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STATE OF CONNECTICUT
WORKERS' COMPENSATION COMMISSION

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MEMORANDUM NO. 2014-06

TO: WCC Commissioners, Facility Fee Schedule Core Committee Members,
District Administrators, Advisory Board, Legal Advisory Panel,
Medical Advisory Panel, Medical Practitioners, Self-Insureds,
Insurance Carriers, Medical Care Plans, Attorneys, and Unions.

FROM: John A. Mastropietro, Chairman

DATE: December 31, 2014

RE: Issuance of the Official Fee Schedule for Hospitals and Ambulatory Surgical Centers
Pursuant to Public Act No. 14-167 (Senate Bill No. 61)
Effective for Medical Treatment Rendered On and After April 1, 2015

Pursuant to Public Act 14-167 "AN ACT CONCERNING WORKERS' COMPENSATION AND LIABILITY FOR HOSPITAL AND AMBULATORY SURGICAL CENTER SERVICES", the Workers' Compensation Commission hereby establishes the following Facility Fee Schedule for the treatment of injured workers.

RATES:

1. The hospital inpatient rate shall be 174% of the Medicare rate payable to that facility on the date of service.
2. The hospital outpatient and hospital-based ambulatory surgery rate shall be 210% of the Medicare rate payable to that facility on the date of service.
3. The non-hospital based ambulatory surgery rate shall be 195% of the hospital-based outpatient Medicare rate payable in the same CBSA (Core Based Statistical Area) on the date of service.
4. Where there is no Medicare rate for the procedure in an outpatient hospital setting, the parties shall negotiate the reimbursement rate. If negotiation is not successful, the parties may request a hearing with the Commission; however, treatment shall proceed pending same.

RULES: In order to implement the above-referenced Fee Schedule the following rules shall apply:

1. Payors must remit payment within 60 days of receipt of appropriate documentation for compensable claims. Payment made after the 60th day must include interest payment at the rate of 1.5% per month.
2. Facilities have 60 days following receipt of payment to request a review by payor and such requests may be accompanied by additional supporting documentation. Any requests to review made after such 60 day period will not be considered unless parties agree otherwise.
3. Payment for implants, devices and hardware is included as part of the appropriate percentage above Medicare for the procedure (the applicable inpatient, outpatient or ambulatory surgery rate established by this Fee Schedule). Requests for additional reimbursement for implants, devices and hardware shall be by exception only. The exception is if the applicable percentage of Medicare amount for the implant, device and hardware does not cover the invoice cost, then the invoice cost can be presented and will be reimbursed at 130% of invoice less the applicable percentage of the Medicare amount for the implant, device and hardware already included in the fee.
4. The reimbursement rate for services rendered will be in accordance with this Fee Schedule unless a different rate is negotiated between the parties.
5. This Fee Schedule will apply to dates of service rendered on and after April 1, 2015.

The Workers' Compensation Commission is working with a vendor to publish the applicable rates, rules and guidelines for implementation of this Fee Schedule. It is expected to be available in advance of the April 1, 2015 effective date. Notice of availability will be published on our website at <http://wcc.state.ct.us>.