PCOT

Physicians Contracting Organization of Texas

Committed to patient advocacy.
Quality healthcare. Independent physicians.

September 1, 2009

Dear PCOT Membership:

The Board of Directors of PCOT have executed a workers' compensation contract with CorVel Corporation. CorVel represents approximately 30% of the state of Texas in Workers Compensation network.

A summary of the contract is attached with a client list, summary of contract terms, and other helpful information is also attached for your convenience. Their website is www.CorVel.com.

Please indicate your practice's plans to participate in this Workers' Comp Plan by checking one of the boxes below. This response should be mailed to PCOT, Attn: Jennifer Roach or faxed to the PCOT office at 903-526-2320. Your prompt attention to this matter will be appreciated. Please return to the PCOT by October 1, 2009.

Sincerely,

Brenda Shepherd

Brenda Shepherd, MBA, CPC, CPCS
Executive Director

_____ Yes, our practice will accept these fees and all physicians in the practice will participate in the workers' comp plan with CorVel WC.

_____ No, our practice does not wish to participate in the workers' comp plan with CorVel WC.

Date:_____ Practice Name:_____

Authorized Signature:_____

1310 Doctor's Drive, Ste. B Tyler, Texas 75701
903-526-3268 or 1-888-248-1907 Fax: 903-526-2320
info@pcot.org www.PCOT.org

Physicians Contracting Organization of Texas

Contract Review Worksheet

Date: 4/28/2009 BLS

		Background Information		Notes
	1	Payor Name, Organizational Status	**Corcare Network Provider Agreement**	
	2	Type of Organization	WC Only	
	3	Type Product (any ERISA Plans?)	yes	
	4	Background Due Diligence, OIG Exclusion, TDI	clear; no reports	
	5	Number of covered lives, major employers	30% of Texas WC Covered Lives;	
		WC Clients	7-Up, Chevron, Compaq, Home Depot, Kroger, Nordstrom, Pepsi, Pizza Hut, United Airlines, Wal-Mart, Bridgestone Tires, Burger King, Cheesecake Factory, Coca Cola, Dallas Cowboys, Dallas ISD, City of Arlington, City of Garland, City of Hurst, Domino's Pizza, EX Mart, Luby's, Richardson ISD, USPS, Argonaut, Chubb, Farmers' Group, Hartford, Travelers, Zurich	
	6	Hospital affiliations	ETMC and Affiliate Hospitals, UTHSC, TMFH Rehab, Texas Health Presbyterian	
	7	Laboratory affiliations	DRL	
	8	Benefit plan description (Covered Services defined)	yes	
	9	Provider procedure manual	yes; online	
	10	References/ Notes	www.corvel.com	

		Terms		Notes
**	11	PCOT Agency Status defined	yes	
	12	Each party responsible for their own acts	yes	
		Indemnify and hold harmless	yes	
		Arbitration & mediation non binding		
**	13	No assignment without consent (Silent PPO)	yes	
	14	No all products clauses	yes	
	15	No marketing w/o consent	directory only	
**	16	Credentialing delegated	yes	
**	17	Members can not be terminated w/o cause	yes	
**	18	Adequate grievance process	yes	
	19	Modifications must be mutually accepted	no with 45 day notice; must reject w/l 30 days	
**	20	Access and confidentiality reasonable	yes	
	21	Members may charge for requested medical records	not for claim payment; medical management	
	22	Governed by Texas Law, Smith Co. preferred	Texas	
**	23	Max liability insurance required 200,000/ 600,000	State minimum	
**	24	Term: 1 year max	yes	
	25	Auto renewal	yes	
**	26	Termination w/o cause not > 90 days	yes	
	27	Termination Tail reasonable	per Medicare Guidelines	
	28	HIPAA language--code sets	yes	

		Billing/ Compensation		Notes
	29	Claims processor (payor) identified	yes	
**	30	Claims paid < 30 days (or comply with SB418	yes	
	31	Penalty for non timely payment (Predetermined)	per state law	
	32	Payment to Non-Physician Providers	yes	
	33	Standard filing form (CMS 1500) acceptable; electronic file	yes	
	34	Right to coordination of benefits payments	yes	
	35	Retroactive adjustments within 90 days	claim appeal to one year	
	36	Enrollee identification process specified	yes	
**	37	Complete fee schedule		
		Non Specified	20% off Billed	
		Workers Comp	99% of Texas state mandated fee schedule	
		Auto/Accident Health	30% off billed	
	38	Fee schedule fixed for contract period	yes	
	39	Fee schedule review & increase at renewal (auto escalate)	no	
	40	New CPT Code Changes/Updates effective January 1st	yes	

Notes

CORVEL

CorCare® Texas Workers Compensation Network

Preauthorization Items

Note: Post-stabilization and emergency care do not require preauthorization.

- Inpatient hospital admissions and all surgeries and invasive procedures done in a facility other than a doctors office
- Length of stay, including length of stay starting the first working day after an emergency admission
- Repeat Psychological evaluations, all testing, psychotherapy and biofeedback except when a part of a preauthorized rehabilitation program
- Osteopathic and Chiropractic Manipulations, Physical Therapy and Occupational Therapy except for the first 6 sessions within 2 weeks of the date of injury or an approved surgery
- All gym/health club memberships
- All myelograms, discograms, or surface electromyograms
- All repeat EMG/NCV's and all repeat diagnostic tests billed at $350 or greater
- All work hardening and work conditioning programs
- Pain Management Programs, Chemical dependency or weight loss program
- All durable medical equipment (DME) in billed at $500 or greater per item and all (TENS) units
- Nursing home, convalescent, residential care, and all home health practitioner services and treatments, including IV medications
- Any investigational or experimental services or devices
- Deviation from the guidelines adopted by the network
- Health care to treat an injury or diagnosis that is disputed by the carrier based on Labor Code §408.0042 **after** the Medical Examination By The Treating Doctor to Define Compensability

Note: Referrals from the treating doctor are required. Referrals to out of network providers require network approval.

CORVEL

With over 1,500 customers (covering approximately 10 million employees), CorVel is a national provider of leading edge workers' compensation solutions to employers, third party administrators, insurance companies and governmental agencies with over 20 years of experience.

A web-based provider lookup system is available at: www.CorVel.com. In addition to providing demographic and specialty information, we can provide a map and directions to the provider's location.

CorVel offers many ways to channel patients to our CorCare providers including our website, case managers, inquiry e-mail, online customized provider panels and PPO lookup discs. With the recent changes implemented to the Workers Comp system through House Bill 7, network participation will become crucial in order to continue providing services to work related injuries. House Bill 7 states that if a provider or carrier elects to participate in a network, all services will be directed to network providers.

Provider participation in the CorCare network will generate the following:

- Additional referrals to the provider/facility
  CorVel has processed approximately 30% of the Workers Comp Claims– even prior to the channeling of care in Texas.

- Case Managers who are concerned about the recovery and return to productivity for our clients.
  We anticipate an increased usage of case management by our clients.

- Decrease in DOR (days on repayment)
  CorVel has alerted our clients of the recent changes in House Bill 7 in regards to payments being remitted within 45 days.

CorVel is being very selective in the expansion of our CorCare network in order to meet House Bill 7 requirements. The CorCare network was certified by the State of Texas Department of Insurance on 7/19/06. Don't miss your opportunity to participate!

Insight. In Touch.

CorCare Sample Client List

From third-party administrators, insurance carriers and employers, our customers represent more than 10 million employees in 49 states. Join CorCare's network of over 500,000 preferred providers today!

National Clients

Employers
7-Up
Chevron
Compaq
Home Depot
Kroger
Nordstrom
Pepsi
Pizza Hut
United Airlines
Wal-Mart

Insurance/TPAs
Argonaut Insurance
Chubb & Son Insurance
Cunningham Lindsey
Farmers' Group Insurance
Gallagher Bassett
Hartford
Marsh Stars
Travelers
Zurich

Local Clients

Employers
Bridgestone Tires
Burger King
Cheesecake Factory
City of Arlington
City of Garland
City of Hurst
Coca Cola Bottling Company
Dallas Cowboys
Dallas ISD
Domino's Pizza
EZ Mart
Luby's
Richardson ISD
United States Postal Service

This is only a sample of our clients – please ask your CorCare Developer for a more detailed listing.

CorVel Corporation
15301 Dallas Parkway
Suite 300
Addison, TX 75001

800-239-1391
www.corvel.com

Frequently Asked Questions

Network Questions

Why should I become part of the CorCare network?

CorVel processes approximately 30% of the workers compensation claims in the state of TX - prior to the ability to direct care. CorVel already has an established PPO network in place and is expanding coverage in order to meet all of the state mandated requirements. You are amongst the limited number of professionals we are soliciting to become part of the CorCare network and we do foresee a time where we will not be admitting additional providers into our network.

Do I have to be on the Texas Workers Compensation Approved Doctor List (ADL) to be part of the network?

No, an application to become an ADL is not required in order to participate in the network.

As part of the CorCare network, how will I receive patients?

CorVel will provide a list of network participants to all clients (employers, insurance carriers, TPAs, etc.) to select from. As a network provider, your demographic information will be included. Additionally, referrals to specialists will come from through the network list.

Is there still a fee schedule in place?

The Texas Workers Compensation fee schedule is still in place. The creation of networks did not abolish the fee schedule.

INSURANCE COUNCIL OF TEXAS

service, information, and representation for the property and casualty insurance industry

January 11, 2008 WC Bulletin No. 2008-02

To: Persons Interested in Workers' Compensation Issues

From: Steve Nichols, Manager, Workers' Compensation Services

Re: Texas Workers' Compensation Commissioner Adopts New Medical Fee Guideline; New Guideline To Be Effective on March 1, 2008

On December 28, 2007, Workers' Compensation Commissioner Albert Betts adopted a new Medical Fee Guideline with an effective date of March 1, 2008. The new Medical Fee Guideline was promulgated in Rules 134.203 and 134.204. Commissioner Betts also amended Rule 134.1 and adopted a new Rule 134.2.

The new Medical Fee Guideline has two conversion factors. The first conversion factor, **$52.83**, is for all services unless (1) the service was a surgery **and** (2) the surgery was performed in a facility setting. If those two factors are met, then the conversion factor is **$66.32**.

The Insurance Council of Texas (ICT) has received many inquiries about what percentage of Medicare fees those two conversion factors represent.

That was a difficult question to answer because the U.S. Congress did some late hour changes on the conversion factors on Medicare. To respond to these inquiries, ICT asked one of our consultants, Julie Shank, R.N., of JShank Consulting, to evaluate the conversion factors and determine what percentage of Medicare these conversion factors represent.

Medicare had adopted a rule that would have provided for a 10.1% decrease in the Medicare conversion factor (2007 - $37.8975 to 2008 - $34.0682). Instead, the U.S. Congress gave the doctors a .5% increase for 6 months (Jan 1, 2008 to June 30, 2008). As such, the conversion factor for Medicare from 1/1/08 to 6/30/08 is $38.087. The conversion factor will revert to the previous number of $34.0682 on July 1, 2008. Unfortunately, the Trailblazer site still lists $34.0682.

The following are the percentages of Medicare against the new MFG conversion factors:

1/1/08-6/30/08 MFG $52.83 = 138.7%
After 6/30/08 MFG $52.83 = 155.07%

1/1/08-6/30/08 MFG $66.32 = 174.13%
After 6/30/08 MFG $66.32 = 194.67%

Please note that the fees for the Texas workers' compensation 2008 Medical Fee Guideline will not change in July because it is based on specific conversion factors instead of the percentage of Medicare rates.

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Rule 134.1 Amendments

The amendments made to Rule 134.1 address rule name changes.

New Rule 134.2

New Rule 134.2 was adopted pursuant to the provisions of Section 408.0252 of the Texas Labor Code, which allows the Commissioner to identify areas of the state in which access to health care providers is less available and to adopt appropriate standards, guidelines, and rules regarding the delivery of health care in those areas.

Rule 134.2 provides an incentive reimbursement of 10 percent over the regular reimbursement amount to encourage health care providers to provide services to injured employees in areas identified by the Division of Workers' Compensation (DWC) as being underserved. In specifying workers' compensation underserved areas, the DWC utilized three criteria simultaneously: a ZIP Code that was not in a designated Medicare Health Professional Shortage Area (HPSA), a ZIP Code that had at least one DWC approved request for a case-by-case exception to the appointment of a provider who was not on the DWC's Approved Doctor List (ADL), and a ZIP Code that had no ADL provider listed.

Using those three criteria, the DWC has designated 122 of the 4,254 Texas ZIP Codes as eligible for the 10 percent incentive payment. The DWC determined that 10 percent is a fair and reasonable incentive because it is consistent with the percentage factor currently used as the physician bonus payment provided by the Centers for Medicare and Medicaid Services (CMS) for its 2007 Primary Care HPSA. The 10 percent incentive payment is anticipated by the DWC to improve participation because it is a reasonable financial bonus in a physician scarce geographic area and it is a measure that has been used historically by the federal Medicare system.

New Medical Fee Guideline Applies to Medical Services Provided On or After March 1, 2008

New Rules 134.203 and 134.204 are based on and address the same subject matter as Rule 134.202, Medical Fee Guidelines; however, the new rules and medical fee guideline apply to medical services provided on or after March 1, 2008, and contain changes that the DWC believes provide for fair and reasonable reimbursement in the current health care market.

Rule 134.202 will remain in effect for reimbursements related to professional medical services provided between August 1, 2003 and March 1, 2008.

Rather than amending Rule 134.202, two new rules – Rules 134.203 and 134.204 were adopted to create a separation of the conversion factors for Medicare-based fee schedules from workers' compensation specific services and reimbursements that are currently combined in Rule 134.202. Commissioner Betts believes that the two separate rules will allow future amendments to be made in a manner that is easier for the DWC to manage and for system participants to implement.

Conversion Factors Adopted by Texas Workers' Compensation Commissioner

Workers' Compensation Commissioner Albert Betts has adopted two conversion factors for the new Medical Fee Guideline. The first conversion was adopted to provide for a reimbursement rate to pay for all professional service categories except surgical procedures. The second conversion factor, a higher rate of reimbursement, was adopted to provide for a reimbursement rate to pay for all surgical procedures.

The conversion factor of $52.83 for calendar year 2008 is to be used for all professional service categories, with the exception of surgical procedures when performed in a facility setting, such as a hospital or an ambulatory surgical center (ASC). This "non-facility" conversion factor is purportedly based on the Medicare Economic Index (MEI) used by CMS to develop its adopted 2008 conversion factor.

The commissioner's rule adoption preamble noted that this change updates the 125 percent conversion factor to essentially reflect the changes in the cost of providing the covered goods, services, and practice expenses that have occurred over the prior four years. The rule adoption preamble noted that the adopted conversion factor of $52.83 for calendar year 2008 begins with the 125 percent multiplier developed for §134.202, and applying the annual MEI adjustment year-to-year beginning with the baseline year of 2002. In 2002, the reimbursement amount was $45.25. The MEI increased 3.0 percent for 2003, 2.9 percent for 2004, 3.1 percent for 2005, 2.8 percent for 2006, 2.1 percent for 2007, and 1.8 percent for 2008.

In an attempt to minimize the need for rulemaking activity and to provide predictability to system participants, the DWC has adopted, as part of Rule 134.203, a provision that will automatically update the conversion factor each year based on the MEI. As with the Medicare conversion factor, the annual MEI is published in the *Federal Register* each November for the following year.

The second conversion factor of $66.32 for calendar year 2008 is to be used for surgical procedures when performed in a facility setting, such as a hospital or ASC. This conversion factor is purportedly based on the average reimbursement differential between reimbursement rates for surgical services and overall services of those state workers' compensation systems using the Resource Based Relative Value Scale (RBRVS) as listed in *Benchmarks for Designing Workers' Compensation Medical Fee Schedules: 2006* (Workers' Compensation Research Institute, 2006). The rule adoption preamble noted that the conversion factor also takes into consideration the limited availability of HCPs with the specialized expertise necessary to provide those services.

New Billing Modifiers Added

In order to clarify and improve billing procedures, new billing modifiers have been added by the DWC. The new modifiers are for coding the examinations performed by designated doctors and for the identification of treating doctors performing their case management functions. Those new modifiers are set out in Sections (e), (i), and (n) of Rule 134.204.

Rule 134.203, Medical Fee Guideline for Professional Services

New Rule 134.203 relates to medical fees for reimbursements predominantly based on conversion factors and Medicare. The rule does not apply to facility, pharmaceutical, dental, and other services and it is not applicable to services provided through a workers' compensation health care network certified pursuant to Chapter 1305 of the Texas Insurance Code, except as provided in Chapter 1305 of the Texas Insurance Code.

The rule provides that the conversion factors are to be updated each subsequent calendar year to reflect the annualized MEI percentage adjustment published in the *Federal Register* each November.

The rule maintains reimbursement of Healthcare Common Procedure Coding System (HCPCS) Level II codes at the level specified in Rule 134.202, 125 percent of fees listed in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule, or 125 percent of the published Texas Medicaid fee schedule for durable medical equipment if the code has no published Medicare DMEPOS rate.

Medicare updates the DMEPOS fee schedule on a quarterly basis and the DWC adopts those updates as they occur. For those reasons, the reimbursement for these items will not be subject to the MEI adjustment.

Rule 134.203(b)(1) requires that for coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for HPSAs, and physician scarcity areas (PSAs); and other applicable payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Rule 134.203(c)(1) provides the annual conversion factors for use in various service categories beginning in calendar year 2008.

Rule 134.203(c)(2) states that the conversion factors in paragraph (1) of that subsection are for calendar year 2008 and that the subsequent year's conversion factors will be determined by applying the annual percentage adjustment of the MEI to the previous year's conversion factors and the new conversion factors shall be effective January 1 of the new calendar year.

Rule 134.203(e) provides that the maximum allowable reimbursement for pathology and laboratory services not addressed in (c)(1) of this section or in other DWC rules shall be 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component, and 45 percent of the DWC established MAR for the technical component shall be the professional component.

Rule 134.203(i) requires HCPs to bill their usual and customary charges using the most current HCPCS Level I and Level II codes and to submit medical bills in accordance with the Labor Code and DWC rules.

Rule 134.204, Medical Fee Guideline for Workers' Compensation Specific Services

New Rule 134.204 relates to medical fees for reimbursement of workers' compensation specific codes, services, and programs that, for the most part, are needed in the Texas workers' compensation system but are not as dependant on the RBRVS system and the Medicare Methodologies.

The rule is not applicable to professional medical services described in adopted new Rule 134.203; prescription drugs or medicines; dental services; facility services of a hospital or other health care facility; or medical services provided through a workers' compensation health care network certified pursuant to Chapter 1305 of the Texas Insurance Code, except as provided in Rule 134.1 and Chapter 1305 of the Texas Insurance Code.

Rule 134.204(a)(3) provides that Rule 134.202 (relating to Medical Fee Guideline) applies to workers' compensation specific codes, services and programs provided between August 1, 2003 and March 1, 2008.

Rule 134.204(a)(4) provides that for workers' compensation specific codes, services, and programs provided before August 1, 2003, Rule 134.201 (relating to Medical Fee Guideline for Medical Treatments and Services Provided under the Texas Workers' Compensation Act) and Rule 134.302 (relating to Dental Fee Guideline) apply.

Rule 134.204(b)(2) states that appropriate modifiers, including more than one modifier if necessary, shall follow the appropriate Level I and Level II HCPCS codes on the bill to identify modifying circumstances. DWC-specific modifiers are identified in subsection (n) of Rule 134.204 along with instructions for their application.

Rule 134.204(b)(3) provides that a 10 percent incentive payment shall be added to the MAR for services outlined in subsections (d), (e), (g), (i), (j), and (k) of the section that are performed in designated workers' compensation underserved areas in accordance with Rule 134.2.

Rule 134.204(e) sets forth the case management responsibilities for the treating doctor, establishes set fees for treating doctor case management services, directs the treating doctor to use a specific modifier when billing for these services that will distinguish treating doctors from other health care providers, and allows treating doctors a payment commensurate with case management responsibilities and workers' compensation administrative tasks.

Rule 134.204(e) also establishes set fees, which are 25 percent of the total provided to treating doctors, when a referral health care provider contributes to the case management activity.

Rule 134.204(f) establishes a maximum allowable reimbursement rate of 125 percent of the published Texas Medicaid fee schedule for licensed home health agencies for home health services provided.

Rule 134.204(g) sets forth the requirements and limitations on functional capacity evaluations (FCEs), including limits on the number of FCEs allowed, the maximum number of hours to be reimbursed, the required billing code and modifier, and the required elements of a physical

examination and neurological evaluation.

Rule 134.204(h) sets forth the billing and reimbursement requirements for Return to Work Rehabilitation Programs including appropriate coding, modifiers, and reimbursement rates. The section includes details of comparable Commission on Accreditation of Rehabilitation Facilities (CARF) accredited programs.

Rule 134.204(i) addresses the examinations and reimbursements with new modifiers that are associated with the expanded duties of designated doctors. This subsection is established for whichever examination is appropriate, and sets forth an established cap with a prorated payment method for the four examinations not associated with maximum medical improvement (MMI) and impairment ratings (IR).

Rule 134.204(j) sets forth the billing, coding, and reimbursement requirements, including modifiers, for MMI and IR examinations. The subsection specifies what shall be included in the examinations; any limitations on the number of examinations allowed; billing and reimbursement for testing not outlined in the AMA Guides; and that the doctor performing the examinations be an authorized doctor under the Texas Labor Code, DWC rules, and Chapter 130 relating to Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment.

Subsection (j) of Rule 134.204 also sets out different billing, coding, including modifiers and reimbursement rates, depending on whether the examining health care provider is the treating doctor, a referral doctor, or a referral specialist. A new clarifying provision has been added for the billing and reimbursement of an IR evaluation in circumstances when there is no test to determine an IR for a non-musculoskeletal condition.

Rule 134.204(k) sets forth the billing, coding, including modifiers, and reimbursement rates for Return to Work and Evaluation of Medicare Care examinations (RTW/EMC) that are not done for the purpose of certifying MMI or assigning IR. As proposed, the adopted subsection addresses the newer designated doctor responsibilities and raises the overall reimbursement rate from $350 to $500 for whichever examination is appropriate as outlined in Subsection (i) of Rule 134.204. Additionally, this subsection of the rule provides that any required testing is to be billed using appropriate codes and modifiers in addition to the examination fee.

Rule 134.204(l) refers a HCP to Rule 129.5 (relating to Work Status Reports) when billing for a Work Status Report that is not conducted as part of the examination outlined in subsections (i) and (j) of Rule 134.204.

Rule 134.204(m) refers a treating doctor to §126.14 (relating to Treating Doctor Examination to Define Compensable Injury) when billing for an examination to define the compensable injury.

Rule 134.204(n) sets forth DWC modifiers to be used by health care providers in conjunction with procedure codes to ensure correct coding, reporting, billing, and reimbursement. The adopted subsection includes six new modifiers associated with treating doctor case management functions and requested designated doctor examinations.

Case Management Fees Established

Case management fees have previously been a part of Rule 134.202 with the reimbursement left to the carriers to determine a fair and reasonable amount since Medicare does not place a value on the relevant CPT codes. In Rule 134.204, the DWC has set the case management fees to eliminate the multiple fair and reasonable determinations and to provide for uniform reimbursement for health care providers performing case management activities.

Rule 134.204(e) also establishes set fees, which are 25 percent of the total provided to treating doctors, when a referral health care provider contributes to the case management activity.

Rule Adoption Preamble With Responses to Public Comments and Adopted Rules Available on TDI Division of Workers' Compensation Website

The 176-page rule adoption preamble, with responses to public comments the DWC received during the public comment period, and the adopted rules can be found at the following website link: http://www.tdi.state.tx.us/wc/rules/adopted/documents/aordermfg0108.pdf.

ICT Will Be Hosting Workers' Compensation Seminars That Will Include An Overview of the New Medical Fee Guideline

ICT will be hosting two seminars in April of 2008. The seminars, which will be presented in Austin, Texas and Dallas, Texas, will include a presentation by Julie Shank, R.N., JShank Consulting that will provide an overview of the *2008 Medical Fee Guideline*.

The dates and locations of the seminars will be posted soon on ICT's website at the following link: http://www.insurancecouncil.org/WorkersComp/WCSemSym.asp.