

# Compliance and Regulations Newsletter

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## CALIFORNIA

### ***New Regulations Updating MTUS Take Effect December 1<sup>st</sup>***

On November 1, 2017, the Division of Workers' Compensation (DWC) adopted regulations updating the evidence-based treatment guidelines of the Medical Treatment Utilization Schedule (MTUS) to officially incorporate the most recent American College of Occupational and Environmental Medicine's (ACOEM's) treatment guidelines effective for dates of injury on or after December 1, 2017.

The administrative order was published one month before the effective date allowing treating physicians and utilization review physicians adequate time to prepare the regulations become effective.

For conditions or injuries not addressed in the MTUS treatment guidelines, authorized treatment and diagnostic services in the initial and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines nationally recognized by the medical community.

The order will adopt:

- Initial Approaches to Treatment Guideline (ACOEM June 30, 2017)
- Cervical and Thoracic Spine Disorders Guideline (ACOEM May 27, 2016)
- Shoulder Disorders Guideline (ACOEM Aug. 1, 2016)
- Elbow Disorders Guideline (ACOEM 2013)
- Hand, Wrist and Forearm Disorders Guideline (ACOEM June 30, 2016)
- Low Back Disorders Guideline (ACOEM Feb. 24, 2016)
- Knee Disorders Guideline (ACOEM Oct. 28, 2015)

- Ankle and Foot Disorders Guideline (ACOEM September 2015)
- Eye Disorders Guideline (ACOEM April 1, 2017)
- Hip and Groin Guideline (ACOEM May 1, 2011)
- Occupational/Work-Related Asthma Medical Treatment Guideline (ACOEM Jan. 4, 2016)
- Occupational Interstitial Lung Disease Guideline (ACOEM Jan. 4, 2016)
- Chronic Pain Guideline (ACOEM May 2017)
- Opioids Guideline (ACOEM April 20, 2017)

The Hip and Groin Guideline, last revised in 2011, is already out of date as guidelines are to be updated every five years. It is being reviewed and should be published soon. The Elbow Disorders Guideline, last updated in 2013 is expected to be reviewed in 2018.

The adoption of the ACOEM guidelines coincides with the DWC submission of the MTUS drug formulary for approval. The Office of Administrative Law has a deadline of Dec. 7<sup>th</sup> to accept the proposed formulary rules.

Webinars were scheduled for Nov. 14<sup>th</sup> and Nov. 15<sup>th</sup> and focused on ACOEM guidelines and MTUS framework and the demonstration of online tools available to access the guidelines.

[Source 1](#)

[Source 2](#)

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## COLORADO

### ***New Accreditation Rules Effective Jan. 1<sup>st</sup>***

Physicians seeking Level 1 or Level II accreditation, providing permanent impairment evaluations, or serving on the Division Independent Medical Examination Panel, must comply with procedures established in Rule 13 - Provider Accreditation. Changes were recently adopted and will take effect January 1<sup>st</sup>.

The DWC added new requirements for Level II accreditation. Physicians must pass a Division-administered examination demonstrating an understanding of the Division materials, including the American Medical Association Guides to the Evaluation of Permanent Impairment. If the physician fails to pass the exam a second time, he or she must attend a seminar before being allowed to take the exam again.

Level II accreditation also carries a one-year probationary period which begins the date the physician passes the Level II accreditation exam. The probationary accreditation expires if the physician does not submit three impairment rating reports deemed sufficient by the Division. Non-probationary accreditation begins on the date the physician submits the first three impairment rating reports the Division deems sufficient.

[Source](#)

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## WISCONSIN

### ***Medical Fee Schedule Finalized Amid Opposition from Providers***

Under the proposed schedule, The Department of Workforce Development (DWD) is required to establish a medical fee schedule by January 2, 2019. To develop the fee schedule, DWD shall utilize data sources to determine the average price made by group health plans and self-insured health plans for Centers for Medicare and Medicaid Services (CMS) Current Procedural Terminology (CPT) codes. The fee schedule would apply a percentage increase to Medicare rates resulting in the approximate the average negotiated group health price.

Annually, the department would adjust the fee schedule by an amount equal to medical inflation. Every 10 years, the department would repeat the data collection and analysis to reset the medical fee schedule.

The fee schedule would include an additional 2.5% above the DWD-determined average negotiated group health price to reimburse medical providers for administrative expenses associated with worker's compensation claims, unless providers supply data to DWD proving the amount of uncompensated administrative expenses is higher than 2.5% but not higher than 10%.

Wisconsin is one of seven states that do not regulate professional medical fees and one of eight states that do not regulate hospital fees. It uses a charge-based system with a mechanism for insurers and payers to contest bills deemed excessive.

Health care providers are opposed to a medical schedule and are expected to fight it.

[Source](#)