STATE OF NEW MEXICO

WORKERS' COMPENSATION ADMINISTRATION

IN THE MATTER OF THE ADOPTION OF THE 2012 HEALTH CARE PROVIDER FEE SCHEDULE

FEE SCHEDULE ORDER

THIS ORDER is issued pursuant to NMSA 1978, Section 52-4-5(A) (1990), and 11.4.7.9.E(1)(c) NMAC. It is intended to further the purpose of 11 NMAC, Part 7, to establish a system of maximum allowable fees and reimbursements for health care services and related non-clinical services provided by all health care providers, to establish billing dispute procedures and to establish the procedures for cost containment.

1. The proposed Health Care Provider Fee Schedule was released for public inspection on or about October 18, 2012.

2. A hearing was conducted on November 8, 2012 to accept public comment.

3. Written public comment was accepted until December 3, 2012.

4. The following methods were used to determine the maximum allowable amounts for the 2012 New Mexico Workers' Compensation Health Care Provider Fee Schedule:

- If a new CPT or procedure established by the American Medical Association (AMA) has a Regional 60th Percentile rate, the December 2012 Health Care Provider Fee Schedule will integrate the new CPT at that price.

- If a new procedure is established by AMA 2011 and does not have a Regional 60th Percentile rates, the December 2012 Health Care Provider Fee Schedule amount will be assigned a BR (By Report) status.

- If a December 2011 schedule amount for an established procedure falls below the Regional 60th percentile rate, the December 2012 Health Care Provider Fee Schedule

amount will be adjusted above the 2011 amount based upon the Regional 60th Percentile rate.

- If a historical procedure with a BR in the December 2011 schedule has been assigned a Regional 60th Percentile rate, the December 2012 Health Care Provider Fee Schedule amount will be adjusted to a new amount based upon the Regional 60th Percentile rate.

- If a December 2011 procedure amount exceeds the Regional 80th Percentile, the December 2012 Health Care Provider Fee Schedule will lower those amounts to the Regional 80th Percentile rate.

- In consideration of public comments and submissions to the WCA concerning various CPTs, select workers' compensation procedures were raised based on a re-evaluation of local billed charges. Codes for which the WCA did not receive local data could not be adequately evaluated and were not adjusted to regional prices.

- All remaining December 2011 procedures with their amounts that do not meet category criteria above will be carried forward into the December 2012 schedule.

5. The Health Care Provider Fee Schedule appended to this Order and incorporated herein is adopted on December 21, 2012, with an effective date of December 31, 2012.

6. The following are specifically adopted pursuant to 11.4.7.9 NMAC and incorporated by reference as if fully set forth herein:

A. Current Procedural Terminology (CPT) code, as defined in 11.4.7.7.M NMAC, which is derived from the CPT 2012, Professional Edition, Fourth Edition Revised, Copyright 2011, by the American Medical Association (AMA) (hereinafter, "CPT 2012"). CPT 2012 is a listing of descriptive terms, numeric and alphanumeric identifying codes and modifiers for reporting medical services and procedures performed by physicians, which is copyrighted by the AMA.

B. American Society of Anesthesiologists (ASA) Relative Value Guide – 2012, as defined in 11.4.7.7.A NMAC, copyright 2011 by the ASA.

7. This Order in no way alters, or intends to alter, any of the Rules of the WCA already in place. To the extent that there is a conflict between the rules, the more specific shall apply.

IT IS SO ORDERED.

NED S. FULLER, Director
New Mexico Workers' Compensation Administration

Issued: December 21, 2012