**State of Utah**
GARY R. HERBERT
*Governor*

GREG BELL
*Lieutenant Governor*

**Utah Labor Commission**
SHERRIE HAYASHI
*Commissioner*

**Division of Industrial Accidents**
RONALD DRESSLER
*Director*

# BULLETIN - 3 - 2012

To: Medical Care Providers
Workers' Compensation Insurance Carriers
Self Insured Employers
Third Party Administrators

From: Ronald Dressler, Director
Industrial Accidents Division

Date: December 6, 2012

Re: Medical Fee Schedule

**R612-2-5. Regulation of Medical Practitioner Fees.**

The Labor Commission has adopted the 2012 Resource Based Relative Value Scale ("RBRVS"), First Quarter Emergency Update and the 2012 American Medical Association Current Procedural Terminology ("CPT") codes effective December 1, 2012. The conversion factors have increased as indicated in the attached rule. Please also note that the formerly referred to "Medical Fee Guidelines" are now the Medical Fee Standards."

*Please forward any questions or comments to:*

STATE OF UTAH LABOR COMMISSION
DIVISION OF INDUSTRIAL ACCIDENTS
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**R612-2-5. Regulation of Medical Practitioner Fees.**

Pursuant to Section 34A-2-407(9):

A. The Labor Commission of Utah:

1. Establishes and regulates fees and other charges for medical provider services as required for the treatment of a work-related injury or illness.

2. Adopts and by this reference incorporates the [~~Ingenix Essential RBRVS~~] National Centers for Medicare and Medicaid Services (CMS) for the Medicare Physician Fee Schedule (MPFS) Resource-Based Value Scale (RBRVS), 201[~~1~~]2 1st Quarter Emergency Update [~~("RBRVS")~~] Edition of the Essential RBRVS by OtimInsight[~~,~~] as the method for calculating reimbursement and the [~~Ingenix~~] American Medical Association's CPT-4 201[~~1~~]2 [~~Current Procedural Coding Expert ("CPT")~~] coding guidelines.

a. The non-facility total unit value will apply in calculating the reimbursement, except that procedures provided in a facility setting shall be reimbursed at the facility total unit value and the facility may bill a separate facility charge.

b. The CPT coding guidelines and 201[~~1~~]2 First Quarter RBRVS, 1761 1st Quarter Edition, are subject to the Utah Labor Commission's Medical Fee [~~Guidelines~~] Standards and the following Labor Commission conversion factors for medical care rendered for a work-related injury or illness, effective December 1, 201[1]2: (Conversion Rates below EFFECTIVE December 1, 201[~~1~~]2, to be used with the RBRVS procedural Unit value as per specialty.)

Anesthesiology $4[~~0~~]1.00 (1 unit per 15 minutes of anesthesia);

Medicine, E and M $4[~~4~~]6.00;

Evaluation and Management codes 99201 - 99204 and 99211 - 99214 $4[~~4~~]6.00;

Pathology and Laboratory $5[~~0~~]2.00;

Radiology $5[~~1~~]3.00;

Restorative Services $4[~~4~~]6.00;

Surgery $3[~~6~~]7.00;

All 20000 codes, codes 49505 thru 49525 and all 60000 codes of the CPT-4 coding guidelines $5[~~6~~]8.00.

3. Adopts and incorporates by this reference the Utah Labor Commission's 201[~~2~~]3 Medical Fee Guidelines, effective December 1, 201[~~1~~]2. The Utah Medical Fee Guidelines can be obtained from the division for a fee sufficient to recover costs of development, printing, and mailing or can be downloaded at the Labor Commission's website at http://laborcommission.utah.gov/Provider%20Page.htm1#WorkersCompensation.

4. Decides appropriate billing procedure codes when disputes arise between the medical practitioner and the employer or its insurance carrier. In no instance will the medical practitioner bill both the employer and the insurance carrier.

B. Employees cannot be billed for treatment of their work-related injuries or illnesses.

C. Discounting from the fees established by the Labor Commission is allowed only through specific contracts between a medical provider and a payor for treatment of work-related injury or illness.

D. Restocking fee 15%. Rule R612-2-16 covers the restocking fee.

E. Dental fees are not published. Rule R612-2-18 covers dental injuries.

F. Ambulance fees are not published. Rule R612-2-19 covers ambulance charges.

G. For procedures not covered by other provisions of this rule, medical providers have three options.

1. Medical providers may request preauthorization for a procedure from the insurance carrier.

2. Medical providers may present evidence to Medical Fee Committee for incorporating a procedure into the Commission's fee schedule. However, such incorporation will have prospective effect only.

3. Medical providers may apply for hearing before the Commission's Adjudication Division pursuant to Subsection 34A-2-801(1)(c) to establish a reasonable fee for the procedure.