSPM. We anticipate the link for preorders on the FAIR Health website will be activated March 23, 2020. The Commission will send an Advisory Notice once the link has been activated.

A summary of the text changes to the MSPM follows:

#### 1. Publisher's Notice and Overview and Guidelines

FAIR Health and will be responsible for distribution of the 2020 MSPM.. The 2020 MSPM may be ordered at the following link: <https://orders.fairhealth.org/> Contact information to report corrections are included in the updated MSPM.

#### 2. Chapter I. Overview and Guidelines

Many procedure codes that are not valued by the Centers for Medicare and Medicaid Services (CMS) will be valued using a gap fill methodology provided by FAIR Health.

#### 3. Chapter II. General Policy (Page TBD)

Copies of Records and Reports – The maximum amount that may be charged for the clerical and handling fee has been increased to \$25.

#### 4. Part II: Fee Schedule (Page TBD)

Icons – The icon for Optum Modifier 51 Exempt codes has been removed. Only codes that are identified with the icon in the American Medical Association's (AMA) 2020 CPT® manual as being Modifier 51 Exempt will be flagged in the fee schedule.

Administrators should continue to rely on the National Correct Coding Initiative (NCCI) coding edits for payment guidance.

## **5. Section 1: Evaluation and Management (E/M) Services (Page TBD)**

Consultation codes – CMS does not value consultation codes (CPT 99241-99245 and 99251-99255) and directs use of office visit codes for these services. The MAPs in the rate tables for these codes.

## **6. Section 5: Pathology and Laboratory Services (Page TBD)**

- a. Multianalyte Assays with Algorithmic Analysis (MAAA) were removed from the list of tests requiring preauthorization and the MAP amounts in the rate tables for these procedure codes were set to “NC”. Codes for Genomic Sequencing Procedures (GSP) also were set to NC. These services are not relevant to workers’ compensation.

- b. Drug Screening language was updated to provide clarity:

Drug screening services must be reported using service codes 80305, 80306 and 80307, for presumptive drug testing. Definitive testing is reported with codes G0480–G0483 dependent upon the number of drug classes included in the testing or G0659 when identifying individual drugs and distinguishing between structural isomers.

Code 80305 is used for presumptive testing read by direct optical observation including dipsticks, cups, cards, and cartridges. Code 80306 is used for presumptive testing where instrument assisted optical observation is used to read the dipsticks, cups, cards, and cartridges. Code 80307 is used to report presumptive testing by instrumented chemistry analysis. All of these codes are reported only once per date of service. Only one of these codes per day may be reported according to the Centers for Medicare and Medicaid Services (CMS) and CPT guidelines.

Codes G0480–G0483 are used to report definitive testing and the specific code is selected dependent upon the number of drug classes included in the testing. Code G0659 is used when utilizing a method to identify individual drugs and distinguishing between structural isomers. Only one definitive testing code may be reported per day.

## **7. Section 6: Medicine and Injections (Page TBD)**

Biofeedback – text changed to incorporate changes to biofeedback codes and clarify payment guidelines.

Biofeedback training (CPT codes 90901, 90912 and 90913) may be provided when it is medically necessary and is approved by the employer/carrier. See Part I Chapter II, Authorization to Treat. Payment for biofeedback is limited to providers

currently licensed or certified to provide biofeedback services. Providers include physicians, physical therapists, and psychologists currently licensed in South Carolina, who are certified by, or meet minimum certification requirements of, the Biofeedback Certification Institute of America.—CPT code 90901, Biofeedback training by any modality may be used only once per date of service. CPT code 90912, Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes, may be billed once per date of service. Add-on code 90913 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes, may be billed up to three times per date of service in conjunction with the primary procedure.

**6. Section 7: Physical Medicine (Page TBD)**

- a. Athletic training – The MAP amounts in the rate tables for athletic training services, CPT 97169- 97172, have been set to NC.
- b. Billing Guidelines – changes to codes used for muscle testing. CPT codes 95831-95834 were deleted. Physical therapy evaluation codes 97151-97172, physical therapy evaluation, should be used for manual muscle testing.

**7. Section 8: Special Reports and Services (Page TBD)**

Copies of Reports and Records – The maximum amount that may be charged for the clerical and handling fee has been increased to \$25.

**8. Section 9: HCPCS Level II (Rate Tables)**

HCPCS G codes that are used for quality reporting and providing information on Medicare demonstration projects have been removed from the rate tables.

**9. Appendix B. Exceptions to the Multiple Surgical Procedures Policy**

Appendix B has been updated to delete codes that are not expressly flagged in the 2020 CPT manual as modifier 51 exempt. (See #4 above.) Administrators should continue to rely on the National Correcting Initiative (NCCI) coding edits for payment guidance.