

ICIS SAYS...

The Industry Claims Information System (ICIS) currently encompasses transaction-level data on more than 2.5 million California workers' compensation claims contributed by large and midsize national and regional insurers and self-insured employers for claims with dates of injury from 1993 through 2004. The data warehouse was built to meet the changing and expanding research and analysis requirements of the workers' compensation industry and CWCI members.

The value of data depends on its practical applications. The Institute often relies on ICIS to generate "hard numbers" that can be used to advance the public policy debate on a wide variety of workers' compensation issues and concerns. The following ICIS Says Report looks at changes in the average payments for medical procedures and services covered in the Physician Service sections of the California workers' compensation Official Medical Fee Schedule following the revision of the schedule as mandated by the 2003 reform bill (SB 228).

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**ICIS SAYS:** *Early Returns on Workers' Comp Medical Reforms: Part 3*  
*Changes in Reimbursements for California Workers' Compensation Physician Services*  
*Following SB 228 Implementation*

*by*

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**Background**

The California workers' compensation system relies on an Official Medical Fee Schedule (OMFS) to determine reasonable, fair market rates for medical fees. Prior to 2004, the OMFS included formulae for determining reimbursements for professional (physician) services, pharmaceuticals, supplies, durable medical equipment, etc. Between 1997 and 1998, the Industrial Medical Council chaired a stakeholder task force charged with revising the OMFS for the Division of Workers' Compensation. That schedule revision was completed and became effective for dates of service on or after April 1, 1999.

While the California workers' compensation Official Medical Fee Schedule sets allowable fees based on historical billing data, the Medicare fee schedule uses a Resource-Based Relative Value Scale (RBRVS) to determine appropriate fees. Following adoption of the 1999 OMFS revisions, discussions about future updates focused on converting to an RBRVS-based schedule for California workers' compensation. When

state lawmakers enacted SB 228 in 2003, however, they stopped short of converting the Physician Fee Schedule in the OMFS to the Resource-Based Relative Value Scale (RBRVS) system. Instead, they mandated that:

- 1) the existing schedule would be left in place until 2006;
- 2) OMFS maximum allowances would be reduced by 5% (but not below the Medicare rate); and
- 3) the Administrative Director would monitor future Medicare adjustments to assure that the 5 percent reductions do not reduce the maximum OMFS allowances below the Medicare levels.

To help the Division of Workers' Compensation fulfill these mandates, the California Medical Association and CWCI developed a database of the more than 7,000 codes used by Medicare (Table A of the Physician Services Fee Schedule), noting the allowable reimbursements under the fee schedule for services rendered on or after January 1, 2004.<sup>1</sup> DWC then updated Table A fee schedule reimbursements to make them consistent with Medicare adjustments that took affect July 1, 2004, January 14, 2005, and most recently, for services rendered on or after May 14, 2005. Additional information on the physician fee schedule is available on the DWC website.<sup>2</sup>

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<sup>1</sup> (Table A 9789.11)

<sup>2</sup> For more information: Official Medical Fee Schedule 1999 to present

<http://www.dir.ca.gov/dwc/OMFS9904.htm>

Labor Code 5307.1 California Code of Regulations 9790-9792

**Research Goal:**

The goal of this analysis was to measure the average amounts paid and the percentage change in the average payment for common medical services by fee schedule section before and after the revision of the California Workers' Compensation Physician Services Fee Schedule. Note: Although not a part of the Physician Services Fee Schedule, reimbursements for medical/legal evaluation reports are included in the analysis.

**ICIS Data:**

CWCI developed a database of more than 49 million paid physician-based medical procedures with pre-reform dates of service (January 2002 through December 2003) and post-reform dates of service (January 2004 through December 2004). For each procedure, the Institute identified the billed amount, the amount payable under the schedule as well as the paid amount. The analysts then grouped each procedure by the year of service, as well as major fee schedule section. In addition, the Institute adjusted the 2002 and 2003 data for medical inflation as well as the mix of procedures to 2004 levels, and noted both the unadjusted and adjusted grand totals at the bottom of Tables 2 and 3. Where applicable, payments for procedures reflected the use of physician network (PPO) discounts off fee schedule allowed amounts.

**Results:**

Table 1 shows the distribution of dollars paid for physician services by fee schedule section for each year in the study and reveals several notable shifts between 2002 and 2004.

**Table 1. Payment Distribution for Physician-Based Medical Procedures by Year and Fee Schedule Section**

OMFS Section			
	2002	2003	2004
Acupuncture	1.1%	1.4%	1.4%
Anesthesiology	2.6%	2.6%	2.4%
Chiropractic Manipulation	6.3%	6.6%	4.8%
Evaluation & Management	18.8%	17.5%	19.7%
Medicine	5.8%	5.8%	5.5%
Medical/Legal Evaluations	5.2%	6.5%	9.5%
Osteopathic Manipulation	0.0%	0.0%	0.0%
Pathology/Laboratory	0.6%	0.7%	0.5%
Physical Therapy	29.6%	30.1%	23.9%
Radiology	10.1%	9.6%	9.5%
Special Services	5.9%	6.2%	4.9%
Surgery	14.0%	13.1%	17.9%
Grand Total	100.0%	100.0%	100.0%

First, after years of steady increases, the proportion of physician service dollars paid for physical therapy and chiropractic manipulation declined sharply in 2004 – a shift that coincided with the introduction of ACOEM's guidelines and the 24-visit caps. The Institute addressed this issue in the previous ICIS Says report on physical therapy and chiropractic utilization (Part 2 of this series). In addition, reimbursements for surgery procedures climbed from 14 percent of physician service dollars paid in 2002 to 17.9 percent in 2004, and payments for medical legal evaluations increased from 5.2 percent

to 9.5 percent. Reimbursements for evaluation and management services (office visits) dropped slightly from 18.8 percent of physician service fees in 2002 to 17.5 percent in 2003, but then rose to 19.7 percent in 2004.

Tables 2 and 3 show the average amounts allowed under fee schedule rules and payments by year and fee schedule section. Both unadjusted and adjusted averages are shown to separate the effects of fee schedule changes due to changes in the mix of procedure codes from 2002 to 2004. The unadjusted average allowed under the fee schedule (Table 2) and the average paid amount (Table 3) represent the actual average for all procedures paid within a particular fee schedule section.

The adjusted grand totals at the bottom of each table reflect the 2002 and 2003 values after adjusting for differences in the mix of procedures within each fee schedule section to match the 2004 mix of procedures. In addition, 2002 and 2003 procedures were adjusted for inflation by repricing each procedure in those years to 2004 levels.

**Table 2. Physician-Based Medical Services: Average Allowed After Fee Schedule Review 2002-2004**

OMFS Section (Unadjusted)	Average Allowed After Fee Schedule Review			Percent Change		
	2002	2003	2004	2002-2003	2003-2004	2002-2004
Acupuncture	\$59.29	\$58.69	\$51.06	-1.0%	-13.0%	-13.9%
Anesthesiology	\$286.06	\$201.22	\$122.75	-29.7%	-39.0%	-57.1%
Chiropractic Manipulation	\$37.48	\$36.70	\$33.19	-2.1%	-9.6%	-11.4%
Evaluation & Management	\$74.50	\$74.62	\$72.54	0.2%	-2.8%	-2.6%
Medicine	\$141.87	\$126.14	\$105.33	-11.1%	-16.5%	-25.7%
Medical/Legal Evaluation	\$532.91	\$618.37	\$765.51	16.0%	23.8%	43.6%
Osteopathic Manipulation	\$47.76	\$46.64	\$40.90	-2.3%	-12.3%	-14.4%
Pathology/Laboratory	\$25.21	\$25.12	\$17.19	-0.4%	-31.6%	-31.8%
Physical Therapy	\$23.72	\$23.70	\$21.83	-0.1%	-7.9%	-7.9%
Radiology	\$130.66	\$136.27	\$122.98	4.3%	-9.7%	-5.9%
Special Services	\$38.65	\$36.74	\$25.85	-4.9%	-29.6%	-33.1%
Surgery	\$270.23	\$260.11	\$305.66	-3.7%	17.5%	13.1%
<b>Grand Total (Unadjusted)</b>	<b>\$49.95</b>	<b>\$48.70</b>	<b>\$51.82</b>	<b>-2.5%</b>	<b>6.4%</b>	<b>3.7%</b>
<b>Grand Total (Adjusted)</b>	<b>\$55.06</b>	<b>\$54.04</b>	<b>\$51.82</b>	<b>-1.80%</b>	<b>-4.1%</b>	<b>-5.9%</b>

Table 2 shows that across all fee schedule sections there were significant changes in the average amounts allowed after fee schedule review, ranging from a 57.1 percent reduction for anesthesiology services to a 43.6 percent increase for medical/legal evaluation reports. These shifts are due to significant changes in the mix of procedures within each fee schedule section. For example, the 13 percent increase in the average amount allowed for surgery procedures between 2004 and 2002 is due to a shift toward more expensive surgical interventions. This shift helped push surgical procedures to 17.9 percent of all physician payments in 2004, up from 14 percent in 2002 and 13.09 percent in 2003 (Table 1). Conversely, the 25.7 percent reduction in the average allowable fee for services in the medicine section is due to a shift toward less expensive services. After

adjusting for procedure mix and medical inflation, the average reimbursement per procedure allowed under the Physician Fee Schedule decreased 5.9 percent between 2002 and 2004.

**Note:** CWCI has provided additional tables (available below via a web-link) to illustrate the shifts in medical procedures within the top 6 fee schedule sections.

**Table 3. Physician-Based Medical Services: Average Paid by Year and Fee Schedule Section, 2002-2004**

OMFS Section (Unadjusted)	Average Paid			Percent Change		
	2002	2003	2004	2002- 2003	2003- 2004	2002-2004
Acupuncture	\$55.82	\$55.90	\$48.49	0.2%	-13.3%	-13.1%
Anesthesiology	\$266.81	\$185.00	\$113.38	-30.7%	-38.7%	-57.5%
Chiropractic Manipulation	\$34.83	\$34.31	\$31.22	-1.5%	-9.0%	-10.4%
Evaluation & Management	\$65.93	\$66.44	\$66.61	0.8%	0.3%	1.0%
Medicine	\$90.83	\$87.60	\$79.24	-3.6%	-9.5%	-12.7%
Medical/Legal Evaluation	\$552.70	\$575.87	\$590.67	4.2%	2.6%	6.8%
Osteopathic Manipulation	\$44.09	\$42.29	\$37.58	-4.1%	-11.2%	-14.8%
Pathology/Laboratory	\$19.97	\$19.93	\$13.83	-0.2%	-30.6%	-30.7%
Physical Therapy	\$20.55	\$20.47	\$19.15	-0.4%	-6.5%	-6.8%
Radiology	\$111.44	\$115.61	\$108.80	3.7%	-5.9%	-2.4%
Special Services	\$34.35	\$33.42	\$23.30	-2.7%	-30.3%	-32.2%
Surgery	\$197.53	\$196.73	\$253.27	-0.4%	28.7%	28.2%
<b>Grand Total (Unadjusted)</b>	<b>\$42.12</b>	<b>\$41.48</b>	<b>\$44.71</b>	<b>-1.5%</b>	<b>7.8%</b>	<b>6.1%</b>
<b>Grand Total (Adjusted)</b>	<b>\$46.76</b>	<b>\$46.09</b>	<b>\$44.71</b>	<b>-1.4%</b>	<b>-3.0%</b>	<b>-4.4%</b>

Table 3 shows that there also were significant and varied changes in the average amounts paid across all fee schedule sections. For example, average payments for anesthesiology declined 57.5 percent, while average payments for surgery codes climbed 28.2 percent. Payments for chiropractic manipulation and physical therapy, which are among the most heavily used codes in workers' compensation, fell an average of 10.4 percent and 6.8 percent respectively. As with the Table 2 results, these changes are due largely to significant shifts in the utilization of particular procedures within a fee schedule section. The grand total at the bottom of Table 3 shows that after adjusting for the changes in the procedure mix and for inflation, the average amount paid per procedure across all Physician Fee Schedule sections fell 4.4 percent between 2002 and 2004.

The \$44.71 average paid amount for all procedures in 2004 was 13.7 percent less than the \$51.82 average amount allowed after fee schedule review, due in large part to discounted rates offered by preferred provider networks.

At the end of this document, are table showing the incidence rates, total and average charges, and average amounts allowed after fee schedule review for the top procedures in each of the following 6 physician service areas:

1. Evaluation and management
2. Surgery
3. Physical therapy
4. Chiropractic manipulation
5. Radiology
6. Medical legal reports

Institute members also may access the incidence rates, the total and average billed, the amounts allowed per the fee schedule, and the paid amounts for the top 200 medical procedures – representing over 90 percent of all procedures routinely submitted by providers in the California workers’ compensation system – by visiting “*Research Reports*” in the Members Only section of the CWCI website.

**The Research Series:** Early Returns on Workers’ Comp Medical Reforms – Changes in Medical Cost & Utilization

This analysis is the third in a 6-part series in which the Institute is tracking the cost and utilization of medical services following implementation of fee schedules, utilization management, and other workers’ compensation medical cost containment strategies included in the 2002–2004 legislative reforms. The series will cover the following topics:

- Part 1. Outpatient Surgery Fee Schedule
- Part 2. Physical Therapy and Chiropractic Manipulation Cost and Utilization
- Part 3. Physician Services Fee Schedule
- Part 4. Pharmacy Fee Schedule Changes
- Part 5. Utilization of Medical Services
- Part 6. Inpatient Hospital Fee Schedule Changes

As noted above, the next report in the series will examine the changing nature of utilization and reimbursement of pharmaceuticals in the California Workers’ Compensation Industry

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**WCIRB SB228 EVALUATION ANALYSIS**  
**PROFESSIONAL SERVICES: BY FEE SCHEDULE SECTION**  
**DOS YEARS 2002 - 2004**

**PHYSICAL THERAPY**

	N			AVG BILLED			AVG ALLOWED			AVG PAID		
	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004
97014	18.74%	18.76%	18.55%	\$ 22.35	\$ 22.96	\$ 22.62	\$ 11.10	\$ 10.75	\$ 9.48	\$ 8.51	\$ 8.27	\$ 7.60
97250	17.34%	18.58%	19.03%	\$ 47.86	\$ 48.81	\$ 48.45	\$ 40.74	\$ 39.90	\$ 36.28	\$ 37.51	\$ 36.80	\$ 33.95
97110	14.60%	13.30%	13.48%	\$ 44.71	\$ 46.47	\$ 46.50	\$ 28.79	\$ 28.24	\$ 25.49	\$ 25.36	\$ 24.72	\$ 22.60
97012	6.75%	7.13%	6.82%	\$ 22.10	\$ 22.58	\$ 22.45	\$ 11.42	\$ 11.09	\$ 9.83	\$ 9.00	\$ 8.87	\$ 8.07
97145	5.38%	4.70%	3.81%	\$ 20.53	\$ 21.84	\$ 24.83	\$ 12.45	\$ 12.73	\$ 13.46	\$ 11.15	\$ 11.32	\$ 11.85
97128	4.82%	4.31%	3.92%	\$ 27.80	\$ 29.09	\$ 29.63	\$ 13.41	\$ 13.09	\$ 11.28	\$ 10.28	\$ 9.95	\$ 8.95
97530	3.78%	3.44%	3.22%	\$ 43.75	\$ 45.04	\$ 44.67	\$ 27.19	\$ 26.75	\$ 24.71	\$ 23.55	\$ 22.87	\$ 21.70
97026	2.33%	2.77%	3.49%	\$ 22.01	\$ 22.37	\$ 21.73	\$ 9.51	\$ 9.46	\$ 7.84	\$ 6.53	\$ 6.62	\$ 5.84
97124	2.67%	2.61%	2.51%	\$ 29.48	\$ 29.77	\$ 29.04	\$ 16.98	\$ 16.36	\$ 15.25	\$ 13.92	\$ 13.65	\$ 12.96
97018	1.99%	2.11%	2.37%	\$ 24.75	\$ 25.29	\$ 24.74	\$ 10.68	\$ 10.45	\$ 8.74	\$ 7.48	\$ 7.20	\$ 6.23
97241	1.92%	2.21%	2.05%	\$ 28.33	\$ 28.38	\$ 28.07	\$ 22.10	\$ 21.84	\$ 21.01	\$ 20.51	\$ 20.33	\$ 19.94
97545	1.33%	1.83%	2.12%	\$ 126.85	\$ 153.19	\$ 173.16	\$ 74.20	\$ 75.43	\$ 53.40	\$ 64.17	\$ 63.38	\$ 39.99
97024	1.63%	1.74%	1.64%	\$ 20.47	\$ 21.18	\$ 21.70	\$ 8.91	\$ 8.52	\$ 7.39	\$ 6.32	\$ 6.05	\$ 5.37
97610	1.59%	1.67%	1.53%	\$ 45.88	\$ 47.31	\$ 46.67	\$ 26.97	\$ 26.71	\$ 25.33	\$ 24.78	\$ 24.51	\$ 23.03
97010	1.64%	1.41%	1.31%	\$ 23.60	\$ 22.02	\$ 21.31	\$ 4.94	\$ 4.91	\$ 4.19	\$ 0.25	\$ 0.19	\$ 0.18
97240	1.23%	1.40%	1.32%	\$ 60.97	\$ 62.19	\$ 60.09	\$ 49.23	\$ 48.65	\$ 44.50	\$ 45.99	\$ 45.64	\$ 42.36
97112	1.03%	1.12%	1.18%	\$ 43.15	\$ 43.82	\$ 44.40	\$ 24.69	\$ 24.19	\$ 21.93	\$ 20.03	\$ 19.92	\$ 18.56
97616	1.17%	1.05%	1.05%	\$ 44.82	\$ 54.18	\$ 58.18	\$ 21.94	\$ 21.94	\$ 19.77	\$ 17.70	\$ 17.29	\$ 15.51
97022	1.12%	1.09%	1.04%	\$ 23.49	\$ 23.89	\$ 23.87	\$ 11.29	\$ 11.20	\$ 10.14	\$ 8.82	\$ 9.00	\$ 8.51
97620	1.00%	0.94%	1.05%	\$ 72.94	\$ 73.01	\$ 73.00	\$ 62.24	\$ 60.86	\$ 55.19	\$ 58.96	\$ 57.33	\$ 52.12
<b>Top 20</b>	<b>92.07%</b>	<b>92.19%</b>	<b>91.47%</b>	<b>\$ 35.62</b>	<b>\$ 37.65</b>	<b>\$ 38.66</b>	<b>\$ 23.12</b>	<b>\$ 23.19</b>	<b>\$ 21.04</b>	<b>\$ 20.08</b>	<b>\$ 20.13</b>	<b>\$ 18.49</b>

**WCIRB SB228 EVALUATION ANALYSIS**  
**PROFESSIONAL SERVICES: BY FEE SCHEDULE SECTION**  
**DOS YEARS 2002 - 2004**

**CHIROPRACTIC MANIPULATION**

	N			AVG BILLED			AVG ALLOWED			AVG PAID		
	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004
98940	54.10%	52.59%	52.28%	\$ 40.83	\$ 41.24	\$ 40.68	\$ 32.75	\$ 31.94	\$ 28.61	\$ 29.91	\$ 29.23	\$ 26.64
98941	32.04%	33.24%	33.22%	\$ 50.67	\$ 51.25	\$ 51.16	\$ 46.36	\$ 45.40	\$ 41.70	\$ 44.48	\$ 43.93	\$ 40.14
98943	9.64%	10.16%	10.55%	\$ 37.50	\$ 38.57	\$ 38.92	\$ 26.39	\$ 26.00	\$ 22.55	\$ 22.33	\$ 21.94	\$ 19.49
98942	4.21%	4.01%	3.94%	\$ 60.20	\$ 60.49	\$ 61.26	\$ 56.14	\$ 54.03	\$ 50.59	\$ 53.34	\$ 52.62	\$ 48.13
Grand Total	100.00%	100.00%	100.00%	\$ 44.48	\$ 45.07	\$ 44.79	\$ 37.48	\$ 36.70	\$ 33.19	\$ 34.83	\$ 34.31	\$ 31.22



**WCIRB SB228 EVALUATION ANALYSIS**  
**PROFESSIONAL SERVICES: BY FEE SCHEDULE SECTION**  
**DOS YEARS 2002 - 2004**

**SURGERY**

	N			AVG BILLED			AVG ALLOWED			AVG PAID		
	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004
20550	8.97%	9.55%	8.39%	\$ 90.98	\$ 93.22	\$ 95.53	\$ 42.44	\$ 41.16	\$ 34.19	\$ 26.99	\$ 26.57	\$ 25.38
36415	6.04%	6.52%	6.49%	\$ 18.52	\$ 19.60	\$ 25.56	\$ 14.26	\$ 14.67	\$ 12.76	\$ 11.78	\$ 11.33	\$ 10.83
20610	3.38%	3.65%	3.77%	\$ 109.76	\$ 115.45	\$ 137.49	\$ 55.98	\$ 51.45	\$ 47.06	\$ 43.53	\$ 42.15	\$ 40.92
12001	2.52%	1.96%	2.18%	\$ 131.32	\$ 175.92	\$ 203.82	\$ 64.39	\$ 67.76	\$ 71.01	\$ 57.54	\$ 57.23	\$ 58.46
64999	0.57%	1.19%	1.63%	\$ 673.99	\$ 519.78	\$ 350.41	\$ 431.94	\$ 232.39	\$ 82.35	\$ 311.52	\$ 179.74	\$ 52.33
64550	2.84%	2.66%	1.62%	\$ 70.49	\$ 84.64	\$ 81.86	\$ 50.95	\$ 49.91	\$ 42.60	\$ 41.48	\$ 36.21	\$ 35.85
29826	1.08%	1.17%	1.53%	\$ 1,869.55	\$ 1,824.51	\$ 3,221.36	\$ 1,304.15	\$ 1,156.17	\$ 1,475.64	\$ 954.93	\$ 908.00	\$ 1,336.82
64721	1.09%	1.06%	1.43%	\$ 1,165.62	\$ 1,198.99	\$ 2,189.89	\$ 833.07	\$ 804.80	\$ 792.46	\$ 613.36	\$ 594.38	\$ 648.08
29125	1.96%	1.38%	1.42%	\$ 62.04	\$ 65.16	\$ 79.60	\$ 41.41	\$ 42.53	\$ 46.38	\$ 33.18	\$ 34.67	\$ 39.97
12002	1.51%	1.23%	1.42%	\$ 156.29	\$ 181.47	\$ 198.95	\$ 78.07	\$ 80.53	\$ 81.92	\$ 71.67	\$ 70.99	\$ 72.60
62289	2.08%	2.30%	1.33%	\$ 544.14	\$ 513.79	\$ 463.18	\$ 281.09	\$ 242.00	\$ 191.03	\$ 194.28	\$ 189.02	\$ 146.92
64450	1.55%	1.40%	1.28%	\$ 147.38	\$ 142.49	\$ 214.61	\$ 60.79	\$ 53.56	\$ 52.54	\$ 39.47	\$ 38.27	\$ 37.56
62284	2.06%	2.30%	1.18%	\$ 513.39	\$ 480.82	\$ 605.66	\$ 255.23	\$ 223.53	\$ 207.46	\$ 182.33	\$ 156.74	\$ 151.55
64443	1.35%	1.73%	1.14%	\$ 299.00	\$ 287.30	\$ 299.39	\$ 118.03	\$ 99.16	\$ 103.16	\$ 82.42	\$ 71.00	\$ 63.85
62290	1.51%	1.70%	1.13%	\$ 647.34	\$ 606.61	\$ 856.65	\$ 317.75	\$ 239.50	\$ 205.89	\$ 179.69	\$ 144.51	\$ 137.65
20605	1.39%	1.34%	1.12%	\$ 77.72	\$ 85.18	\$ 111.59	\$ 43.79	\$ 41.05	\$ 44.02	\$ 35.16	\$ 33.76	\$ 39.05
29881	0.94%	0.85%	1.07%	\$ 1,853.06	\$ 1,928.80	\$ 3,286.31	\$ 1,270.55	\$ 1,232.49	\$ 1,281.50	\$ 986.84	\$ 1,000.33	\$ 1,094.32
66267	0.47%	0.87%	1.06%	\$ 94.49	\$ 93.81	\$ 87.48	\$ 87.26	\$ 86.60	\$ 83.98	\$ 60.25	\$ 63.22	\$ 42.22
62311	0.22%	0.20%	1.03%	\$ 987.12	\$ 1,123.09	\$ 1,931.29	\$ 962.47	\$ 951.82	\$ 419.72	\$ 545.45	\$ 525.72	\$ 313.83
64441	1.48%	1.72%	0.97%	\$ 202.42	\$ 205.47	\$ 228.53	\$ 129.66	\$ 118.72	\$ 113.55	\$ 85.37	\$ 90.40	\$ 88.22
<b>Top 20</b>	<b>43.04%</b>	<b>44.80%</b>	<b>41.18%</b>	<b>\$ 239.56</b>	<b>\$ 251.72</b>	<b>\$ 367.92</b>	<b>\$ 138.42</b>	<b>\$ 129.93</b>	<b>\$ 143.68</b>	<b>\$ 100.05</b>	<b>\$ 97.23</b>	<b>\$ 119.29</b>

**WCIRB SB228 EVALUATION ANALYSIS**  
**PROFESSIONAL SERVICES: BY FEE SCHEDULE SECTION**  
**DOS YEARS 2002 - 2004**

**EVAL & MGT (OFFICE VISITS)**

	N			AVG BILLED			AVG ALLOWED			AVG PAID		
	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004
99213	30.19%	28.55%	27.99%	\$ 63.66	\$ 72.27	\$ 76.30	\$ 45.27	\$ 45.50	\$ 45.98	\$ 41.17	\$ 41.47	\$ 42.72
99214	17.07%	19.17%	20.85%	\$ 97.42	\$ 103.17	\$ 105.97	\$ 69.64	\$ 69.73	\$ 69.73	\$ 61.90	\$ 62.52	\$ 64.97
99358	5.40%	7.33%	8.49%	\$ 105.25	\$ 103.29	\$ 100.61	\$ 73.96	\$ 66.73	\$ 58.51	\$ 63.85	\$ 58.48	\$ 52.78
99215	5.47%	6.60%	6.88%	\$ 146.31	\$ 149.18	\$ 153.25	\$ 107.24	\$ 107.33	\$ 106.51	\$ 94.35	\$ 96.08	\$ 99.72
99212	7.51%	5.95%	4.88%	\$ 47.16	\$ 58.15	\$ 66.84	\$ 27.89	\$ 28.24	\$ 30.62	\$ 25.02	\$ 25.28	\$ 27.94
99203	5.50%	4.70%	4.54%	\$ 98.66	\$ 116.74	\$ 121.37	\$ 75.08	\$ 75.11	\$ 74.72	\$ 68.70	\$ 67.95	\$ 68.63
90844	3.21%	3.25%	2.85%	\$ 134.53	\$ 133.45	\$ 135.25	\$ 102.29	\$ 97.56	\$ 92.67	\$ 85.52	\$ 87.25	\$ 87.45
99204	3.21%	2.51%	2.61%	\$ 135.50	\$ 151.18	\$ 153.06	\$ 108.23	\$ 108.24	\$ 107.27	\$ 96.94	\$ 96.40	\$ 97.98
99245	2.64%	2.56%	2.02%	\$ 303.73	\$ 315.25	\$ 317.53	\$ 244.03	\$ 242.85	\$ 231.76	\$ 217.65	\$ 217.44	\$ 212.37
99244	2.05%	1.96%	1.55%	\$ 239.58	\$ 249.80	\$ 250.60	\$ 185.92	\$ 183.47	\$ 174.30	\$ 165.28	\$ 164.02	\$ 158.85
99283	1.84%	1.47%	1.59%	\$ 191.75	\$ 207.98	\$ 307.80	\$ 103.04	\$ 106.58	\$ 120.48	\$ 93.49	\$ 93.84	\$ 105.05
99211	1.16%	1.41%	1.56%	\$ 35.37	\$ 42.42	\$ 50.06	\$ 19.33	\$ 20.31	\$ 20.59	\$ 16.18	\$ 17.73	\$ 18.11
99354	1.14%	1.40%	1.45%	\$ 180.06	\$ 185.22	\$ 186.54	\$ 141.27	\$ 129.75	\$ 113.88	\$ 113.45	\$ 106.77	\$ 95.98
99205	1.06%	1.15%	1.04%	\$ 190.06	\$ 189.15	\$ 194.10	\$ 142.70	\$ 143.12	\$ 143.30	\$ 127.38	\$ 128.21	\$ 132.62
99202	1.12%	1.05%	0.89%	\$ 93.48	\$ 105.32	\$ 116.90	\$ 55.72	\$ 56.95	\$ 56.08	\$ 52.13	\$ 51.65	\$ 51.25
99243	1.05%	0.98%	0.75%	\$ 187.31	\$ 199.00	\$ 201.90	\$ 136.06	\$ 133.14	\$ 125.65	\$ 123.85	\$ 120.12	\$ 113.19
99025	0.89%	0.83%	0.91%	\$ 54.25	\$ 76.49	\$ 107.72	\$ 23.93	\$ 24.88	\$ 25.70	\$ 20.52	\$ 21.38	\$ 22.96
99282	0.99%	0.63%	0.75%	\$ 144.29	\$ 151.06	\$ 247.08	\$ 78.23	\$ 84.32	\$ 91.73	\$ 69.29	\$ 72.66	\$ 77.48
99232	0.66%	0.59%	0.56%	\$ 107.64	\$ 110.57	\$ 110.79	\$ 84.90	\$ 84.63	\$ 82.65	\$ 79.91	\$ 79.31	\$ 79.68
99361	0.37%	0.66%	0.61%	\$ 103.72	\$ 102.54	\$ 100.19	\$ 78.82	\$ 71.36	\$ 57.56	\$ 62.39	\$ 59.36	\$ 50.94
<b>Top 20</b>	<b>92.52%</b>	<b>92.72%</b>	<b>92.76%</b>	<b>\$ 101.73</b>	<b>\$ 110.26</b>	<b>\$ 114.76</b>	<b>\$ 73.26</b>	<b>\$ 73.49</b>	<b>\$ 71.11</b>	<b>\$ 65.19</b>	<b>\$ 65.76</b>	<b>\$ 65.43</b>

**WCIRB SB228 EVALUATION ANALYSIS**  
**PROFESSIONAL SERVICES: BY FEE SCHEDULE SECTION**  
**DOS YEARS 2002 - 2004**

**RADIOLOGY**

	N			AVG BILLED			AVG ALLOWED			AVG PAID		
	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004
72100	5.24%	5.29%	5.57%	\$ 100.13	\$ 101.42	\$ 106.49	\$ 49.07	\$ 49.27	\$ 44.80	\$ 42.73	\$ 42.07	\$ 40.35
72110	5.21%	4.65%	4.69%	\$ 122.36	\$ 126.56	\$ 128.77	\$ 69.42	\$ 69.31	\$ 66.15	\$ 61.16	\$ 61.28	\$ 59.33
73030	4.85%	4.69%	5.03%	\$ 87.27	\$ 88.51	\$ 87.74	\$ 50.71	\$ 51.12	\$ 48.00	\$ 44.53	\$ 44.87	\$ 43.31
73110	4.85%	4.45%	4.61%	\$ 77.27	\$ 79.06	\$ 79.48	\$ 42.71	\$ 42.42	\$ 40.32	\$ 37.38	\$ 37.18	\$ 36.19
72148	3.98%	4.36%	4.05%	\$ 1,188.97	\$ 1,192.11	\$ 1,178.81	\$ 571.41	\$ 550.96	\$ 512.89	\$ 506.53	\$ 486.31	\$ 469.39
73140	4.21%	3.55%	3.95%	\$ 54.28	\$ 56.77	\$ 58.42	\$ 24.40	\$ 25.22	\$ 24.28	\$ 21.52	\$ 21.31	\$ 21.09
76000	3.94%	4.42%	2.99%	\$ 211.27	\$ 191.88	\$ 194.15	\$ 53.50	\$ 51.65	\$ 50.67	\$ 25.58	\$ 26.70	\$ 29.87
73130	3.91%	3.55%	3.80%	\$ 77.03	\$ 79.52	\$ 80.62	\$ 37.79	\$ 38.45	\$ 36.58	\$ 33.42	\$ 33.16	\$ 32.15
73221	2.81%	3.17%	3.09%	\$ 1,145.81	\$ 1,154.30	\$ 1,189.16	\$ 621.94	\$ 611.82	\$ 574.34	\$ 542.14	\$ 533.91	\$ 523.71
73610	3.12%	2.77%	2.93%	\$ 81.96	\$ 84.84	\$ 86.43	\$ 38.80	\$ 39.78	\$ 38.00	\$ 34.72	\$ 34.72	\$ 33.90
72040	2.65%	2.57%	2.59%	\$ 95.34	\$ 95.46	\$ 94.65	\$ 48.38	\$ 48.84	\$ 44.32	\$ 41.09	\$ 41.02	\$ 39.54
73630	2.69%	2.41%	2.60%	\$ 84.12	\$ 86.06	\$ 86.92	\$ 40.17	\$ 41.21	\$ 39.74	\$ 35.89	\$ 35.89	\$ 35.05
71020	2.51%	2.51%	2.64%	\$ 93.65	\$ 99.55	\$ 110.31	\$ 36.12	\$ 37.04	\$ 34.56	\$ 30.63	\$ 30.29	\$ 29.61
76375	1.95%	2.81%	2.63%	\$ 399.81	\$ 390.50	\$ 389.07	\$ 166.34	\$ 136.10	\$ 107.82	\$ 123.70	\$ 100.78	\$ 87.08
73721	2.30%	2.40%	2.41%	\$ 1,094.88	\$ 1,124.32	\$ 1,094.28	\$ 590.43	\$ 583.76	\$ 530.62	\$ 522.42	\$ 514.65	\$ 490.96
72050	2.30%	2.04%	2.02%	\$ 124.70	\$ 129.96	\$ 128.47	\$ 65.40	\$ 65.93	\$ 63.32	\$ 57.73	\$ 57.87	\$ 56.25
72141	1.99%	2.22%	1.98%	\$ 1,196.47	\$ 1,205.20	\$ 1,197.70	\$ 605.98	\$ 585.88	\$ 550.62	\$ 523.31	\$ 509.14	\$ 494.87
73562	2.13%	1.99%	2.09%	\$ 84.36	\$ 84.29	\$ 84.11	\$ 44.49	\$ 44.48	\$ 43.48	\$ 39.12	\$ 38.88	\$ 38.43
72070	1.99%	1.84%	1.80%	\$ 80.43	\$ 81.10	\$ 82.55	\$ 49.88	\$ 49.77	\$ 47.60	\$ 44.33	\$ 44.55	\$ 43.11
73080	1.81%	1.68%	1.72%	\$ 78.66	\$ 81.96	\$ 80.06	\$ 42.76	\$ 42.66	\$ 40.04	\$ 37.22	\$ 37.12	\$ 36.12
<b>Top 20</b>	<b>64.43%</b>	<b>63.38%</b>	<b>63.19%</b>	<b>\$ 290.24</b>	<b>\$ 318.95</b>	<b>\$ 306.24</b>	<b>\$ 144.61</b>	<b>\$ 153.18</b>	<b>\$ 137.32</b>	<b>\$ 124.97</b>	<b>\$ 131.95</b>	<b>\$ 123.49</b>

**WCIRB SB228 EVALUATION ANALYSIS**  
**PROFESSIONAL SERVICES: BY FEE SCHEDULE SECTION**  
**DOS YEARS 2002 - 2004**

**MEDICAL LEGAL**

	N			AVG BILLED			AVG ALLOWED			AVG PAID		
	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004
ML100	10.7%	10.5%	9.8%	\$ 273	\$ 276	\$ 283	\$ 219	\$ 218	\$ 226	\$ 213	\$ 217	\$ 228
ML101	3.7%	3.9%	4.0%	\$ 368	\$ 374	\$ 389	\$ 256	\$ 314	\$ 488	\$ 278	\$ 282	\$ 313
ML102	35.4%	32.5%	29.0%	\$ 531	\$ 532	\$ 535	\$ 473	\$ 482	\$ 494	\$ 479	\$ 478	\$ 484
ML103	15.7%	16.8%	17.5%	\$ 808	\$ 812	\$ 819	\$ 717	\$ 731	\$ 763	\$ 720	\$ 719	\$ 745
ML104	34.5%	36.3%	39.6%	\$ 834	\$ 870	\$ 820	\$ 638	\$ 837	\$ 1,127	\$ 687	\$ 733	\$ 718
Grand Total	100.0%	100.0%	100.0%	\$ 645	\$ 669	\$ 667	\$ 533	\$ 618	\$ 766	\$ 553	\$ 576	\$ 591