

**BULLETIN**  
**03-01**

To: Workers' Compensation Insurance Carriers  
Third Party Administrators  
Medical Providers

From: Joyce A. Sewell  
Director, Industrial Accidents

Date: March 12, 2001

Re: Emergency Rule Related to Utah's Medical Fee Guidelines

On Friday, March 8, 2001, the Labor Commission adopted an emergency rule related to the payment of starred procedures in the RBRVS and certain restorative services educational codes as defined in the Commission's Medical Fee Guidelines.

As of Friday, March 8, 2001, starred procedures as identified in the AMA's 2001 CPT 4 codes will be paid as a global fee. The medical provider may not bill for separate procedures or office visits when there is a starred procedure. The payment of the non facility or facility total unit in the 2001 RBRVS value multiplied by the Commission's version factor is the global fee for that procedure. Unusual supplies or services may be billed separately when identified by the -25 modifier and accompanied by documentation.

The specific revision made to the Labor Commission's Medical Fee Guideline follow this bulletin as do the revisions made relative to the restorative services educational codes.

For additional information, please contact Rich Lunde at 801-530-6844.

**Utah Labor Commission Medical Fee Guidelines changes effective March 8, 2001:**

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- **\*\*\*See Individual sections for Specific Utah RVU's numbers** (and application for Labor Commission rules).
- **Starred Procedures:** Starred procedures are generally minor procedures and will be paid as global fee. The global fee includes preoperative care and postoperative care for the 10 days postoperative period if follow up days are listed in the global column. If no follow up days are listed in the global column then postoperative care may be billed. The global fee also includes ordinary dressing materials, supplies, drugs and trays associated with the procedure. Unusual services,

supplies, materials, and medications may be billed separately and identified by using the -25 modifier when supported by documentation.

*Provided in an office or clinic setting:* These procedures are reimbursed using the Non Facility Total RVU, with the exception of injections of a type of which cannot be self-administered, and if they are directly related to the treatment of an injury or direct exposure or condition. Splints, redressing materials and casting supplies are payable separately under the Labor Commission's supply provision rule - R612-2-16. In addition, unusual services and medications may be billed separately if identified with a -25 modifier and supported by documentation.

*Provided in a facility setting:* These procedures are reimbursed using the Facility Total RVU for the calculation of payment as the facility will be billing for the direct and indirect costs related to the service.

- **Non-Assigned CPT Codes:** For those few codes not listed in Medicare's RBRVS Fee Schedule, please contact the Labor Commission for the reimbursement value.

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## **5. Educational Codes/Work Conditioning and Work Hardening Codes**

**The most current AMA CPT-4 codes are applicable with the following definitions:  
[See the CPT-4 time increments.]**

### **Code**

97530 To be used per the descriptors in the 2001 AMA CPT-4. Billed within capitation limits.

97535 **Individual Education and Training** - Patient education to improve functional performance at work, work modification education and self care/home management training. Includes training in activities of daily living (ADL), lifestyle changes, and making specific recommendations and restrictions, if needed, to accommodate the patient's return to work. Direct one on one contact by the provider. Billed outside the capitations with a limit of 4 units per injury claim.

**(each 15 minutes)**

97537 **Community/work reintegration training** (eg. shopping, transportation. Money management, avocational activities and/or work environment/modification analysis, work task analysis), direct one on one contact by provider. **(each 15 minutes)**