

## Workers' Comp 101: In or Out?

Garrett Casey

A few months ago, I wrote about the pitfalls of your first clinical experience, be it in a group practice or solo. Part of this new experience in treating patients without a supervisor, or as a partner/associate, is the responsibility of being a primary treating physician (PTP). Nowhere is this more profound than in industrial medicine.

I know: you're never going to treat a workers' compensation patient, so why worry, right? Wrong. The California legislature made acupuncturists primary treating physicians (PTP), allowing them to treat industrial injuries, both acute and chronic, without the need for a referral from a physician, chiropractor or other health care practitioner.

Most of the profession works on direct referrals from other PTPs with the exception of private pay, group or managed care. Industrial medicine and workers' compensation allow injured workers (employees) who have been treated by you prior to being injured to predesignate you as their PTP. When an industrial injury occurs, your patient can request that you provide the treatment necessary to relieve the patient from the effects of the injury, not a company doctor who has never rendered treatment to the injured worker.

Communication with the insurance carrier is crucial to your maintaining PTP status. After reporting on the patient's status with the doctor's first report of industrial injury, a.k.a. "the pink," mandatory reporting every 45 days using the PR-2 form keeps the carrier informed of the worker's progress and the proposed plan of care for the next 45 days.

If you are not familiar with workers' compensation billing, there is no standard billing form per se, but the HCFA form is the most widely submitted. Coding for services is simple. Your one-time new patient charge falls under the CPT evaluation codes (99201 through 99205). Re-exams every 45 days, or when the patient's condition undergoes a significant that necessitates a new PR-2, necessitates a management code for reexaminations (99211 through 99215). Both the first report and supplemental reports allow for a report fee under code 99081 (\$12.30).

Regarding charges for treatment, the official medical fee schedule (which uses the same CPT codes as everyone else with some exceptions) allows for manual needling (97800) or needling with stimulation (97801). Soft tissue therapy under codes 97250, 97610 or 97124 can be done on the same day, but cupping (97801) and moxibustion (97803) cannot be done on the same day as needling. Reimbursement levels in industrial medicine for acupuncture visits range from \$74.00 for a simple manual needle visit to over \$150.00 when combined with new patient and reporting codes. These amounts are quite different than the levels received from managed care and other group benefit packages.

By simply attending workers' compensation seminars and getting basic instruction in the management of injured workers, the return on investment can be significant, with injured workers receiving access to treatment that cures and relieves the effects of new and chronic conditions.

